**image Form #68**

**May 2023**

**Seamless Summer Option (SSO)**

**On-Site Review Form**

This form must be completed on-site for each approved SSO site at least once during its operation. The SFA must review the site’s compliance with meal counting, claiming, menu planning and food safety requirements. Answer the following questions by checking the appropriate response. For “No” responses, describe technical assistance and corrective action required.

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| **SFA:** | **Site:** | **Type of Site:** | **Date of Review:** |
| **Reviewer:** | **Meal:** | **Meal Pattern:** | **Meal Time:** |
| **Approved Dates of Operation:** | | **□ First Review □ Second Review** | |

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| **Meal Counting System** | | | |
| **Yes** | **No** | **N/A** | **Monitor Area** |
| **□** | **□** | **□** | Are meals counted and recorded at the point of service? |
| **□** | **□** | **□** | Are only reimbursable meals counted and recorded for reimbursement? |
| **□** | **□** | **□** | Is breakfast and/or lunch being consumed on-site by the children? |
| **□** | **□** | **□** | Is the site following procedures to ensure that only one reimbursable meal per child per  meal category is claimed? (Procedures must be in place to prevent claiming of second meals) |
| **□** | **□** | **□** | Are non-reimbursable meals (adults/volunteers/etc.) recorded as such at the point of  service? |

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| **Meal Claiming Procedures** | | | |
| **Yes** | **No** | **N/A** | **Monitor Area** |
| **□** | **□** | **□** | Are daily counts accurately dated, totaled and recorded by site? |
| **□** | **□** | **□** | Do the meals claimed for reimbursement match the meal type and operating dates that  were approved in the SNEARS application? |
| **□** | **□** | **□** | Sites which are not area eligible: Is documentation of eligibility available for all students? |
| **□** | **□** | **□** | Complete the below chart. Does the attendance exceed the meal counts for the day? |

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| **Total number of children in attendance:** |  |
| **Total number of meals/snacks observed on the day of review:** |  |
| **Total number of meals/snacks claimed on the day of review:** |  |
| **Total number of observed meals/snacks that are incomplete:** |  |

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| **Meal Pattern Compliance** | | | |
| **Yes** | **No** | **N/A** | **Monitor Area** |
| **□** | **□** | **□** | Are all the required number of items/components made available to all children throughout the meal service? |
| **□** | **□** | **□** | If utilizing Offer vs. Serve at Breakfast: are at least four items offered, with the child instructed to take at least three items, including a minimum of ½ cup of fruit and/or vegetables? |
| **□** | **□** | **□** | If utilizing Offer vs. Serve at Lunch: are all five components offered, with the child instructed to take at least three components, including a minimum ½ cup of fruit and/or vegetables? |
| **□** | **□** | **□** | Are printed menus and production records maintained to document compliance with meal  pattern requirements? |
| **□** | **□** | **□** | Is free, potable water available to children during lunch and breakfast as required? |

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| **Food Safety** | | | |
| **Yes** | **No** | **N/A** | **Monitor Area** |
| **□** | **□** | **□** | Does the school have a food safety plan based on the Hazard Analysis Critical Control  Point (HACCP) procedures? |
| **□** | **□** | **□** | Are food safety health inspection reports current and posted in a location visible to the  public? |
| **□** | **□** | **□** | Are temperatures of food and all storage units, including milk coolers, walk-in freezers,  walk-in refrigerators and dish machines monitored and recorded daily? |
| **□** | **□** | **□** | Are proper food safety and sanitation practices followed during the receiving, storage, and  preparation of food, service of meals, and handling of leftovers? |

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| **Civil Rights** | | | |
| **Yes** | **No** | **N/A** | **Monitor Area** |
| **□** | **□** | **□** | Is the “And Justice for All” poster displayed in a visible location? |
| **□** | **□** | **□** | Are all meals served regardless of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity? |
| **□** | **□** | **□** | Are non-discriminatory practices evident in the eating area, serving line, seating  arrangements, and assignment of eating periods? |
| **□** | **□** | **□** | Are meal accommodations made for children with disabilities? |

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| **Summary of Findings & Recommended Corrective Action:** |
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| **Corrective Action Taken & Date Completed:** |
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**Reviewer’s Signature: ­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Representative’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**KEEP THIS FORM ON FILE FOR YOUR RECORDS**