

Summer Food Service Program (SFSP) Food Service Review Form

Instructions: SFSP sponsors must complete this form for each site during the first four weeks of SFSP operation. Monitors are required to be at the site before operation begins until the end of service. Maintain this form on file for the administrative review of the SFSP, according to the U.S Department of Agriculture's (USDA) records retention requirements for the SFSP. For more information, refer to the CSDE's resource, [Records Retention Requirements for the Summer Food Service Food Program](#).

Part 1: Site Information

Sponsor name: _____

Review date: _____

Site address: _____

Site phone: _____

Site supervisor: _____

Check type of site:

Open Site Open Restricted Site Closed Enrolled Camp Site

Person contacted at site: _____

Title of person contacted at site: _____

Types of meal service reviewed: Breakfast Lunch Supper Snack

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): _____

Monitor's arrival time: _____

Monitor's departure time: _____

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Part 2: Number of Meals and Menu

Complete the information below for each meal served during the day of the visit. Complete the information below for each meal served during the day of the visit.

A. Number of meals prepared (single site self prep):

Breakfast: _____

Lunch: _____

Supper: _____

Snack: _____

B. Number of meals delivered (off-site prep):

Breakfast: _____

Lunch: _____

Supper: _____

Snack: _____

C. Number of meals/milk from previous day:

Breakfast: _____

Lunch: _____

Supper: _____

Snack: _____

D. Times meals are delivered (off-site prep):

Breakfast: _____

Lunch: _____

Supper: _____

Snack: _____

E. Times meals are served:

Breakfast: _____

Lunch: _____

Supper: _____

Snack: _____

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F. Number of meals served to children:

Breakfast: _____

Lunch: _____

Supper: _____

Snack: _____

G. Number of meals served to program adults:

Breakfast: _____

Lunch: _____

Supper: _____

Snack: _____

H. Number of meals served to non-program adults:

Breakfast: _____

Lunch: _____

Supper: _____

Snack: _____

I. Number of meals discarded, e.g., dropped, spoiled, incomplete, and temperature test meals (**Note:** Temperature test meals cannot be claimed for reimbursement but should be recorded):

Breakfast: _____

Lunch: _____

Supper: _____

Snack: _____

J. Number of meals leftover:

Breakfast: _____

Lunch: _____

Supper: _____

Snack: _____

Menu served on day of visit:

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Part 3: SFSP Requirements

Indicate if the site met the requirements below.

1. Does the staffing pattern correspond to that listed on the approved site sheet?
 Yes No
2. Has the site supervisor attended training session?
 Yes No
3. Does the site have sufficient food service supervision?
 Yes No
4. Are meals counted/checked before signing delivery receipt?
 Yes No
5. Are accurate meal counts taken of meals served?
 Yes No
6. Are meals served as second meals excessive?
 Yes No
7. Are records of adult meals being kept?
 Yes No
8. Do meals meet approved menu?
 Yes No
9. Do meals meet meal pattern requirements?
 Yes No
10. Are meals checked for quality?
 Yes No
11. Is there proper sanitation/storage?
 Yes No
12. Is the site supervisor following established procedures to make meal order adjustments?
 Yes No
13. Are meals served within approved time frames?
 Yes No

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14. Are all meals served and consumed on-site?
 Yes No: Indicate if sponsor allows fruits, vegetables, or grains to be taken off-site.
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15. Does the site have a place to serve children meals in case of inclement weather?
 Yes No
16. Is each meal served as a unit?
 Yes No
17. Is the meal delivery schedule followed?
 Yes No
18. Are there provisions for storing or returning excess meals?
 Yes No
19. Is there documentation of children's income eligibility, if applicable?
 Yes No
20. Is the "And Justice for All" poster provided by the sponsor on display in a prominent place?
 Yes No
21. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?
 Yes No
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?
 Yes No
23. Is informational material concerning the availability and nutritional benefits of the SSO available in appropriate languages and translations are accurate?
 Yes No
24. Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the SSO?
 Yes No
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 SSO?
 Yes No

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Part 4: Major Violations

Check any violations below that occurred at the site. For each checked item, indicate the number of meals that did not comply with the indicated requirement.

- Adult meals included in the number of meals served to children.
Number of meals: _____
- For congregate sites only:** Off-site consumption of meals. Do not include fruits, vegetables, or grains if allowed by sponsor.
Number of meals: _____
- More than one meal served at one time to children.
Number of meals: _____
- Meal pattern not met (specify): _____
Number of meals: _____
- Meals not served as a unit, or meals not containing all required NSLP/SBP meal pattern components simultaneously
Number of meals: _____
- Meals served outside of the approved mealtimes.
Number of meals: _____
- Other SFSP violations (specify): _____
Number of meals: _____

Check any violations below that occurred at the site. Explain each checked item.

- No records.
Explanation: _____
- Incomplete records.
Explanation: _____
- Poor sanitation.
Explanation: _____
- Other (specify): _____
Explanation: _____

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Part 5: Corrective Action

Corrective action discussed with:

Name: _____

Title: _____

Indicate the corrective action taken for any violations indicated in part 3.

Site supervisor's comments:

Further action needed:

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Part 6: Certification

I certify that the information in this document is correct.

Monitor

Signature: _____

Date: _____

Site supervisor

Signature: _____

Date: _____

Signature of sponsor representative: _____

Date reviewed by sponsor representative: _____

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Part 7: Verification with Office Records

The SFSP sponsor must verify the reported number of meals in each category below with their office records. Check that the total number of meals being submitted by the site matches the total number of meals observed during the meal service.

Reported number of meals

Site meal counts confirmed by monitor

Meals delivered for the observed meal: _____

Yes No

First meals served for day of visit: _____

Yes No

Adult meals served for day of visit: _____

Yes No

Leftover meals for day of visit: _____

Yes No

Discarded meals for day of visit: _____

Yes No

Comments:

Corrective action taken, if needed:

Signature of sponsor representative: _____

Title of sponsor representative: _____

Date: _____

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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, audiotope, 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

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