#### 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**:  |

|  |  |
| --- | --- |
| **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:       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** |