SFSP Site Review Form Summer 2021

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. For sites that deliver meals to be served from buses or vans, answer these questions for the site the meals are coming from. This form may be completed off-site as a desk audit; review paperwork and speak with on-site staff, such as the Site Supervisor. If the Site Review was already completed for a site operating during School Year 2020-2021, it does not need to be completed again for the site in Summer 2021.

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 registered in the 2021 SFSP Application Packet in the Child Nutrition Programs application and reimbursement system? [ ]  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. For congregate meal service, where are meals served?
	1. In the cafeteria [ ]  Yes [ ]  No
	2. From a kiosk in the hallway [ ]  Yes [ ]  No
	3. In the classrooms [ ]  Yes [ ]  No
	4. A combination of the locations above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 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 [ ]  N/A
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 [ ]  N/A not offering non-congregate meals
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 [ ]  N/A not offering non-congregate meals
6. If children are not present when picking up or delivering meals, 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 not offering non-congregate meals
7. 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
8. Is the most recent “And Justice for All” non-discrimination poster on display in a prominent place at the site, such as the main entrance or main office? (Posters do not need to be in every classroom. Meals delivered from stationary vans or buses should display the poster. For vehicles making door-to-door drop deliveries at homes and businesses, the poster does not have to be displayed, but it is encouraged.) [ ]  Yes [ ]  No

If you need posters, email Ailynne.adams@vermont.gov

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 regardless of race, color, national origin, sex, age, disability, religion, sexual orientation, gender identity, or marital/civil union status?
[ ]  Yes [ ]  No
2. 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. If there were issues meeting the meal pattern requirements, did the sponsor reach out to the State agency to request a meal pattern waiver? [ ]  Yes [ ]  No

 [ ]  N/A

1. 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
2. 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.
3. Has the kitchen been inspected by the Health Department?

 [ ]  Yes; 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 workstations and tasks structured such that personnel are able to work at least 6 feet apart? [ ]  Yes [ ]  No
3. Are proper hair restraints worn? [ ]  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. Is there a plan in place to handle staff who are sick? [ ]  Yes [ ]  No
9. Is there a plan in place to continue to provide meals if regular staff are sick?

[ ]  Yes [ ]  No

1. 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.