

## 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](mailto: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. Review meal pattern documentation for the past 5 days. Did all meals comply with the SFSP meal pattern? ☐ Yes ☐ No
20. Were any meals missing components or contained inadequate portions of components? ☐ Yes # \_\_\_\_\_ ☐ No
21. 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
22. 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.
23. Has the kitchen been inspected by the Health Department?  
☐ Yes; date and score of most recent Health Inspection report: \_\_\_\_\_ ☐ No
24. Are staff washing hands properly and changing gloves between tasks and washing hands in between? ☐ Yes ☐ No
25. Are proper hair restraints worn? ☐ Yes ☐ No
26. Is all food elevated at least 6 inches off of the floor? ☐ Yes ☐ No
27. Is there a 3-bay sink or equivalent set-up? ☐ Yes ☐ No
28. Are there thermometers in all necessary areas? ☐ Yes ☐ No
29. 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

30. Are meal temperatures taken every day? ☐ Yes ☐ No

31. 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.