

SUMMER FOOD SERVICE PROGRAM

Site Review Form

NOTE: To be completed during first four weeks of operation

Sponsor: _____ Site: _____

Site Contact Name: _____ Title: _____

Site Address: _____ Telephone: _____

Date of site visit: _____ Monitor's arrival time: _____ Departure Time: _____

Site Supervisor: _____

Open site Camp site Average daily participation (if applicable): _____

Today's attendance: _____ Approved meal service time: _____

Types of meals reviewed: Breakfast AM Snack Lunch PM Snack Dinner

Approved level of service: _____ _____ _____ _____ _____

Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Dinner
# Meals delivered (if applicable)					
# Meals/milk from previous day					
Time meals delivered (if applicable)					
Time meals served					
# First meals served to children					
# Second meals served to children					
# Meals served to Program adults					
# Meals served to non-Program adults					
Discarded meals (dropped, spoiled, incomplete meal, test meal*, etc.)					
# Meals leftover					

* Test meal cannot be claimed for reimbursement but should be recorded.

Site Review Form, Continued

Explain any "No" answers below:

Program Violations	Actual Count	Type of Meal
1 Adult meals included in count of meals served to children.		
2 Offsite consumption. (Do not include fruits/vegetables/grains if allowed by State agency and sponsor).		
3 More than one meal served at one time to children.		
4 Meal pattern not met (specify): _____		
5 Meals not served as a unit.		
6 Meal serving times not met.		
7 Other Program violations (specify): _____		

Check and explain if any of the following apply:

- No records Explanation: _____
- Incomplete records Explanation: _____
- Poor sanitation Explanation: _____
- Other Explanation: _____

Corrective action discussed with (Name and Title): _____

Corrective action taken: _____

Site supervisor's comments: _____

Further action needed by (date): _____

I certify that the above information is correct:

Monitor's Signature Date

Site Supervisor's Signature Date

Sponsor Representative's Signature Date

Site Review Form, Continued

Site Review Questions		Yes	No
1	Does the staffing pattern correspond to that listed on the approved site sheet?	<input type="checkbox"/>	<input type="checkbox"/>
2	Has the site supervisor attended training session?	<input type="checkbox"/>	<input type="checkbox"/>
3	Does the site have sufficient food service supervision?	<input type="checkbox"/>	<input type="checkbox"/>
4	Are meals counted/checked before signing delivery receipt?	<input type="checkbox"/>	<input type="checkbox"/>
5	Are accurate meal counts taken of meals served?	<input type="checkbox"/>	<input type="checkbox"/>
6	Are meals served as second meals excessive?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are records of adult meals being kept?	<input type="checkbox"/>	<input type="checkbox"/>
8	Do meals meet approved menu?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do meals meet meal pattern requirements?	<input type="checkbox"/>	<input type="checkbox"/>
10	Are meals checked for quality?	<input type="checkbox"/>	<input type="checkbox"/>
11	Is there proper sanitation/storage?	<input type="checkbox"/>	<input type="checkbox"/>
12	Is the site supervisor following procedures established to make meal order adjustments?	<input type="checkbox"/>	<input type="checkbox"/>
13	Are meals served within approved time frames?	<input type="checkbox"/>	<input type="checkbox"/>
14	Are all meals served and consumed on-site? (Note if State agency and sponsor allow fruits/vegetables/grains to be taken off-site.)	<input type="checkbox"/>	<input type="checkbox"/>
15	Does site have a place to serve children meals in case of inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>
16	Is each meal served as a unit?	<input type="checkbox"/>	<input type="checkbox"/>
17	Is the meal delivery schedule followed?	<input type="checkbox"/>	<input type="checkbox"/>
18	Are there provisions for storing or returning excess meals?	<input type="checkbox"/>	<input type="checkbox"/>
19	Is there documentation of children's income eligibility, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
20	Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?	<input type="checkbox"/>	<input type="checkbox"/>
21	Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?	<input type="checkbox"/>	<input type="checkbox"/>
22	Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?	<input type="checkbox"/>	<input type="checkbox"/>
23	Is informational material concerning the availability and nutritional benefits of the Program available in appropriate languages and translations are accurate?	<input type="checkbox"/>	<input type="checkbox"/>
24	Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program?	<input type="checkbox"/>	<input type="checkbox"/>
25	Are there reasonable steps in place to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered, non-English languages of individuals eligible to be served or likely to be affected by the program?	<input type="checkbox"/>	<input type="checkbox"/>