

SFSP First Week Review Form Summer 2020

Date of Site Review: _____

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? Yes No If yes, is this excessive? Yes No N/A
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 location? 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.

