



OPTIONAL COMBINED SITE Visit and REVIEW FORM SUMMER FOOD SERVICE PROGRAM

NOTE: To be completed if sponsor elects to conduct the Site Visit and Site Review at the same time during the first two weeks of operation.

Instructions:

The Site Visit and Review Form is an optional combined form designed to be used by Happy Helpings GA SFSP Sponsors. Use the Combined Site Visit and Review Form for conducting both your first two-week visit and four-week review at the same date and time during the first two weeks of operation. A first two-week site visit and a four-week review is required 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. Answer the questions below when completing a visit and review. 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 corrective action. Some items answered as a “No” will only require technical assistance. Both should be documented on the form.

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:	<input type="checkbox"/> Open		<input type="checkbox"/> NYSP				
	<input type="checkbox"/> Restricted Open		<input type="checkbox"/> Migrant				
	<input type="checkbox"/> Closed Enrolled		<input type="checkbox"/> Upward Bound				
	<input type="checkbox"/> Residential Camp		<input checked="" type="checkbox"/> Mobile				
	<input type="checkbox"/> Non-Residential						
Geographical Location of Site:	<input checked="" type="checkbox"/> Urban		<input type="checkbox"/> Rural				
Food Service Type:	<input type="checkbox"/> Prepared at Site		Name or Address of Central Kitchen:				
	<input type="checkbox"/> 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 congregare and non-congregate) <input type="checkbox"/> Conditional Non-congregate		Indicated Non-congregate Meal Service Model (if applicable): <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					
(1+2) = Total Meals Available					
3. Number of first (1 st) meals served to children					
4. Number of second (2 nd) meals served to children (not applicable to rural non-congregate sites)					
(3+4) = Total Meals Served					
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					
(5+6+7+8) = Total Non-Reimbursable Meals					
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 st Meals
# of 1 st 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
Are meals being counted and signed for?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are meals served as second (2 nd) meals excessive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there any problems with delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Are meals served at the time(s) approved by DECAL?	<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? ¹ (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? ² (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? ³ (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? ⁴ (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? ⁵ (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. ⁶ (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? ⁷ (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? ⁸ (if “no” see <i>Meal Service Violations</i> section below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Site Supervisor following procedures established to make meal order adjustments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SITE RECORDKEEPING	YES	NO	N/A
Are all required records being completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there documentation of children’s income eligibility, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the site supervisor receive, sign, date and maintain a record of delivery receipts or invoices? { <i>only for vended and central kitchen food service type(s)</i> }	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the site maintain the daily meal count records or the Site Supervisor Meal Count form, Att. 19?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the Daily Meal Count forms or the Site Supervisor Meal Count form, Att. 19 fully documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there adequate procedures and provisions for storing and returning excessive meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the site is responsible for collecting Income Eligibility Statements and/or the Shared School Eligibility, is it maintained for all participants? (<i>only for camps</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRAINING			
Has the Site Supervisor attended training session(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CIVIL RIGHTS	YES	NO	N/A
Are admission and placement criteria and procedures nondiscriminatory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the “And Justice for All” or FNS-approved poster on display?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the site ensure that participants are <u>not</u> separated by race, color, national origin, sex (including gender identity and sexual orientation), disability or age in the eating, serving, seating areas or during the time of service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Are all services and facilities used by all persons without regard to age, sex (including gender identity and sexual orientation), disability, race, color or national origin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the nondiscrimination statement and the procedure for filing a complaint included in the SFSP information to parents/guardians of beneficiaries or potential beneficiaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do frontline staff verbally affirm they were trained in Civil Rights by the sponsor as required by FNS Instruction 113-1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SITE ELIGIBILITY	YES	NO	N/A
Is the site operating as required based on the approved site type and status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 <u>not</u> served in CACFP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the site operates an accredited summer school program, are meal services open to all participants residing in the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RURAL NON-CONGREGATE SITES	YES	NO	N/A
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? ⁹ (if "no" see <i>Meal Service Violations</i> section below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Does the conditional site have documentation that establishes eligibility per child (individually) based on income standards (IES Forms) or school data?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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? ¹⁰ (if "no" see <i>Meal Service Violations</i> section below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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? <i>Note: Unless, approved to distribute meals over a 10-day calendar period</i> ¹¹ (if "no" see <i>Meal Service Violations</i> section below)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
NON-CONGREGATE SITES	YES	NO	N/A
Is the site a participant of the non-congregate feeding demonstration project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If participating in the demonstration project, does the site meet the requirement of having no temperature-controlled alternative location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEALTH, SAFETY & SANITATION	YES	NO	N/A
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"/>



Is there proper sanitation/storage?	<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"/>
MEAL SERVICE VIOLATIONS	# of Meals Disallowed	Meal Type	
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. (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.			
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</i> section)			
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 during bulk food item distribution.			
TOTAL MEALS DISALLOWED			
CHECK ALL THAT APPLY (explain all checked items)	EXPLANATIONS		
12. No records available upon request. <input type="checkbox"/>			
13. Incomplete records the day of review. <input type="checkbox"/>			
14. Poor sanitation & imminent threat to health and safety. <input type="checkbox"/>			
15. Other applicable serious deficiencies. <input type="checkbox"/>			



BRIGHT FROM THE START
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Attachment L-4

MONITOR'S RECOMMENDATIONS		YES	NO	N/A
Is a follow-up visit recommended?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS: DEFICIENCIES NOTED?				
CORRECTIVE ACTION TAKEN				
SITE SUPERVISOR'S COMMENTS				
FURTHER ACTION REQUIRED BY		DATE: _____		
<input type="checkbox"/> I certify that the above information is correct.				
_____		_____		_____
Monitor's Signature		Site Supervisor's Printed Name		Date
_____		_____		_____
Date		Site Supervisor's Signature		Date
_____		_____		_____