#### SITE REVIEW FORM

**SUMMER FOOD SERVICE PROGRAM**

**NOTE: To be completed within the first four weeks of operation.**

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| --- | --- |
| **Sponsor Name**: | |
| **Agreement Number**: | **Review Date**: |

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| --- | --- | --- | --- |
| **Site Name:** | | |  |
| **Site Contact Name:** | | | **Site Contact Title:** |
| **Site Supervisor:** | | | |
| **Site Address:** | | | |
| **Telephone Number:** | | | |
| **Monitor’s Arrival Time:** | | | **Departure Time:** |
|  | | | |
| **Site Type:** | Open | | NYSP |
| Restricted Open | | Migrant |
| Closed Enrolled | | Upward Bound |
| Residential Camp | |  |
| Non-Residential | |  |
|  | | | |
| **Food Service Type**: | Prepared at Site |  | |
| Central Kitchen | Name or Address of Central Kitchen: | |
| Vended | Name of Vendor: | |

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| **Meal Service:** | **Meal Type(s) Reviewed:** | Breakfast | AM Snack | Lunch | PM Snack | Supper |
| **Meal Delivery Time(s) if applicable:** |  |  |  |  |  |
| **Meal Service Time(s):** |  |  |  |  |  |
| **Max Meals Approved:** |  |  |  |  |  |
| **Average Daily Participation:** |  |  |  |  |  |
| **Today’s Attendance:** |  |  |  |  |  |

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| **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 |  |  |  |  |  | | 1. Number of meals from the previous day |  |  |  |  |  | | **(1+2) = Total Meals Available** |  |  |  |  |  | | 1. Number of first (1st) meals served to children |  |  |  |  |  | | 1. Number of second (2nd) meals served to children |  |  |  |  |  | | **(3+4) = Total Meals Served** |  |  |  |  |  | | 1. Number of meals served to Program adults |  |  |  |  |  | | 1. Number of meals served to non-Program adults |  |  |  |  |  | | 1. Number of other non-reimbursable meals |  |  |  |  |  | | 1. Number of unserved/excess meals |  |  |  |  |  | | **(5+6+7+8) = Total Non-Reimbursable Meals** |  |  |  |  |  | | 1. 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. 1st Meals |
| **# of 1st Meals Served:** |  |  |  |  |  |  | |  |
| **Is the number of first (1st) meals served on the day of the review equal to or greater than the “Avg. 1st 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). | | | | | |  |  |  |
| **MEAL DELIVERY AND MEAL SERVICE OBSERVATION** | | | | | | **YES** | **NO** | **N/A** |
| Were meals delivered and served within the time frame prescribed by regulations if site does not have holding equipment? | | | | | |  |  |  |
| Does the number of meals documented on the delivery receipt match the number of meals delivered? | | | | | |  |  |  |
| Check the temperature of the meal. Were meals delivered at the correct temperature and in acceptable condition? **1.** (if “no” see *Meal Service Violations* section below) | | | | | |  |  |  |
| Were meals served within the approved times noted in the site application? **2.** (if “no” see *Meal Service Violations* section below) | | | | | |  |  |  |
| Did the site serve multiple meals to participants at one time? **3.** (if “yes” see *Meal Service Violations* section below) | | | | | |  |  |  |
| Were meals served as a complete unit with all required components?  **4.** (if “no” see *Meal Service Violations* section below) | | | | | |  |  |  |
| If utilizing Offer vs. Serve (OVS), is the site implementing this option according to regulations and BFTS policy? {School Food Authorities (SFAs) only} | | | | | |  |  |  |
| Were meals served to adults included in the number of meals to be claimed for reimbursement? **5.** (if “yes” see *Meal Service Violations* section below) | | | | | |  |  |  |
| Were all meals consumed on-site? (unless approved to participate in and complying with the Demonstration Project for Non-Congregate Feeding) **NOTE:** **The State agency** **&/or** s**ponsor may allow one (1) fruit, vegetable or grain to be consumed offsite**.  **6.** (if “no” see *Meal Service Violations* section below) | | | | | |  |  |  |
| Were all items offered/served creditable and served in adequate quantities to meet the meal pattern requirements? **7.** (if “no” see *Meal Service Violations* section below) | | | | | |  |  |  |
| Was an accurate meal count taken at mealtime? | | | | | |  |  |  |
| Is the number of meals documented to be claimed equal to or less than the “Maximum Meal Count” approved in the application? **8.** (if “no” see *Meal Service Violations* section below) | | | | | |  |  |  |
| **SITE RECORDKEEPING** | | | | | | **YES** | **NO** | **N/A** |
| Does the site supervisor receive, sign, date and maintain a record of delivery receipts or invoices? {only for vended and central kitchen food service type(s)} | | | | | |  |  |  |
| Does the site maintain the daily meal count records or the Site Supervisor Meal Count form, Att. 19? | | | | | |  |  |  |
| Are the Daily Meal Count forms or the Site Supervisor Meal Count form, Att. 19 fully documented? | | | | | |  |  |  |
| Have the numbers of meals prepared or ordered been adjusted at this site to meet the objective of serving only one meal to each child at each meal service? | | | | | |  |  |  |
| Are there adequate procedures and provisions for storing and returning excessive meals? | | | | | |  |  |  |
| If the site is responsible for collecting Income Eligibility Statements and/or the Shared School Eligibility, is it maintained for all participants? (only for camps) | | | | | |  |  |  |
| **CIVIL RIGHTS** | | | | | | **YES** | **NO** | **N/A** |
| Are admission and placement criteria and procedures nondiscriminatory? | | | | | |  |  |  |
| Is the “And Justice for All” or FNS-approved poster on display? | | | | | |  |  |  |
| Does the site ensure that participants are not separated by race, color, national origin, sex, disability or age in the eating, serving, seating areas or during the time of service? | | | | | |  |  |  |
| Are all services and facilities used by all persons without regard to age, sex, disability, race, color or national origin? | | | | | |  |  |  |
| If needed, is information provided in the appropriate translations concerning the availability and nutritional benefits of the SFSP as required by FNS instruction 113-1? | | | | | |  |  |  |
| Is the nondiscrimination statement and the procedure for filing a complaint included in the SFSP information to parents/guardians of beneficiaries or potential beneficiaries? | | | | | |  |  |  |
| Do frontline staff verbally affirm they were trained in Civil Rights by the sponsor as required by FNS Instruction 113-1? | | | | | |  |  |  |
| **SITE ELIGIBILITY** | | | | | | **YES** | **NO** | **N/A** |
| Is the site operating as required based on the approved site type and status? | | | | | |  |  |  |
| If the SFSP site is located at a site that participates in the Child and Adult Care Food Program (CACFP), does the SFSP site operate as a separate and distinct program which meets SFSP requirements and serves children not served in CACFP? | | | | | |  |  |  |
| If the site operates an accredited summer school program, are meal services open to all participants residing in the area? | | | | | |  |  |  |
| **NON-CONGREGATE SITES** | | | | | | **YES** | **NO** | **N/A** |
| Is the site a participant of the non-congregate feeding demonstration project? | | | | | |  |  |  |
| If participating in the demonstration project, does the site meet the requirement of having no temperature-controlled alternative location? | | | | | |  |  |  |
| On the day of the review, if utilizing the non-congregate feeding option, is there a heat advisory in effect and did the site document the date and count of the number of meals served and consumed off site? | | | | | |  |  |  |
| **HEALTH, SAFETY & SANITATION** | | | | | | **YES** | **NO** | **N/A** |
| If meals are prepared or manipulated onsite, does the site have a food inspection? | | | | | |  |  |  |
| Are holding facilities and procedures adequate? | | | | | |  |  |  |
| Are acceptable sanitary procedures followed during the receiving, preparation and service of meals? | | | | | |  |  |  |
| Are safe and sanitary practices followed in handling unserved meals? | | | | | |  |  |  |
| Does the site have an alternate place or plan to serve meals during inclement weather? | | | | | |  |  |  |

