



SITE REVIEW FORM SUMMER FOOD SERVICE PROGRAM

NOTE: To be completed within the first four weeks of operation.

Instructions:

The Site Review Form is designed to be used by Happy Helpings GA SFSP Sponsors. Use the Site Review Form for conducting the four-week review. Answer the questions below when completing a 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. Check the box below if you completed the required meal observation during the first two-week Site Visit and you may select "NA" for questions related to the meal observation.

Check box if the required meal observation was conducted during the Site Visit.

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 type="checkbox"/> Non-Residential	

Food Service Type:	<input type="checkbox"/> Prepared at Site	
	<input type="checkbox"/> Central Kitchen	Name or Address of Central Kitchen:
	<input type="checkbox"/> Vended	Name of Vendor:

Meal Service:	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					
(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).						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 <u>not</u> have holding equipment?						<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? {School Food Authorities (SFAs) only }						<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? (unless 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"/>
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)}						<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? (only for camps)	<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"/>
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"/>
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. <i>(not applicable if OVS is permitted at the site)</i>			
5. Meals served to adults included in the number of meals to be claimed for reimbursement.			
6. 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.			
7. Food items offered/served did <u>not</u> meet the required minimum serving sizes and/or meal pattern. <i>(specify in Corrective Action Taken section)</i>			
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?			
TOTAL MEALS DISALLOWED			
CHECK ALL THAT APPLY <i>(explain all checked items)</i>	EXPLANATIONS		
9. No records available upon request. <input type="checkbox"/>			
10. Incomplete records the day of review. <input type="checkbox"/>			
11. Poor sanitation & imminent threat to health and safety. <input type="checkbox"/>			
12. Other applicable serious deficiencies. <input type="checkbox"/>			
MONITOR'S RECOMMENDATIONS	YES	NO	N/A
Is a follow-up visit recommended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS:			



BRIGHT FROM THE START
Georgia Department of Early Care and Learning
2 Martin Luther King Jr. Drive, SE
Suite 754 East Tower, Atlanta, Georgia 30334
(404) 656-5957

Attachment L-3

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