

Summer Food Service Program for Children Food Service Review Form

(Monitor must observe entire meal service)

MUST BE COMPLETED BY THE 28TH CALENDAR DAY STARTING FROM THE FIRST DAY OF MEAL SERVICE

Site Name: _____ Sponsoring Organization: _____

Date of Review: _____ Site Supervisor's Name: _____

Time Arrived: _____ Time Departed: _____ Meal Observed: **CAP:** _____ Approved Meal Time: _____ to _____

MEAL COUNT

Number of meals prepared or delivered: _____

Number of meals transferred into or out of the site: _____

Total meals available: _____

Eligible first meals to children: _____

Complete second meals to children: _____

Meals to non-program adults (sales): _____

Meals to program adults: _____

Meals damaged or incomplete: _____

Ineligible meals (Includes Sponsor-tested meals): _____

Meals leftover: _____

Total meals accounted for: _____

MEAL ORDERING AND DELIVERY

Yes No N/A

Do site personnel notify the kitchen or monitor when adjustments in the meal orders are necessary?

Were additional meals obtained for today's meal service?

Is meal production or ordering^v being conducted with the intent of providing one meal per child?

Are there excessive leftover meals?

MEAL SERVICE

Was the meal served within the approved time frame?

Time meal began: _____ Time meal ended: _____

Were all children present at the site served first meals before second meals were served?

MEAL COMPONENTS

Meat/Meat Alternate: _____

Grains/Breads: _____

Fruit/Vegetable: _____

Fruit/Vegetable: _____

Fruit/Vegetable: _____

Milk: _____ Other: _____

ASSESSMENT OF MEAL QUALITY (circle rating)

Taste: **Poor 2 3 4 Great**

Packaging: **Poor 2 3 4 Great**

Visual Appeal: **Poor 2 3 4 Great**

Overall Quality: **Poor 2 3 4 Great**

Did not take meal: **Reason:** _____

Meal and/or milk temperature tests are recommended, but not required.

Temperature of meal: _____°

Temperature of milk: _____°

Yes No

Did the meal appear to meet the meal pattern and portion size requirements?

Were meals served as a unit?

HEALTH AND SANITATION

Are sanitary procedures followed during the receiving, preparing, holding and serving of meals?

Does this site have temperature controlled holding equipment for the SFSP meals?

Type of container food arrived in: _____

Was food delivered and served at correct temperature and in acceptable condition?

SITE RECORD KEEPING

Yes No

	Yes	No	N/A
Does today's monitor's meal counts agree with the Site Supervisor's Daily Meal Count Form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the Meal Count Form properly completed by the Site Supervisor?	<input type="checkbox"/>	<input type="checkbox"/>	
Are meal site records completed on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	
For Vended Sponsors only: Is a record maintained of daily meals delivered/accepted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When does the Site Supervisor turn in signed meal count reports?			

Has at least one person at the site received training by the Sponsor or State Agency? Yes No

Name of person who has received training: _____

Name of person who provided training: _____

CIVIL RIGHTS

Do all services, facilities and eating arrangements appear to be used routinely and equally by all persons without regard to race, color, national origin, sex, gender identity, sexual orientation, age, disability or reprisal or retaliation for prior civil rights activity? Yes No

If no, describe: _____

Is an "And Justice for All" poster on display near the point of service? Yes No

TRAINING

VIOLATIONS (circle all that apply)

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> 1 – Noncompliance with meal service time restrictions (serving outside of approved time frame) 2 – Failure to maintain adequate records 3 – Failure to adjust meal orders or preparation to variations in the number of participating children 4 – The simultaneous service of more than one meal to any child 5 – The claiming of program payment for meals not served to participating children | <ul style="list-style-type: none"> 6 – Service of meals that did not include the required quantities of all meal components 7 – Off-site meal consumption 8 – Inadequate training of site personnel 9 – Improper sanitation and/or health standards for the meal service or at the meal site 10 – Meals served over the site's approved level of meal service (CAPs) 11 – Not conducting an organized and/or supervised meal service | <ul style="list-style-type: none"> 12 – Noncompliance with Civil Rights requirements of the Program: <ul style="list-style-type: none"> a) "And Justice for All" poster not displayed b) Discrimination based on race, color, national origin, sex, age or disability 13 – Meals not served as a unit 14 – Meals not served on a first-come, first-served basis 15 – Inadequate staffing at the site 16 – Other site violation (list below in comments) |
|---|--|---|

Comments

Site Supervisor's Name (Print) _____

Sponsor Representative/Monitor _____ Date _____

Site Supervisor's Signature _____ Date _____

I certify that the information on this form is accurate.