OKLAHOMA STATE DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAMS (CNP) SEAMLESS SUMMER FEEDING WAIVER (SFW)

SITE REVIEW FORM (SELF-PREPARATION PROGRAMS) (Conducted Within the Third Week of SFW Operations)

Sponsor:			,	Site:					
Site Cont	act:		·	· · · · · · · · · · · · · · · · · · ·	Title				
Site Addr	• • • • • • • • • • • • • • • • • • • •				1100		<u> </u>		
Telephone	e Number:			Date of Review:					
Type of M	feaf Servi	ce Revie	wed:		<u> </u>				
		Day of	Visit	Breakfast	Snack	Lunch	Snack	Supper	
Number	meals pr	epared	•					_	
Time m	eals were	served							
Number	first mea	ls served	l to children		•				
Number	meals ser	rved to p	rogram adults	,					
Number	meals ser	rved to n	onprogram adults						
Number	meals lef	t over							
YES	NO		EXPLAI	N ANY <i>NO</i>	ANSWE	RS BELO	W		
		1.	Are meals served as a	unit?					
		2.	Do meals meet the me	nu as planned'	,				
		3.	Do meals meet the meal pattern requirements?						
		4.	Are all meals served and consumed on site?						
		5,	Are accurate counts taken of meals served?						
		6.	Are meal production records being kept?						
		7.	Is an inventory record being kept?						
		8.	Are receiving records a	nd purchase in	woices kept	?			
		9.	Are records of adult meals being kept?						
	П	10	To there documentation of household income eligibility if annion 102						

YE	S NO		EXPLAIN ANY NO ANS	WERS BELOW					
		11.	11. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?						
		12.	12. Are meals served to all attending children regardless of race, color, national origin, sex age, or disability?						
		13.	13. Do all children have equal access to services and facilities at the site regardless of raccolor, national origin, sex, age, or disability?						
EXPL	ANATIONS:								

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			E FOLLOWING APPLY: cany checked items.)	EXPLANATION:					
1.	No records	1							
2.	Incomplete r	records							
3.	Poor sanitati								
4.	Other:								
Correcti	ve action disc	ussed w	ith (name and title):						
	ve action take		, , , , , , , , , , , , , , , , , , ,						
			· ·						
		·······							
Further a	ction needed	by (date):	·					
certify	that the above	informa	ation is correct:						
Sponsor F	epresentative's	Sionatu	re Date						
.pemon r	-procentative	. D.B.I.	. Duto						
				A					