SFSP Site Review Form Summer 2023

A sponsor representative, not a Food Service Management Company (FSMC) employee, 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  Closed-Enrolled  Non-Residential Camp  Residential Camp

Average Daily Participation (ADP): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meals Offered:  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. Is this site listed and approved in the 2022 SFSP Application Packet in the [Harvest Child Nutrition System](https://harvest.education.vermont.gov/)? Yes  No, if no, create a Site Application and re-submit the packet for approval.
   1. If yes, does the Site Application contain the most current and accurate information?  Yes  No  N/A
2. Does the sponsor have approval from the State agency to do non-congregate feeding? ☐ Yes ☐ No ☐ N/A
   1. Is the site doing grab n’ go? ☐ Yes ☐ No
   2. Is the site doing delivery along the bus routes? ☐ Yes ☐ No
   3. Is the site doing household delivery? ☐ Yes ☐ No If yes, does the sponsor have written consent from the households? ☐ Yes ☐ No
   4. Do meals and signage at grab and go locations include the non-discrimination statement? This may be the short non-discrimination statement, “This institution is an equal opportunity provider.”    
      ☐ Yes ☐ No
   5. Do meals and signage at grab and go locations contain applicable food safety and sanitation information, such as expiration dates, information about maintaining appropriate temperatures, or reheating instructions?

☐ Yes ☐ No

1. Does the sponsor have approval from the State agency to provide meals to parents/guardians without children present? ☐ Yes ☐ No ☐ N/A not offering non-congregate meals If yes, do meals and signage at grab and go locations contain a statement that they are to be consumed by children, 18 and under, not adults? ☐ 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 place at the site?  Yes  No

Email [Ailynne.adams@vermont.gov](mailto:Ailynne.adams@vermont.gov) to order “And Justice for All” posters.

1. Are meals counted/checked before signing delivery receipt?  Yes  No  N/A
2. Are Point of Service (POS) Meal Counts (when a meal is taken or received by a household) properly taken and recorded?  Yes  No
3. Are Daily Meal Count sheets maintained?  Yes  No
4. Are Monthly Consolidated Meal Count sheets maintained?  Yes  No
5. 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
6. Are program adult meals served?  Yes  No
7. 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
8. If adult meals are served, are they tracked separately from meals served to children?  Yes  No  N/A
9. Is the meal adjustment procedure to determine how many meals to prepare each day, sufficient?  Yes  No
10. 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.

1. Are meals served during the time approved by the State Agency?  Yes  No
2. 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
3. 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)

1. Is informational material concerning the availability and nutritional benefits of the program available in appropriate languages?  Yes  No
2. Are reasonable modifications provided to accommodate students with disabilities?  Yes  No
3. Review meal pattern documentation for the past 5 days. Did all meals comply with the SFSP meal pattern?  Yes  No
4. Were any meals missing components or contained inadequate portions of components?  Yes #\_\_\_\_\_  No
5. 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
6. 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.
7. Has the kitchen been inspected by the Health Department?

Yes; date and score of most recent Health Inspection report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

No

1. Are staff washing hands properly and changing gloves between tasks and washing hands in between?  Yes  No
2. Are proper hair restraints worn?  Yes  No
3. Is all food elevated at least 6 inches off of the floor? ☐ Yes ☐ No
4. Is there a 3-bay sink or equivalent set-up?  Yes  No
5. Are there thermometers in all necessary areas?  Yes  No
6. 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
7. Are meal temperatures taken every day?  Yes  No
8. If meals are delivered, what is the longest amount of time meals will be in transport? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  N/A

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

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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.