



100 North First Street, W-270
Springfield, Illinois 62777-0001

**SUMMER FOOD SERVICE PROGRAM
SITE REVIEW FORM**

NUTRITION DEPARTMENT

Directions: Sponsors must complete and maintain this form at each site at least once during the first **four** weeks of SFSP operation. Sponsors may conduct a full review of food service operations at the same time they are conducting an initial site visit.

SPONSOR NAME		
AGREEMENT NUMBER	DATE OF REVIEW	
SITE NAME	SITE NUMBER	
SITE ADDRESS (City, State, and ZIP Code)		
SITE SUPERVISOR	SITE PHONE NUMBER (Include Area Code)	
MONITOR NAME	ARRIVAL TIME	DEPARTURE TIME
TYPE OF SITE	APPROVED	ATTENDANCE ON DAY OF VISIT
TYPE OF MEALS REVIEWED	APPROVED MEAL SERVICE TIME	MEAL SERVICE TYPE <input type="checkbox"/> Congregate <input type="checkbox"/> Non-congregate

DAY OF VISIT	TYPE OF MEAL				
	Breakfast	A.M. Snack	Lunch	P.M. Snack	Dinner
Number of meals delivered					
Number of meals delivered					
Number of meals/milk from previous day					
Time meals delivered					
Time meals served					
Number of first meals served to children					
Number of second meals served to children					
Number of meals served to program adults					
Number of meals served to non-program adults					
Discarded meals (dropped, spoiled, incomplete meal, test meal,* etc.)					
Number of meals left over					

NOTES **Test meal cannot be claimed for reimbursement but should be recorded.*

	SITE REVIEW QUESTIONS	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 procedures established 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 meals served and consumed onsite? (Note if ISBE and sponsor allow fruits/vegetables/grains to be taken from site.)	<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 there an "And Justice for All" 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 program 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 program?	<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 program?	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answers below:

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	PROGRAM VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1.	Adult meals included in count of meals served to children.		
2.	Offsite consumption. (Do not include fruits/vegetables/grains if allowed by ISBE and sponsor.)		
3.	More than one meal served at one time to children.		
4.	Meal pattern not met (specify):		
5.	Meals not served as a unit.		
6.	Meal serving times not met.		
7.	Other program violations (specify):		

Check and explain if any of the following apply:

<input type="checkbox"/> No records	EXPLANATION
<input type="checkbox"/> Incomplete records	EXPLANATION
<input type="checkbox"/> Poor Sanitation	EXPLANATION
<input type="checkbox"/> Other	EXPLANATION
CORRECTIVE ACTION DISCUSSED WITH (NAME AND TITLE)	
CORRECTIVE ACTION TAKEN	
SITE SUPERVISOR'S COMMENTS	
FURTHER ACTION NEEDED BY (DATE)	

I certify that the above information is correct.

Digital or Original Signature from
 MONITOR

 DATE

Digital or Original Signature from
 SITE SUPERVISOR

 DATE

Digital or Original Signature from
 SPONSOR REPRESENTATIVE

 DATE