

**Four Week Site Review  
Summer Food Service Program**

SPONSOR NAME:					
SITE NAME:			SITE LEA CODE:		
SITE ADDRESS:				Date of Review: ____/____/____	
MONITOR'S NAME (print name):			<i>monitor must be present for the entire meal service</i>		
			Monitor's Arrival Time:		Monitor's Departure Time:
SITE SUPERVISOR'S NAME (print name):					
<b>Site Type:</b> <input type="checkbox"/> Open <input type="checkbox"/> Restricted Open <input type="checkbox"/> Closed Enrolled Needy Area <input type="checkbox"/> Closed Enrolled Non-Needy Area <input type="checkbox"/> Residential Camp <input type="checkbox"/> Non-Residential Camp <input type="checkbox"/> Migrant					
<b>MEAL SERVICE</b>					
<b>Type of meal service reviewed (check one):</b> <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper					
Approved Meal Service Time: Start:                      End:					
Observed Meal Service Time: Start:                      End:					
Number of areas reimbursable meals are served at this site _____					
	Site Count	Monitor Count		Site Count	Monitor Count
Meals leftover from previous day			Second meals served to children		
Meals delivered			Meals served to program adults		
Meals available			Meals served to non-program adults		
First meals served to children			Excess meals leftover		
<b>ETHNIC AND RACIAL CATEGORY COLLECTION</b> Use visual identification. Record each participant's ethnicity in one of the Ethnic Categories. No percentages. Record each participant's racial designation(s). Each participant may have one or more racial designations. <b>No percentages.</b> For camps use RACIAL or ETHNIC DATA FORM to collect and maintain this information separately for each session.					
<b><u>Ethnic Categories</u></b>			<b><u>Racial Categories</u></b>		
Hispanic or Latino			American Indian or Alaska Native		
Non-Hispanic or Non Latino			Asian		
			Black or African American		
			Native Hawaiian or Other Pacific Islander		
			White		
<b>Total</b> (This should be equal to the number of children served first meals for the meal observed)			<b>Total</b> (This should be equal to or greater than the number of children served first meals for the meal observed)		

**Attachment 44, Continued**

YES	NO	N/A	
			1. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, gender, age, or disability? If no, <input type="checkbox"/> staff retrained on civil rights requirements and will adhere to the requirements immediately.
			2. For camps and closed enrolled sites in a non-needy area, using income applications to determine site eligibility, have determinations been made on income applications? If no, <input type="checkbox"/> explain how this will be corrected. _____
			3. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate translations? If no, <input type="checkbox"/> sponsor has been notified.
			4. Have all site personnel received SFSP training including training on Civil Rights? If no, <input type="checkbox"/> sponsor contacted to establish date for next training
			5. Is the site serving meals as trained by the sponsor? (tray line, family style) If no, <input type="checkbox"/> staff retrained <input type="checkbox"/> other _____
			6. Is site staff counting meals as trained by the sponsor? If no, what corrective action was taken prior to the next meal service? <input type="checkbox"/> staff retrained <input type="checkbox"/> disallow meals # ____ <input type="checkbox"/> other: _____
			7. Are meals served at the approved meal service time? If no, <input type="checkbox"/> sponsor notified of meal time changes <input type="checkbox"/> staff retrained to serve meals at approved times
			8. Is the menu served as planned? If no, explain why: _____
			9. Do all meals meet meal pattern requirements? If no, what corrective action was taken prior to the next meal service? <input type="checkbox"/> staff retrained <input type="checkbox"/> disallow meals # ____ <input type="checkbox"/> other: _____
			10. Does the site meet all Department of Health regulations to ensure food safety in the preparation, holding, serving and storage of food? If no, <input type="checkbox"/> the following corrective action will be immediately implemented: _____ <input type="checkbox"/> Monitor has notified sponsor and closed the site
			11. Have all violations noted in the health department inspection report been corrected? If no, <input type="checkbox"/> list outstanding violations and the dates when they will be corrected _____
			12. Have adjustments to meal production/ordering been made to limit second meals and leftovers? If no, <input type="checkbox"/> sponsor contacted to establish limits and a system to make future adjustments
			Answer Questions 13 - 17 if meals are delivered to the site  Mark N/A if questions do not apply "ONLY"
			13. Did the number of meals served exceed the approved participation level for the meal observed? If yes, <input type="checkbox"/> Sponsor notified to make an upward adjustment before next meal service
			14. Does site staff know how to handle breakdowns in delivery? If no, <input type="checkbox"/> staff retrained on sponsor's procedures to handle delivery breakdowns
			15. Are vended meals served as a unit? If no, <input type="checkbox"/> sponsor contacted to resolve <input type="checkbox"/> disallow meals # ____ <input type="checkbox"/> other _____

**Attachment 44, Continued**

YES	NO	N/A	
			16. Are delivered meals being counted and signed for? If no, <input type="checkbox"/> staff retrained on sponsor's system to ensure delivered meals are being counted and signed for.
			17. Are meals checked for quality? If no, <input type="checkbox"/> staff retrained on sponsor's system to ensure only quality meals are served.
			18. For closed enrolled site in a non-needy area, does the documentation validate 50% eligibility? If no, <input type="checkbox"/> Sponsor contacted. Site is not eligible to participate.
			19. For camps and closed enrolled sites in a non-needy area, using income applications to determine site eligibility, are the applications maintained on site and accessible only by authorized personnel? If no, <input type="checkbox"/> location has been established to maintain confidential documents.
			20. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place? If no, <input type="checkbox"/> poster is now on display.
			21. Are meals served to all attending children regardless of the child's race, color, national origin, gender, age, or disability? If no, <input type="checkbox"/> staff has been retrained on civil rights requirements and will adhere to the requirements immediately.
			22. Are all meals served and consumed on site? If no, <input type="checkbox"/> only the fruit/vegetable/ <b>grain</b> is leaving the site as allowed <input type="checkbox"/> retrain staff <input type="checkbox"/> disallow meals # ___ <input type="checkbox"/> other: _____
			23. Does the site have sufficient food service supervision? If no, <input type="checkbox"/> sponsor has been contacted to correct.
			24. Is the site notifying the sponsor of meal service changes including field trips? If no, <input type="checkbox"/> staff has been retrained. <input type="checkbox"/> other _____

25. Are the following records maintained and available for review:

Yes	No	N/A		Yes	No	N/A	
			Permit to operate a food service (self prep sites only)				Health Department Inspection Reports
			HACCP Records (school sponsors only)				Daily meal counts
			Delivery Receipts (vended sites only)				Labor records
			Water sample records (if not using public water supply)				Menu
			Production Records (self prep sites only)				Camp Permit (camps only)
			Eligibility Documentation(Camps/Closed Enrolled in non-needy areas only)				

If "No" to any of the above,  the sponsor's system to maintain records has been implemented at the site.

**I certify that the above information is correct:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Monitor's signature**                      **Date**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Site supervisor's signature**                      **Date**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Sponsor representative's signature**                      **Date**