

SFSP Site Review Form Summer 2024

The Monitor, not a Food Service Management Company (FSMC) employee, SFSP Director, or Site Supervisor for the reviewed site, must complete this review for all sites within the first four weeks of operation.

Date of Review: _____

Sponsor Name: _____

Site Name: _____

Site Address: _____

Site Phone Number: _____

Site Supervisor Name: _____

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

Rural Urban

Meals Offered: Breakfast AM Snack Lunch PM Snack Supper

Meal Observed: _____ Arrival Time: _____ Departure Time: _____

Average Daily Participation (ADP): _____

Number of Meals Prepared on Day of Review: _____

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

1. Is this site listed and approved in the 2023 SFSP Application Packet in the [Harvest Child Nutrition System](#)? Yes No, if no, create a Site Application and re-submit the packet for approval.
 - a. If yes, does the Site Application contain the most current and accurate information? Yes No N/A
2. Have the Site Supervisor and other site personnel received training appropriate for their responsibilities? This includes an overview of Program purpose, civil rights, food safety, meal pattern, and meal counting requirements? Yes No
3. Is the most recent "And Justice for All" non-discrimination poster on display in a prominent location? Yes No
Email marc.grimes@vermont.gov to order "And Justice for All" posters.
4. Are meals counted/checked before signing delivery receipt? Yes No N/A
5. Are Point of Service (POS) Meal Counts (when a meal is taken or received by a household) properly taken and recorded? Yes No
6. Are Daily Meal Count sheets maintained? Yes No

7. Are Monthly Consolidated Meal Count sheets maintained? Yes No

8. 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

9. Are program adult meals served? Yes No

10. 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

11. If adult meals are served, are they tracked separately from meals served to children? Yes No N/A

12. Is the meal adjustment procedure to determine how many meals to prepare each day, sufficient? Yes No

13. 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.

14. Are meals served during the time approved by the State Agency? Yes No

15. Are meals served regardless of race, color, national origin, sex (including gender identity and sexual orientation), age, disability, religion, or marital/civil union status? Yes No

16. Is the non-discrimination statement on the program website? Yes No
 N/A (only N/A if meals are not mentioned at all on program webpage)

17. Is informational material concerning the availability and nutritional benefits of the program available in appropriate languages? Yes No

18. Are reasonable modifications provided to accommodate students with disabilities? Yes No

19. Is the site physically accessible to persons with disabilities; are there ramps or elevators for persons with mobility 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. 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

23. 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.

24. Has the kitchen been inspected by the Health Department?
 Yes; date and score of most recent Health Inspection report: _____ No
25. Are staff washing hands properly and changing gloves between tasks and washing hands in between? Yes No
26. Are proper hair restraints worn? Yes No
27. Is all food elevated at least 6 inches off of the floor? Yes No
28. Is there a 3-bay sink or equivalent set-up? Yes No
29. Are there thermometers in all necessary areas? Yes No
30. 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
31. Are meal temperatures taken every day? Yes No
32. If meals are delivered, what is the longest amount of time meals will be in transport? _____ N/A

List any comments, problems that were noted, and any necessary corrective action (include corrective action due date):

I certify that the above information is correct.

Monitor Name and Title: _____

Monitor Signature: _____ **Date:** _____

Site Supervisor Name and Title: _____

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

This institution is an equal opportunity provider.