

# Summer Food Service Program (SFSP) Food Service Review Form

**Summer 2024**

**Instructions:** SFSP sponsors must complete and maintain a “Food Service Review Form” for each site during the first four weeks of program operations. Monitors are required to be at the site before operation begins until the end of service. *The Food Service Review Form **must** be completed during the first four weeks of SFSP operation.*

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

Name of site: \_\_\_\_\_ Monitor’s arrival time: \_\_\_\_\_

Address: \_\_\_\_\_ Monitor’s departure time: \_\_\_\_\_

Phone: \_\_\_\_\_ Check  type of site:

Open Site  Open Restricted Site

Closed Enrolled  Camp Site

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

Person contacted at site: \_\_\_\_\_ Title: \_\_\_\_\_

Types of meal service reviewed: \_\_\_\_\_ Approved time of meal service: \_\_\_\_\_

Approved Average Daily Participation (ADP): \_\_\_\_\_ Attendance on day of visit: \_\_\_\_\_

Number eligible for free or reduced-price meals (*camp only*): \_\_\_\_\_

Day of Visit	Type of Meal			
	Breakfast	Lunch	Supper	Snack
Number of meals prepared (single site self prep):				
Number of meals delivered (off-site prep):				
Number of meals/milk from previous day:				
Times meals delivered (off-site prep):				
Times meals served:				
Number of first meals served to children:				
Number of meals served as seconds to children:				
Number of meals served to program adults:				
Number of meals served to non-program adults:				
Number of meals discarded (dropped, spoiled, incomplete, test meal, etc.) <i>Test meals cannot be claimed for reimbursement, but should be recorded.</i>				
Number of meals leftover:				

**Menu served:**

## SFSP Sponsor Food Service Review Form

### SFSP Requirements

Indicate if the site met the requirements below.	Yes	No
1. Does the staffing pattern correspond to that listed on the approved site sheet?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the site supervisor attended training session?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does the site have sufficient food service supervision?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are meals counted/checked before signing delivery receipt?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are accurate meal counts taken of meals served?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are meals served as second meals excessive?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are records of adult meals being kept?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do meals meet approved menu?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do meals meet meal pattern requirements?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are meals checked for quality?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there proper sanitation/storage?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is the site supervisor following established procedures to make meal order adjustments?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are meals served within approved time frames?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all meals served and consumed on-site? <i>Indicate if sponsor allows fruits, vegetables, or grains to be taken off-site.</i>	<input type="checkbox"/>	<input type="checkbox"/>
15. Does site have a place to serve children meals in case of inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is each meal served as a unit?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is the meal delivery schedule followed?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are there provisions for storing or returning excess meals?	<input type="checkbox"/>	<input type="checkbox"/>
19. Is there documentation of children's income eligibility, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is the <i>"And Justice for All"</i> poster provided by the sponsor on display in a prominent place?	<input type="checkbox"/>	<input type="checkbox"/>
21. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
23. Is informational material concerning the availability and nutritional benefits of the SFSP available in appropriate languages and translations are accurate?	<input type="checkbox"/>	<input type="checkbox"/>
24. Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the SFSP?	<input type="checkbox"/>	<input type="checkbox"/>
25. Are there reasonable steps in place to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered, non-English languages of individuals eligible to be served or likely to be affected by the SFSP?	<input type="checkbox"/>	<input type="checkbox"/>

# SFSP Sponsor Food Service Review Form

## Major Violations

Indicate if the violations below occurred at the site.

**Actual  
Count**

**Type of  
Meal**

- |   |       |       |
|---|-------|-------|
| 1. Adult meals included in count of meals served to children.                                       | _____ | _____ |
| 2. Off-site consumption. <i>Do not include fruits, vegetables, or grains if allowed by sponsor.</i> | _____ | _____ |
| 3. More than one meal served at one time to children.   | _____ | _____ |
| 4. Meal pattern not met ( <i>specify</i> ): _____   | _____ | _____ |
| 5. Meals not served as a unit   | _____ | _____ |
| 6. Mealtimes not met  | _____ | _____ |
| 7. Other SFSP violations ( <i>specify</i> ): _____  | _____ | _____ |

**Check below if these violations occurred at the site. Explain any checked items.**

8.  No records

9.  Incomplete records

10.  Poor sanitation

11.  Other (*please specify*)

Corrective action discussed with:      Name: \_\_\_\_\_

Title: \_\_\_\_\_

Corrective action taken:

# SFSP Sponsor Food Service Review Form

Site supervisor's comments:

Further action needed:

I certify that the information above is correct.

\_\_\_\_\_  
Monitor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site supervisor's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of sponsor representative

\_\_\_\_\_  
Date reviewed by sponsor representative

# SFSP Sponsor Food Service Review Form

## Verification with Office Records

1. Number of meals	Number	Site meal counts confirmed by monitor?	
		Yes	No
A. Reported number of <b>meals</b> delivered for meal observed:	_____	<input type="checkbox"/>	<input type="checkbox"/>
B. Reported number of <b>first meals</b> served for day of visit:	_____	<input type="checkbox"/>	<input type="checkbox"/>
C. Reported number of <b>second meals</b> served for day of visit:	_____	<input type="checkbox"/>	<input type="checkbox"/>
D. Reported number of <b>adult meals</b> served for day of visit:	_____	<input type="checkbox"/>	<input type="checkbox"/>
E. Reported number of <b>leftover meals</b> for day of visit:	_____	<input type="checkbox"/>	<input type="checkbox"/>
F. Reported number of <b>discarded meals</b> for day of visit:	_____	<input type="checkbox"/>	<input type="checkbox"/>

2. Comments:

3. Corrective action taken, if needed:

\_\_\_\_\_  
Signature of sponsor representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

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For information on the SFSP, visit the CSDE's [SFSP](#) webpage or contact the [Summer Meals staff](#) in the CSDE's Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This document is available at [https://portal.ct.gov/-/media/SDE/Nutrition/SFSP/Food\\_Service\\_Review\\_Form\\_SFSP.pdf](https://portal.ct.gov/-/media/SDE/Nutrition/SFSP/Food_Service_Review_Form_SFSP.pdf).

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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