



Washington Office of Superintendent of

PUBLIC INSTRUCTION

SUMMER FOOD SERVICE PROGRAM

Food Service Site Review Form

This form must be completed when conducting the required Food Service Site Review for each operating site.

SPONSOR	DATE OF REVIEW	TYPE OF SITE <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Other: <input type="checkbox"/> Congregate <input type="checkbox"/> Non-Congregate
SITE NAME	REVIEW NUMBER <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Follow-Up <input type="checkbox"/> State Meal Observation	
SITE ADDRESS	MEAL TYPE <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper	
SITE SUPERVISOR	MEAL SERVING TIME Approved: _____ to _____ Actual: _____ to _____	
MONITOR/STATE REVIEWER	MEAL OBSERVATION TIME Arrived: _____ Left: _____	

Today's Meal	Offered Items	Portion Size	Meal Disallowances	# of Meals
Meat/Meat Alt			# of meals missing components	
Fruit/Veg			# of meals containing items not meeting the minimum portion size	
Fruit/Veg			# of meals served outside of meal service times	
Grain/Bread			# of meals not taken at point of service (POS)	
Milk			# of meals taken off site	
Additional Items			# of field trip meals today without OSPI notification	

Areas to review.

Has the site supervisor attended SFSP training (and is it documented)? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an "And Justice for All" poster on display in a prominent place? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is informational material concerning the availability and nutritional benefits of the Program available in appropriate languages and translations are accurate? Note:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 to be served or likely to be affected by the Program? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No



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For vended or satellite sites, were meals counted/checked for quality before signing the delivery receipt? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the meal delivery schedule followed? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there proper sanitation/adequate storage to ensure food safety? *Are there adequate handwashing facilities (if applicable)? * If applicable, have utensils and work surfaces been properly sanitized? * Are fridges and freezers kept at required temperatures? Are dry goods kept off the floor and secure from pests? Notes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are required records being completed daily or at point of service (meal count forms, hot and cold holding temps, site traffic training, etc.)? Notes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the supervisor aware that changes with the average daily attendance (ADA) need to be communicated to the sponsor? Notes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the meal type approved and served within the approved time frames? Notes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Do the meals served meet meal pattern requirements? Are menus and meal preparation records current? Notes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is offer versus serve implemented correctly, if used (LEAs only)? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are the unitized meal pattern requirements met? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are only reimbursable meals being counted and at the point of service? Notes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are enough meals available for all children wanting one? Notes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the site serve program and/or non-program adult meals? If so, is there are process to ensure all children at the site are fed first? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are second meals excessive (\geq 10% of the meals delivered/prepared)? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the site supervisor following procedures to adjust the number of meals ordered/prepared? Notes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the site following the approved plan to handle leftover meals? Notes:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are all meals served and consumed on site (congregate sites only)? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are children properly monitored taking one fruit, vegetable, or grain off-site for later consumption? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the site using a share table? If so, are only shelf-stable pre-packaged foods and whole fruits with non-edible peels placed on the share table? If not, review the approved plan from the health department to ensure the plan is being followed. Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the site have a place to serve children meals in case of inclement weather?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



Note:	
Camps & Closed Sites Only: Is there documentation of children's income eligibility, if applicable? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Complete table using Daily Meal Count Forms from past 5 days	Date	Date:	Date:	Date:	Date:	Day of Review
Total Number of Meals Available						
First Meals Served						
Second Meals Served						
Program Adult Meals Served						
Non-Program Adult Meals Served						
Leftovers						
Meals Served Over CAP						
Approved in WINS: ADA _____ CAP _____						

List any issues/concerns noted during the visit and any corrective actions initiated to eliminate them:

By signing below, the individual acknowledges that all items in this report are accurate and were discussed with the site supervisor.

Site Supervisor Name & Signature	Monitor Name & Signature	State Reviewer Name & Signature
Date:	Date:	Date:

All areas out of compliance and meal disallowances must be addressed in a written Corrective Action Plan (CAP). The CAP must be kept with all SFSP records.

Documented Follow Up

Date(s) of follow up: _____ **Notes:** _____
