

**NATIONAL SCHOOL LUNCH PROGRAM
 SEAMLESS SUMMER OPTION SITE
 REVIEW SCHOOL USE ONLY**

 REVIEW TYPE ☐ Regular ☐ Follow-up

NUTRITION DEPARTMENT

NAME OF SPONSOR		AGREEMENT NUMBER	SEAMLESS ENTITY TYPE <input type="checkbox"/> Open <input type="checkbox"/> Restricted <input type="checkbox"/> Closed
SITE NAME		DATE	MEAL SERVICE TYPE <input type="checkbox"/> Congregate <input type="checkbox"/> Non-congregate
SITE ADDRESS		TELEPHONE (Include Area Code)	<input type="checkbox"/> Parent/Guardian Pick-up <input type="checkbox"/> Multi-day Issuance <input type="checkbox"/> Home Delivery
REVIEWER	MEAL PREPARATION TYPE <input type="checkbox"/> Self Preparation <input type="checkbox"/> Contracted	SITE NUMBER	APPROVED MEAL SERVICE TIMES Begin: _____ End: _____
MEAL SERVICE OBSERVED <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> AM Snack <input type="checkbox"/> PM Snack		MENU FOR MEAL OBSERVED	OBSERVED MEAL SERVICE TIMES Begin: _____ End: _____
IS THE SITE SERVING MEALS AT THE LOCATION AND TIME THAT WAS APPROVED BY ISBE? <input type="checkbox"/> Yes <input type="checkbox"/> No			

MEAL SERVICE

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Did all meals served meet the **School Breakfast Program/National School Lunch Program/Afterschool Snack Program** meal pattern requirements? **If No**, indicate deficiency:

BREAKFAST

- ☐ a. Grain
- ☐ b. If Offer vs Serve, all items not offered.
- ☐ c. Vegetable/Fruit/100%Juice
- ☐ d. Milk

LUNCH/SUPPER

- ☐ a. Meat/Meat Alternate
- ☐ b. Vegetable
- ☐ c. Fruit
- ☐ d. Grain
- ☐ e. Milk

SNACK

- ☐ a. Second required component
- ☐ b. Both required components

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. Based on grades served and observation are portion sizes adequate?

<input type="checkbox"/>	<input type="checkbox"/>
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3. Does the site participate in Offer versus Serve? **If YES:**

☐ **Yes** ☐ **No** ☐ **N/A**

4. Was Offer versus Serve implemented correctly?
If NO, identify problems:

- ☐ a. Children are required to take all components
- ☐ b. At breakfast/lunch, children are required to take grain, meat/meat alternate or milk
- ☐ c. At breakfast/lunch, children are not required to take a 1/2 cup fruit or vegetable
- ☐ d. Site offering a choice between a required component and a non-reimbursable item
- ☐ e. The three required components were not in the correct portion sizes

MEAL SERVICE (Continued)

Yes	No	N/A
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- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Were all meals served as a unit? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Were all congregate meals consumed on site? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Does the site offer the required milk choices? |
| | | | <input type="checkbox"/> a. Two types not offered daily <input type="checkbox"/> c. Unflavored milk option not offered
<input type="checkbox"/> b. Milk offered is not 1% and/or fat free |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is drinking water made available to all children being served lunch at all times and breakfast when served in a cafeteria? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 9. Does the site count only one meal per child per meal service? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 10. Does the site ensure adult meals are not claimed for reimbursement? |
| <input type="checkbox"/> | <input type="checkbox"/> | | 11. Are the number of meals served on the day of review consistent with the current average daily participation? |
| | | | If NO: |
| | <input type="checkbox"/> | <input type="checkbox"/> | Yes No 12. Is an acceptable explanation available? |

PRODUCTION RECORDS

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | | 13. Is a production record available for the day of review for each meal service? If NO, describe: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Are production records available up through the date of the review for each meal service? If NO, describe: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Do the production records contain the required information? If NO, indicate deficiency: |
| | | | <input type="checkbox"/> a. All food/condiments not listed <input type="checkbox"/> e. Substitutions not correctly recorded
<input type="checkbox"/> b. Does not identify specific components <input type="checkbox"/> f. Leftovers
<input type="checkbox"/> c. Portion sizes not recorded/accurate <input type="checkbox"/> g. Describe: _____
<input type="checkbox"/> d. Projected number of servings not accurate |

FOOD SAFETY

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | | 16. Does the site have a food safety plan on file?" |
| | | | If YES: |
| | <input type="checkbox"/> | <input type="checkbox"/> | Yes No 17. Is the site following provisions in their food safety plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. If the site is a school, did it receive two food safety inspections during the current school year? |
| | | | If YES: |
| | <input type="checkbox"/> | <input type="checkbox"/> | Yes No 19. Were two food safety inspections conducted in the previous school year? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. If the site is a school, is the most recent food safety inspection report posted in a publicly visible location? |

PROGRAM OPERATIONS

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | | 21. Are accurate meal count records completed at meal service time? If NO, identify: |
| | | | <input type="checkbox"/> a. Inaccurate meal counts taken
<input type="checkbox"/> b. Meal counts not taken at point of service
<input type="checkbox"/> c. SSO meal counts are not kept separate from NSLP/SBP meal counts
<input type="checkbox"/> d. Meals served to adults counted
<input type="checkbox"/> e. Second meals counted
<input type="checkbox"/> f. Describe: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Were all congregate meals served within the allowable duration times designated in the School Breakfast/ National School Lunch Programs regulations? If NO, indicate deficiency: |
| | | | <input type="checkbox"/> a. Breakfast served outside of morning hours <input type="checkbox"/> c. Site has an approved waiver for meals served outside of the approved times
<input type="checkbox"/> b. Lunch served outside of 10:00 a.m. - 2:00 p.m. |
| <input type="checkbox"/> | <input type="checkbox"/> | | 23. Does the site display a USDA-approved poster? |

 Digital or Original Signature of Reviewer

 Date