

Summer Food Service Program



Fourth Week Site Visit Review Form (Food Service Review)

Food Bank of Alaska SFSP FY24

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

Child Nutrition Programs Finance and Support Services

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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 fir	st two weeks of operation?
Regular Site (Open, Closed-Enrolled, Migrant) Camp Site – Average daily participation: Approved meal service time: Today's attendance:	☐ Congregate☐ Non-congregate
Type(s) of meals reviewed: □ Breakfast Approved Cap: □ AM Snack Approved Cap: □ Lunch Approved Cap: □ PM 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 (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					

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. Are all meals served and consumed on site? (if applicable)
	14. Does site have a place to serve children meals in case of inclement weather?
	15. Is each meal served as a unit?
	16. Is the meal delivery schedule followed? (if applicable)
	17. Are there procedures for storing or returning excess meals?
	18. Is there documentation of children's income eligibility? (if applicable)
	19. Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?
	20. 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?
	21. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate translations?
tions for Congregate	sites:
Yes No	Explain any "no" answers below
	22. Are meals served as second meals excessive?
	23. 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?
tions for Non-congre	gate sites:
Yes No	Explain any "no" answers below
	24. Are preparation instructions included (if applicable)?
	25. Are there procedures in place to prevent over-issuance?
	· · ·
	26: Is home meal-preparation kept to a minimum?

	Major Violations	Actual Count	Type of Meal
_	ult meals included in count of meals served to ldren		
ser	fsite consumption, if approved for congregate vice only (Do not include fruits, vegetables and ins if allowed by State Agency and sponsor)		
3. Mo	ore than one meal served at one time to children		
4. Me	eal pattern not met (specify):		
5. Me	eals not served as a unit		
6. Me	eal serving times not met		
7. Oth	er program violations (specify):		
	IF THE FOLLOWING APPLY (Explain any checked ite	ms)	-
HECK			
	No records		
	No records Incomplete records Poor sanitation		

Sumn	nary 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 <u>corrected on site</u> or is <u>further action required</u> ?					
	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 certi	ify that the above information is correct:					
Moni	tor signature Date					
Site s	upervisor signature Date					
Spons	sor representative signature Date					

This institution is an equal opportunity provider.