

# Summer Food Service Program for Children Food Service Review Form

(Monitor must observe entire meal service)

**MUST BE COMPLETED BY THE 28<sup>TH</sup>  
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 \_\_\_\_\_

Congregate: \_\_\_\_\_ Non-Congregate: \_\_\_\_\_ Rural: \_\_\_\_\_ Non Rural: \_\_\_\_\_

### 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: \_\_\_\_\_

Eligible State Reviewer test meal: \_\_\_\_\_

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

Were additional meals obtained for today's meal service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------	--------------------------

Is meal production or ordering being conducted with the intent of providing one meal per child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

### MEAL SERVICE

Was the meal served within the approved time frame?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Time meal began: \_\_\_\_\_ Time meal ended: \_\_\_\_\_

Were all children present at the site served first meals before second meals were served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

Is there <b>significant</b> left-over meals?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Is this a non-congregate meal service?	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

### MEAL COMPONENTS

Meat\Meat Alternate: \_\_\_\_\_

Grains/Breads: \_\_\_\_\_

Fruit\Vegetable: \_\_\_\_\_

Fruit\Vegetable: \_\_\_\_\_

Fruit\Vegetable: \_\_\_\_\_

Milk: \_\_\_\_\_

Other: \_\_\_\_\_

### ASSESSMENT OF MEAL QUALITY (circle rating)

<u>Taste:</u>	<b>Poor</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Great</b>
<u>Packaging:</u>	<b>Poor</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Great</b>
<u>Visual Appeal:</u>	<b>Poor</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Great</b>
<u>Overall Quality:</u>	<b>Poor</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>Great</b>

Did not take meal: **Reason:** \_\_\_\_\_

Temperature of **milk:** \_\_\_\_° Temperature of **meal:** \_\_\_\_°

	Yes	No
Did the meal appear to meet the meal pattern and portion size requirements?	<input type="checkbox"/>	<input type="checkbox"/>

Were meals served as a unit?	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------	--------------------------	--------------------------

### HEALTH AND SANITATION

Are sanitary procedures followed during receiving, preparing, holding and serving of meals?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Does this site have temperature controlled holding facilities for the SFSP meals?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Type of container food arrived in: \_\_\_\_\_

Was food delivered and served at correct temperature and in acceptable condition?	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

**SITE RECORD KEEPING**

	Yes	No	N/A
Does today's State Reviewer's meal Counts agree with the Site Supervisor's Daily Meal Count Record Form?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the meal count record properly completed?	<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? _____			
Are meal site records completed on a daily basis?	<input type="checkbox"/>	<input type="checkbox"/>	
Were meal counts taken at the point of service (POS)?	<input type="checkbox"/>	<input type="checkbox"/>	

**TRAINING**

	Yes	No
Has at least one person at the site received training by the Sponsor or State Agency?	<input type="checkbox"/>	<input type="checkbox"/>
Name of person who 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 any of the protected classes?

If no, describe: \_\_\_\_\_

\_\_\_\_\_

Is an "And Justice for All" poster on display near the point of service?

**VIOLATIONS (circle all that apply)**

- |  |  |   |
|--|--|---|
| 1 – Noncompliance with meal service time restrictions (serving outside of approved time frame)         | 6 – Service of meals that did not include the required quantities of all meal components | 12 – Noncompliance with Civil Rights requirements of the Program: |
| 2 – Failure to maintain adequate records   | 7 – <b>Excessive</b> off-site meal consumption   | a) "And Justice for All" poster not displayed                     |
| 3 – Failure to adjust meal orders or preparation to variations in the number of participating children | 8 – Inadequate training of site personnel  | b) Discrimination based on any of the protected classes           |
| 4 – The simultaneous service of more than one meal to any child  | 9 – Improper sanitation and/or health standards for the meal service or at the meal site | 13 – Meals not served as a unit                                   |
| 5 – The claiming of program payment for meals not served to participating children                     | 10 – Meals served over the site's approved level of meal service (CAPs)                  | 14 – Meals not served on a first-come, first-served basis         |
|  | 11 – Not conducting an organized and/or supervised meal service                          | 15 – Inadequate staffing at the site                              |
|  |  | 16 – Other site violation (list under observations)               |

**Observations**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Site Supervisor's Name (Print) \_\_\_\_\_

Sponsor Representative/Monitor \_\_\_\_\_ Date \_\_\_\_\_

Site Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**I certify that the information on this form is accurate.**