

## SFSP First Two Weeks 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 new sites, existing sites new to non-congregate meal service, or problem sites, within the first two weeks of operation.

Date of Site Review: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

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

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

Site Supervisor: \_\_\_\_\_ Additional Site Staff: \_\_\_\_\_

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

☐ Non-Residential Camp ☐ Residential Camp

☐ Rural ☐ Urban

☐ Congregate ☐ Non-Congregate ☐ Both

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. Has the Site Supervisor and other site personnel received training? ☐ Yes ☐ No
2. Are Point of Service (POS) 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 the 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. Are all meals served and consumed on-site? (It is up to the sponsor's discretion to allow **either** a fruit, vegetable, or grain to be taken off site). ☐ Yes ☐ No If no, does has the site requested the non-congregate waiver? ☐ Yes ☐ No ☐ N/A
10. Is there an "And Justice for All" non-discrimination poster on display in a prominent location? ☐ Yes ☐ No

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

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is correct.

**Monitor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Monitor Signature:** \_\_\_\_\_

**Site Supervisor Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Site Supervisor Signature:** \_\_\_\_\_

This institution is an equal opportunity provider.