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|  | <p>Summer Food Service Program</p>  <p>FOURTH WEEK SITE REVIEW FORM SUMMER FOOD SERVICE PROGRAM</p> | <p>Child Nutrition Programs Finance and Support Services P.O. Box 110500 Juneau, Alaska 99811-0500 Phone (907) 465-4788 Fax (907) 465-8910</p> |
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NOTE: To be completed within the first four weeks of site operations.

Sponsor: _____ Site: _____

Site contact: _____

Site address: _____

Date of review: _____

Monitor's arrival time: _____ Monitor's departure time: _____

Site supervisor: _____

- Regular Site (Open, Closed-Enrolled, Alaska Native/Migrant)
- Camp Site - Average daily participation: _____

Approved meal service time: _____

Today's attendance: _____

Type(s) of meals reviewed:

- Breakfast Approved Cap: _____
- Snack Approved Cap: _____
- Lunch Approved Cap: _____
- Snack Approved Cap: _____
- Supper Approved Cap: _____

| 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: |

| 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 | | | | | |
| # Meals served to Program adults | | | | | |
| # Meals served to non-Program adults | | | | | |
| Discarded meals (dropped, spoiled, incomplete meal, etc.) | | | | | |
| # Meals leftover | | | | | |

| 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? (if applicable) |
| ___ | ___ | 5. Are accurate meal counts taken at point of service? |
| ___ | ___ | 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? |
| ___ | ___ | 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? (if applicable) |

| | | |
|-----|-----|---|
| ___ | ___ | 18. Are there procedures for storing or returning excess meals? |
| ___ | ___ | 19. Is there documentation of children's income eligibility? (if applicable) |
| ___ | ___ | 20. Is there an "And Justice for All" 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? |

Explanation of any "NO" answers: _____

| 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, vegetables and grains 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 | _____ | _____ |
| 7. Other program violations (specify): _____ | _____ | _____ |

CHECK IF THE FOLLOWING APPLY

(Explain any checked items)

- No records
- Incomplete records
- Poor sanitation
- Other

Explanation: _____

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?
 - a) Corrective action discussed with (name and title):
 - b) Corrective action taken:
 - c) If necessary, further action to be completed by:
 - d) 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.)?
4. Site supervisor's comments:
5. Monitor's comments:

I certify that the above information is correct:

Monitor signature Date

Site supervisor signature Date

Sponsor representative signature Date