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| Department of Education and Early Development Logo | **Summer Food Service Program**    **Site Visit Review Form** | *Child Nutrition Programs**Finance and Support Services* *P.O. Box 110500*  *Juneau, Alaska 99811-0500*  *Phone (907) 465-8711*  [*eed.cnp.summer@alaska.gov*](mailto:eed.cnp.summer@alaska.gov) |

*Directions: If conducting separate initial site visit and fourth week reviews, complete Section 1, Section 2, and Section 4. Fourth week reviews and combined reviews should complete all sections.*

***SECTION 1 - Site Information (complete for all reviews)***

Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monitor's arrival time: \_\_\_\_\_\_\_\_\_ Monitor’s departure time: \_\_\_\_\_\_\_\_\_

Site supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Fourth Week Site Visit being conducted during the first two weeks of operation, combining first and fourth week reviews? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site Type (circle one): Open Closed-Enrolled Camp

Meal Distribution Type (circle one): Congregate Non-Congregate

Approved meal service time: \_\_\_\_\_\_\_\_\_\_\_\_

Today's attendance: \_\_\_\_\_\_\_\_\_\_\_\_

Type(s) of meals reviewed:

🞏 Breakfast Approved Cap: \_\_\_\_\_\_\_\_\_\_\_\_

🞏 AM Snack Approved Cap: \_\_\_\_\_\_\_\_\_\_\_\_

🞏 Lunch Approved Cap: \_\_\_\_\_\_\_\_\_\_\_\_

🞏 PM Snack Approved Cap: \_\_\_\_\_\_\_\_\_\_\_\_

🞏 Supper Approved Cap: \_\_\_\_\_\_\_\_\_\_\_\_

***SECTION 2 – Complete for both first and fourth week reviews (or if combining)***

|  |  |
| --- | --- |
| **Menu and specified foods served (record all items served)** | **Serving size** |
| Milk: | Amount: |
| Veg/Fruit: | Amount: |
| Veg/Fruit: | Amount: |
| Grains: | Amount: |
| Grains: | Amount: |
| Meat/Meat Alternate: | Amount: |
| Meat/Meat Alternate: | Amount: |
| Other item: | Amount: |

**Questions for all sites:**

|  |  |  |
| --- | --- | --- |
| **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 a training session? |
| \_\_\_\_ | \_\_\_\_ | 3. Does the site have sufficient food service supervision? |
| \_\_\_\_ | \_\_\_\_ | 4. Are meals counted/checked before signing delivery receipt? (if applicable) |
| \_\_\_\_ | \_\_\_\_ | 5. Are accurate meal counts taken at point of service? |
| \_\_\_\_ | \_\_\_\_ | 6. Are records of adult meals being kept? |
| \_\_\_\_ | \_\_\_\_ | 7. Do meals meet approved menu? |
| \_\_\_\_ | \_\_\_\_ | 8. Do meals meet meal pattern requirements? |
| \_\_\_\_ | \_\_\_\_ | 9. Are meals checked for quality? |
| \_\_\_\_ | \_\_\_\_ | 10. Is there proper sanitation/storage? |
| \_\_\_\_ | \_\_\_\_ | 11. Is the site supervisor following procedures established to make meal order adjustments? |
| \_\_\_\_ | \_\_\_\_ | 12. Are meals served within appropriate time frames? |
| \_\_\_\_ | \_\_\_\_ | 13. Does site have a place to serve children meals in case of inclement weather? |
| \_\_\_\_ | \_\_\_\_ | 14. Is each meal served as a unit? |
| \_\_\_\_ | \_\_\_\_ | 15. Is the meal delivery schedule followed? (if applicable) |
| \_\_\_\_ | \_\_\_\_ | 16. Are there procedures for storing or returning excess meals? |
| \_\_\_\_ | \_\_\_\_ | 17. Is there documentation of children's income eligibility? (if applicable) |
| \_\_\_\_ | \_\_\_\_ | 18. Is there an “And Justice for All” poster, provided by the sponsor, on display in a prominent place? |
| \_\_\_\_ | \_\_\_\_ | 19. Are meals served to all attending children regardless of the child's race, color, national origin, sex (including gender identity and sexual orientation), age, or disability? |
| \_\_\_\_ | \_\_\_\_ | 20. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate translations? |
| \_\_\_\_ | \_\_\_\_ | 21. Does the site have an integrity plan? If so, is the integrity plan being followed for meal service? |

