

**SEAMLESS SUMMER OPTION
 ON-SITE MONITORING FORM**

Instructions: Complete this form for each site where Seamless Summer meals are served within three weeks of the start of operations. Keep the completed document on file with your program records.

Sponsor: _____ Site: _____

Monitor's Name: _____ Approved Dates of operation: _____

Respond to Meal Counting System and Meals Service questions by checking YES or NO.

Meal Counting System	YES	NO
1. Are the meal counts taken at the point in the food service operation where a determination can accurately be made that a reimbursable meal was served to an eligible child?		
2. Does the meal count process provide an accurate count of the number of reimbursable meals served to eligible children on a daily basis?		
3. Are daily meal counts correctly consolidated on a regular basis? (they must be consolidated at least on a weekly basis)		
4. Are procedures in place to prevent the claiming of more than one reimbursable meal/snack per day per child?		

Meals Served	YES	NO
5. Do all of the meals served and claimed contain all required food elements for the menu planning approach used?		
6. If offer vs. serve is utilized at the site, does each child have the opportunity to select his/her own food items for the reimbursable meal? (Under Nutrient Standard Menu Planning, the child must take an entrée.)		
7. Are only <i>reimbursable meals</i> (meals meeting menu pattern requirements for the menu planning approach used, with or without offer vs. serve) recorded for reimbursement?		
8. Is there a method for counting non-reimbursable meals separately from reimbursable meals? (Example: second meals, meals that do not meet meal pattern requirements.)		
9. Are procedures followed to ensure enrolled sites meet the minimum of 50 percent free/reduced-price eligibility criteria?		

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Any NO responses require CORRECTIVE ACTION and a FOLLOW-UP monitoring review.

If required, describe corrective action(s) taken; use back of form if additional space is needed.

Date corrective action completed: _____ Date of follow-up review: _____

Signature of Person Interviewed at Site: _____

Monitor's Signature: _____