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| **MEAL SERVICE VIOLATIONS** | | | **# of Meals Disallowed** | | **Meal Type** | | |
| 1. Meals not delivered at the correct temperature and in acceptable condition? | | |  | |  | | |
| 1. Meals not served within the approved times noted in the site application. | | |  | |  | | |
| 1. Site served more than one meal at one time to participant(s). | | |  | |  | | |
| 1. Meals not served as a complete unit with all required components. (not applicable if OVS is permitted at the site) | | |  | |  | | |
| 1. Meals served to adults included in the number of meals to be claimed for reimbursement. | | |  | |  | | |
| 1. Meals consumed off-site by participants. (unless approved to participate in and complying with the Demonstration Project for Non-Congregate Feeding) **NOTE:** **Sponsors may allow one (1) fruit, vegetable or grain to be consumed offsite**. | | |  | |  | | |
| 1. Food items offered/served did not meet the required minimum serving sizes and/or meal pattern. (specify in *Corrective Action Taken* section) | | |  | |  | | |
| 1. The number of meals documented to be claimed is not equal to or less than the “Maximum Meal Count” approved in the application? | | |  | |  | | |
| **TOTAL MEALS DISALLOWED** | | |  | | | | |
| **CHECK ALL THAT APPLY** (explain all checked items) | | **EXPLANATIONS** | | | | | |
| 1. No records available upon request. | |  | | | | | |
| 1. Incomplete records the day of review. | |  | | | | | |
| 1. Poor sanitation & imminent threat to health   and safety. | |  | | | | | |
| 1. Other applicable serious deficiencies. | |  | | | | | |
| **MONITOR’S RECOMMENDATIONS** | | | | **YES** | | **NO** | **N/A** |
| Is a follow-up visit recommended? | | | |  | |  |  |
| **COMMENTS:** | | | | | | | |
| **CORRECTIVE ACTION TAKEN** | | | | | | | |
|  | | | | | | | |
| **SITE SUPERVISOR’S COMMENTS** | | | | | | | |
|  | | | | | | | |
| **FURTHER ACTION REQUIRED BY** | **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| **I certify that the above information is correct.**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Monitor’s Signature Date Site Supervisor’s Signature Date** | | | | | | | |