**Questions for Congregate sites:**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Explain any “no” answers below** |
| \_\_\_\_ | \_\_\_\_ | 22. Are all meals served and consumed on site? |
| \_\_\_\_ | \_\_\_\_ | 23. Are meals served as second meals excessive? |
| \_\_\_\_ | \_\_\_\_ | 24. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex (including gender identity and sexual orientation), age, or disability? |

**Questions for Non-congregate sites:**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Explain any “no” answers below** |
| \_\_\_\_ | \_\_\_\_ | 25. Are preparation instructions included (if applicable)? |
| \_\_\_\_ | \_\_\_\_ | 26. Is home meal-preparation kept to a minimum? |
| \_\_\_\_ | \_\_\_\_ | 27: Are there procedures in place to prevent over-issuance? |
| \_\_\_\_ | \_\_\_\_ | 28. Is the Non-Discrimination statement included on instructions or menus provided with the meal? |
| \_\_\_\_ | \_\_\_\_ | 29. If bulk food items are included, do menus show portion sizes for each reimbursable meal? |
| \_\_\_\_ | \_\_\_\_ | 30. Does the number of meals distributed (multi-day issuance) match the site application? |

**Explanation of any “NO” answers:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*If conducting separate 1st and 4th week reviews, skip to page 6. If combining reviews, continue to Section 3.*

***SECTION 3 – Complete for fourth week reviews (or if combining)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Day of visit | Breakfast | AM Snack | Lunch | PM Snack | Supper |
| # Meals delivered (if applicable) |  |  |  |  |  |
| # Meals/milk from previous day |  |  |  |  |  |
| Time meals delivered (if applicable) |  |  |  |  |  |
| Time meals served |  |  |  |  |  |
| # First meals served to children |  |  |  |  |  |
| # Second meals served to children (if applicable) |  |  |  |  |  |
| # Meals served via non-congregate service (if applicable) |  |  |  |  |  |
| # Meals served to Program adults (if applicable) |  |  |  |  |  |
| # Meals served to  non-Program adults (if applicable) |  |  |  |  |  |
| # Discarded meals (dropped, spoiled, incomplete meal, etc.) |  |  |  |  |  |
| # Meals leftover |  |  |  |  |  |

|  |  |
| --- | --- |
| **Major Violations** | **Explanation** |
| 1. Adult meals included in count of meals served to children | Number of adult meals: |
| 1. Offsite consumption, if approved for congregate meal service (does not include fruits, vegetables and grains if allowed by State Agency and sponsor – can take one item) | Number of meals taken offsite: |
| 1. More than one meal served at one time to children |  |
| 1. Meal pattern not met (specify): |  |
| 1. Meals not served as a unit |  |
| 1. Meal service times not met | Actual meal service time: |
| 1. Integrity Plan not followed |  |
| 1. Other program violations (specify): |  |

CHECK IF THE FOLLOWING APPLY (Explain any checked items)

* No records
* Incomplete records
* Poor sanitation
* Other

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| ***SECTION 4 – Summary and Signatures (complete for all reviews)***  **Summary of Monitoring Review, Findings, and Recommended Corrective Action:**   1. Was there any corrective action in the previous review that needs to be followed up/documented with this review? If yes, please explain: 2. Were there any violations during this review? If yes, please describe: 3. Were violations corrected on site or is further action required? 4. Corrective action discussed with (name and title):      1. Corrective action taken:      1. If necessary, further action to be completed by:      1. How will the monitor ensure the violation was corrected (follow-up review by certain date, submission of back-up documents such as meal counts or menus, etc.)? 2. Site supervisor's comments:      1. Monitor’s comments: |
| I certify that the above information is correct:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Monitor signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Site supervisor signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sponsor representative signature Date |

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