

SITE REVIEW FORM SUMMER FOOD SERVICE PROGRAM					
NOTE: To be completed during first four weeks of operations.					
Sponsor: _____			Site: _____		
Site contact: _____					
Name			Title		
Site address: _____					
Telephone: _____			Date of review: _____		
Monitor's arrival time: _____			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	_____	_____	_____	_____	_____
Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Supper
# meals delivered					
# meals/milk 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 leftover					

Attachment 30, Continued

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 onsite? (Note if State Agency and sponsor allow fruits or vegetables 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:		

Attachment 30, Continued

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 and vegetables 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 a unit.	_____	_____
6. Meal serving times not met.	_____	_____
<p>CHECK IF THE FOLLOWING APPLY (Explain any checked items)</p>		
<p>7. No records</p> <p>8. Incomplete records</p> <p>9. Poor sanitation</p> <p>10. Other</p>	<p>EXPLANATION</p>	
<p>Corrective action discussed with (name and title):</p> <p>Corrective action taken:</p> <p>Site supervisor's comments:</p> <p>Further action needed by (date):</p>		
<p>I certify that the above information is correct:</p>		
<p>_____ Monitor's signature</p>	<p>_____ Date</p>	<p>_____ Site supervisor's signature</p>
<p>_____ Sponsor representative's signature</p>	<p>_____ Date</p>	