

## SFSP Non-Congregate Meal Service Review Form

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 providing non-congregate meals, within the first four weeks of operation. If offering grab and go meals, observed meal preparation and pick-up. This includes sites that are also providing congregate meals. If delivering meals, observed meals being loaded into delivery vehicles, check meal logs and delivery routes, ride along or follow the driver to observe the meal service delivery.

Date of Review: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Phone Number: \_\_\_\_\_

Site Supervisor Name: \_\_\_\_\_

Is the site located in a rural area on [Rural Designation Mapper](#)? ☐ Yes ☐ No

If no, was the site determined to be located in a “rural pocket” with approval from the State agency and regional office? ☐ Yes ☐ No ☐ N/A

Site Type: ☐ Open ☐ Restricted Open ☐ Closed-Enrolled

☐ Conditional Non-Congregate

Meals Offered: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper

Meal Observed: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

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

Number of Meals Prepared for Day of Review: \_\_\_\_\_

Number of Meals Served on Day of Review: \_\_\_\_\_

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1. Is this site listed and approved in the 2024 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. Does the sponsor have approval from the State agency to provide non-congregate meal service? ☐ Yes ☐ No ☐ N/A
3. What is the Integrity Plan? Specifically, how is the limit of one meal, per meal type, per day, per child communicated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is it sufficient to prevent duplicate meal service? ☐ Yes ☐ No

4. Is the site doing grab and go? ☐ Yes ☐ No
5. Is the site doing delivery along the bus routes? ☐ Yes ☐ No
6. Is the site doing household delivery? ☐ Yes ☐ No
  - a. If yes, does the sponsor have written consent from the households, including confirmation of the household's current contact information and number of eligible children in the household? ☐ Yes ☐ No ☐ N/A
  - b. if yes, what is the method of written consent: \_\_\_\_\_  
\_\_\_\_\_

7. If meals are delivered, is the "And Justice for All" non-discrimination poster prominently displayed on the vehicle doing the deliveries? ☐ Yes ☐ No ☐ N/A
8. 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
9. 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
10. If meals are provided to parents/guardians without children present, were they informed meals are to be consumed by children, 18 and under? ☐ Yes ☐ No

What is the method of communication? \_\_\_\_\_ ☐ N/A

- a. If yes, if meals are provided to other adults on behalf of parents/guardians, is there written permission on file from the household? ☐ Yes ☐ No ☐ N/A
11. Is multi-day meal service provided? ☐ Yes ☐ No
- a. Are only up to 10-calendar day's provided at a time? ☐ Yes ☐ No ☐ N/A
12. Are bulk meals provided? ☐ Yes ☐ No
- a. Are menus provided? ☐ Yes ☐ No ☐ N/A
- b. Is only minimal preparation of meals required? ☐ Yes ☐ No ☐ N/A
- c. Are only up to 5-calendar day's worth of meals provided? ☐ Yes ☐ No ☐ N/A

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

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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.