



BRIGHT FROM THE START

Attachment L-2

Georgia Department of Early Care and Learning
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Site Visit Form

Reminder: A site visit must be completed within the first two [2] weeks of operation.

Instructions:

The Site Visit Form is designed to be used by Happy Helpings GA SFSP Sponsors. Use the Site Visit Form for conducting your first two-week onsite visit for new sites, sites with previous or current operational problems, new rural non-congregate sites and sites that DECAL determines require a first two-week site visit. The required meal observation may be conducted during the first two-week site visit or during the four-week review. Answer the questions below when completing a site visit. Check "No" if the site is not meeting the requirement or check "NA" if the item is not applicable. Most items answered as "No" will require technical assistance.

Check box if a meal observation will be conducted during this site visit and complete the Meal Observation section on this form.

Site Name: Date of Visit:

Site Address:

Site Telephone Number: Monitor's Arrival Time: Departure Time:

Site Supervisor Name:

Discussion with site staff (list names):

Type of Visit: First 2-Week Visit Follow-up

Site Type: Open Restricted Open Closed Enrolled Camp NYSP Migrant Upward Bound Mobile

Geographical Location of Site: Urban Rural

Table with 2 columns: Areas of Discussion, Notes and/or Observations. Rows include questions about training, meal counting, records, meal patterns, sanitation, procedures, meal timing, onsite consumption, meal units, delivery, and income documentation.

Is there an "And Justice for All" poster displayed in a prominent location?

**Meal Observation**

Food Service Type:	<input type="checkbox"/> Prepared at Site	
	<input type="checkbox"/> Central Kitchen	Name or Address of Central Kitchen:
	<input type="checkbox"/> Vended	Name of Vendor:

Meal Service:	<input type="checkbox"/> Congregate <input type="checkbox"/> Non-congregate <input type="checkbox"/> Hybrid (both congregated and non-congregate) <input type="checkbox"/> Conditional Non-congregate	<b>Indicated Non-congregate Meal Service Model (if applicable):</b> <input type="checkbox"/> Home Meal Delivery <input type="checkbox"/> Parent/Guardian Pick-up <input type="checkbox"/> OVS (SFAs only) <input type="checkbox"/> Multi-day Distribution (if selected, indicate the multi-day distribution method(s) below) <input type="checkbox"/> Bulk Food Distribution <input type="checkbox"/> Single-day Unitized Meal				
	Meal Type(s) Reviewed:	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper
	Meal Delivery Time(s) if applicable:					
	Meal Service Time(s):					
	Max Meals Approved:					
	Average Daily Participation:					
	Today's Attendance:					

**Observe the meal count procedure used by the site. Record the meal count for the day of the review based on the monitor's observation:**

Day of Visit	Breakfast	AM Snack	Lunch	PM Snack	Supper
1. Number of meals prepared/delivered					
2. Number of meals from the previous day					
<b>(1+2) = Total Meals Available</b>					
3. Number of first (1 <sup>st</sup> ) meals served to children					
4. Number of second (2 <sup>nd</sup> ) meals served to children					
<b>(3+4) = Total Meals Served</b>					
5. Number of meals served to Program adults					
6. Number of meals served to non-Program adults					
7. Number of other non-reimbursable meals					
8. Number of unserved/excess meals					
<b>(5+6+7+8) = Total Non-Reimbursable Meals</b>					
9. Number of leftover meals					

**Record the number of first meals (of the same meal type) served on each of the 5 serving days prior to the day of the review.**

Date:						Total	Avg. 1 <sup>st</sup> Meals
# of 1 <sup>st</sup> Meals Served:							

**Is the number of first (1<sup>st</sup>) meals served on the day of the review equal to or greater than the "Avg. 1<sup>st</sup> Meals" for the last 5 serving days? (If there is a percentage difference of 20%**

