

SITE REVIEW FORM
SUMMER FOOD SERVICE PROGRAM
To be completed during first four weeks of operation

Site: _____

Title

Site address: _____

Date of Review:_____

Departure time: _____

Site Supervisor: _____

Regular Site ☐ Camp Site ☐ Average daily participation (if applicable): _____

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

Type(s) of meals reviewed:

	Breakfast	Snack	Lunch	Snack	Supper
Approved level(s) of meal service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Supper
# of meals delivered					
# of meals from previous day					
Time meals delivered					
Time meals served					
# first meals served to children					
# second meals served to children					
# meals served to Program adults					
# meals served to non-Program adults					
# meals left over					

YES	NO	EXPLAIN ANY "NO" ANSWERS BELOW:
		1. Does the staffing pattern correspond to that listed on the approved site sheet?
		2. Has the site supervisor attended training session?
		3. Does the site have sufficient food service supervision?
		4. Are meals counted/checked before signing delivery receipt?
		5. Are accurate meal counts taken of meals served?
		6. Are meals served as second meals excessive?
		7. Are records of adult meals being kept?
		8. Do meals meet approved menu?
		9. Do meals meet meal pattern requirements?
		10. Are meals checked for quality?
		11. Is there proper sanitation/storage?
		12. Is the site supervisor following procedures established to make meal order adjustments?
		13. Are meals served within appropriate time frames?
		14. Are all meals served and consumed on site? (Note below if State Agency and Sponsor allow fruits/vegetables/grains to be taken off site)
		15. Does site have a place to serve children meals in case of inclement weather?
		16. Is each meal served as a unit?
		17. Is the meal delivery schedule followed?
		18. Are there provisions for storing or returning excess meals?
		19. Is there documentation of children's income eligibility, if applicable?
		20. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?
		21. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?
		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?
		23. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate translations?
Explanations:		

MAJOR 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 unit		
6. Meal serving times not met		
CHECK IF THE FOLLOWING APPLY (Explain any checked items)	EXPLANATION:	
7. No records <input type="checkbox"/>		
8. Poor sanitation <input type="checkbox"/>		
9. Other <input type="checkbox"/>		
10. Corrective action discussed with (name and title):		
11. Corrective action taken:		
12. Site Supervisor's comments:		
13. Further action needed by (date):		
<p>By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.</p>		
_____ Monitor's Signature		_____ Site Supervisor's Signature
_____ Date		_____ Date
_____ Sponsor Representative's Signature		
_____ Date		