

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

Sponsor: _____ Site: _____

Site Contact Name: _____ Title: _____
 (not site supervisor)

Site Address: _____ Site Telephone: _____

Date of Site Review: _____ Monitor's Arrival Time: _____ Departure Time: _____

Site Supervisor: _____

☐ Open Site ☐ Closed Site Average daily participation (if applicable): _____

Non-congregate (NC) site: _____ Congregate(C) site: _____ Both NC/C site: _____

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

Type(s) of meals reviewed: ☐ Breakfast ☐ A M Snack ☐ Lunch ☐ P M Snack
☐ Supper

Day of Visit	Breakfast	Snack AM	Lunch	Snack PM	Supper
Number of meals delivered (If applicable)					
Number of meals from previous day					
Time meals delivered (if applicable)					
Time meals served					
Number of first meals served to children					
Number of second meals served to children					
Number of meals served to Program adults					
Number of meals served to non-Program adults					
Discarded meals (dropped, spoiled, incomplete meal, test meal*, etc.)					
Number of meals leftover					

*Test meal cannot be claimed for reimbursement but should be recorded.

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SUMMER FOOD SERVICE PROGRAM, CONTINUED**

Site Review Questions	Yes	No
Number of staffing pattern corresponds to that listed on the approved site sheet?		
Has the site supervisor attended training session?		
Does the site have sufficient food service supervision?		
Are the meals counted/checked before signing delivery receipt? (If applicable)		
Are accurate meal counts taken of meals served?		
Are meals served as second meals excessive?		
Are records of adult meals being kept?		
Do meals meet approved menu?		
Do meals meet meal pattern requirements?		
Are meals checked for quality?		
Is there proper sanitation/storage?		
Is the site supervisor following procedures established to make meal order adjustments?		
Are meals served within approved time frames?		
Are all meals served and consumed on-site? (If approved by State Agency and Health Department Regulations, a fruit/vegetable/ or grain maybe taken off-site)		
Does the site have a place to serve children meals in case of inclement weather?		
Is each meal served as a unit?		
Is the meal delivery schedule followed?		
Are there provisions for storing or returning excess meals?		
Is there documentation of children's income eligibility? (If applicable)		
Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?		
Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?		
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?		
Is informational material concerning the availability and nutritional benefits of the Program available in appropriate translations?		
Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program?		
Are there reasonable steps in place to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered, non-English language of individuals eligible to be served or likely to be affected by the program?		

Explain any "No" answers below:

Program Violations	Actual Count	Type of Meal
1. Adult meals included in count of meals served to children.		
2. Off site consumption. (Do not include fruit/vegetable/grain if approved by the State Agency and Health Department regulations)		
3. More than one meal served at a time to children.		
4. Meal pattern not met (specify): _____		
5. Meals not served as a unit.		
6. Meal serving times not met.		
7. Other program violations (specify): _____		
<p>Check and explain if any of the following apply:</p> <p><input type="checkbox"/> No Records Explanation: _____</p> <p><input type="checkbox"/> Incomplete Records Explanation: _____</p> <p><input type="checkbox"/> Poor Sanitation Explanation: _____</p> <p><input type="checkbox"/> Other Explanation: _____</p>		

Corrective Action discussed with (Name and Title): _____

Corrective Action taken: _____

Site Supervisor's comments: _____

Further action by (date): _____

By signing below, I certify that the above information is true and accurate:

Monitor's Signature Date

Site Supervisor's Signature Date

Sponsor Representative's Signature Date