

SFSP Site Review Form Summer 2020

This is to be completed within the first 4 weeks of site operation for all sites.

Date of Review: _____

Sponsor Name: _____

Site Name: _____

Site Address: _____

Site Phone Number: _____

Site Supervisor Name: _____

Site Type: Open Closed-Enrolled Non-Residential Camp Residential Camp

Average Daily Participation (ADP): _____

Approved Meals: Breakfast AM Snack Lunch PM Snack Supper

Number of Meals Prepared or Delivered (if applicable) on Day of Review: _____

Number of Meals Served to Children on Day of Review: _____

1. Does the sponsor have approval from the State agency to do non-congregate feeding? Yes No
 - a. Is the site doing grab n' go? Yes No
 - b. Is the site doing delivery along the bus routes? Yes No
 - c. Is the site doing household delivery? Yes No If yes, does the sponsor have written consent from the households? Yes No N/A
2. Do meals include the non-discrimination statement? This may be the short non-discrimination statement, "This institution is an equal opportunity provider."
 Yes No
3. If the meals are perishable, do they include expiration dates and information about maintaining appropriate temperatures? Yes No
4. If children are not present when picking up or delivering meals, do meals contain a statement that they are to be consumed by children, 18 and under, not adults? Yes No
5. Have the Site Supervisor and other site personnel received training appropriate for their responsibilities? If individuals are not typical staff, have they received a brief overview of Program purpose, civil rights, food safety, meal pattern, and meal counting requirements? Yes No



6. Is there an “And Justice for All” non-discrimination poster on display in a prominent place at the site? (Meals delivered from stationary vans or buses should display the poster. For vehicles making door-to-door drop deliveries at homes and businesses, the poster does not need to be displayed.) Yes No
If you need posters, email Ailynne.adams@vermont.gov
7. Are meals counted/checked before signing delivery receipt? Yes No N/A
8. Are Point of Service Meal Counts (when a meal is taken or received by a household) properly taken and recorded? Yes No
9. Are Daily Meal Count sheets maintained? Yes No
10. Are Monthly Consolidated Meal Count sheets maintained? Yes No
11. What is the process for submitting the claim for reimbursement?

Is this edit check process sufficient to prevent any underclaim or overclaim issues due to human error? Yes No

12. Are program adult meals served? Yes No
13. Are non-program adult meals served? Yes No If yes, indicate the non-program adult meal price or source of non-federal funds used to cover the cost of providing the meals at no-cost: _____ N/A
14. If adult meals are served, are they tracked separately from meals served to children? Yes No N/A
15. Is the meal adjustment procedure to determine how many meals to prepare each day, sufficient? Yes No
16. Are the projected Average Daily Participation (ADP) numbers in the Site Application accurate? Yes No
If no, and they need to be increased, please email the State agency.
17. Are meals served regardless of race, color, national origin, sex, age, disability, religion, sexual orientation, gender identity, or marital/civil union status?
 Yes No
18. Is informational material concerning the availability and nutritional benefits of the program available in appropriate languages? Yes No
19. Are reasonable modifications provided to accommodate students with disabilities? Yes No
20. Review meal pattern documentation for the past 5 days. Did all meals comply with the SFSP meal pattern? Yes No
21. Were any meals missing components or contained inadequate portions of components? Yes # _____ No

22. If there was a milk shortage, did the sponsor reach out to the State agency for the flexibility to not serve milk under temporary emergency conditions?
 Yes No N/A
23. If there were other issues meeting the meal pattern, did the sponsor reach out to the State agency to request a meal pattern waiver? Yes No N/A
24. 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
25. Are meals prepared on site? Yes No If yes, answer the following questions for that location, if no, indicate the production kitchen: _____ and answer the following questions for the production kitchen.
26. Has the kitchen been inspected by the Health Department? Yes Score of most recent Health Inspection report: _____ No
27. Are staff washing hands properly and changing gloves between tasks and washing hands in between? Yes No
28. Are workstations and tasks structured such that personnel are able to work at least 6 feet apart? Yes No
29. Are proper hair restraints and cloth face masks worn? Yes No
30. Is there a 3-bay sink or equivalent set-up? Yes No
31. Are there thermometers in all necessary areas? Yes No
32. Are temperatures of all cold storage units, including walk-in refrigerators, walk-in freezers, household refrigerators, chest freezers, and milk coolers, and dishwashers monitored and recorded daily? Yes No
33. Are meal temperatures taken every day? Yes No

Comments or Necessary Corrective Action (include corrective action due date): _____

I certify that the above information is correct:

Reviewer Name and Title: _____

Reviewer Signature: _____ **Date:** _____

Site Supervisor Name and Title: _____

Site Supervisor Signature: _____ **Date:** _____

This institution is an equal opportunity provider.