or more between the numbers of meals served on the day of the review & the average, the sponsor may need to reduce the site cap and the number of meals delivered to the site).			
<b>Meal Delivery and Meal Service Observation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Were meals delivered and served within the time frame prescribed by regulations if site does <u>not</u> have holding equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the number of meals documented on the delivery receipt match the number of meals delivered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check the temperature of the meal. Were meals delivered at the correct temperature and in acceptable condition? <sup>1</sup> (if “no” see <i>Meal Service Violations</i> section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were meals served within the approved times noted in the site application? <sup>2</sup> (if “no” see <i>Meal Service Violations</i> section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the site serve multiple meals to participants at one time? <sup>3</sup> (if “yes” see <i>Meal Service Violations</i> section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were meals served as a complete unit with all required components? <sup>4</sup> (if “no” see <i>Meal Service Violations</i> section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If utilizing Offer vs. Serve (OVS), is the site implementing this option according to regulations and BFTS policy? { <i>School Food Authorities (SFAs) only</i> }	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were meals served to adults included in the number of meals to be claimed for reimbursement? <sup>5</sup> (if “yes” see <i>Meal Service Violations</i> section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all meals consumed on-site? (not applicable to rural non-congregate sites and sites approved to participate in and complying with the Demonstration Project for Non-Congregate Feeding) NOTE: The State agency &/or sponsor may allow one (1) fruit, vegetable, or grain to be consumed offsite. <sup>6</sup> (if “no” see <i>Meal Service Violations</i> section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were all items offered/served creditable and served in adequate quantities to meet the meal pattern requirements? <sup>7</sup> (if “no” see <i>Meal Service Violations</i> section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was an accurate meal count taken at mealtime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the number of meals documented to be claimed equal to or less than the “Maximum Meal Count” approved in the application? <sup>8</sup> (if “no” see <i>Meal Service Violations</i> section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rural Non-congregate Sites</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Are meals <u>only</u> distributed to parents or guardians of eligible children and no duplicate meals are distributed to any child during parent/guardian pick-up meal service? <sup>9</sup> (if “no” see <i>Meal Service Violations</i> section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the conditional site have documentation that establishes eligibility per child (individually) based on income standards (IES Forms) or school data?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the site properly following the multi-day issuance model and only distributing up to the allowable number of reimbursable meals that would be provided over a 10-day calendar period? <sup>10</sup> (if “no” see <i>Meal Service Violations</i> section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the site properly following the bulk food distribution model and only distributing up to the allowable number of reimbursable meals that would be provided over a 5-day calendar period? Note: Unless, approved to distribute meals over a 10-day calendar period <sup>11</sup> (if “no” see <i>Meal Service Violations</i> section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health, Safety &amp; Sanitation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
If meals are prepared or manipulated onsite, does the site have a food inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are holding facilities and procedures adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are acceptable sanitary procedures followed during the receiving, preparation and service of meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are safe and sanitary practices followed in handling unserved meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the site have an alternate place or plan to serve meals during inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Meal Service Violations</b>	<b># of Meals Disallowed</b>	<b>Meal Type</b>	
1. Meals <u>not</u> delivered at the correct temperature and in acceptable condition?			
2. Meals <u>not</u> served within the approved times noted in the site application.			
3. Site served more than one meal at one time to participant(s).			
4. Meals <u>not</u> served as a complete unit with all required components. (not applicable if OVS is permitted at the site)			
5. Meals served to adults included in the number of meals to be claimed for reimbursement.			
6. Meals consumed off-site by participants. (unless approved to participate in and complying with the Demonstration Project for Non-Congregate Feeding) <b>NOTE: Sponsors may allow one (1) fruit, vegetable or grain to be consumed offsite.</b>			
7. Food items offered/served did <u>not</u> meet the required minimum serving sizes and/or meal pattern. (specify in <i>Corrective Action Taken section</i> )			
8. The number of meals documented to be claimed is <u>not</u> equal to or less than the "Maximum Meal Count" approved in the application?			
9. Meals are <u>not</u> being distributed to parents or guardians of eligible children and/or duplicate meals are being served to child(ren) during parent/guardian pick-up meal service.			
10. Site distributing more than the allowable number of reimbursable meals that would be provided over a 10-day calendar period during multi-day distribution.			
11. Site distributing more than the allowable number of reimbursable meals that would be provided over a 5-day calendar period for bulk food item distribution.			
<b>TOTAL MEALS DISALLOWED</b>			

List any problems that were noted during the visit and any corrective action(s) that were initiated to eliminate the problem(s).

<b>Problems</b>	<b>Corrective Action</b>

\_\_\_\_\_  
Site Supervisor's Signature

\_\_\_\_\_  
Monitor's Signature