

## SFSP First Week Review Form Summer 2020

Date of Site Visit: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_ Additional Site Staff: \_\_\_\_\_

1. Has the Site Supervisor and other site personnel received training?  Yes  No
2. Are Point of Service meal counts properly taken and recorded?  Yes  No
3. Are all required records being completed?  Yes  No
4. Are second meals served? If yes, is this excessive?  Yes  No
5. Do meals meet meal pattern requirements?  Yes  No
6. Are proper food safety and sanitation practices followed during the receiving, storage, and preparation of food, service of meals, and handling of leftovers?  Yes  No
7. Is the meal adjustment procedure sufficient?  Yes  No
8. Are meals served during the time approved by the State Agency?  Yes  No
9. Is there an "And Justice for All" non-discrimination poster on display in a prominent place?  Yes  No

List any problems that were noted and any necessary corrective actions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Site Supervisor Signature: \_\_\_\_\_

This institution is an equal opportunity provider.

