



Washington Office of Superintendent of

PUBLIC INSTRUCTION

SUMMER FOOD SERVICE PROGRAM

Initial Visit and Site Review Combined Form

This form may only be completed for each operating site that is returning and did not have operational problems the prior summer.

SPONSOR	DATE OF REVIEW	TYPE OF SITE <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Other:
SITE NAME	REVIEW NUMBER <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Follow-Up <input type="checkbox"/> State Meal Observation	
SITE ADDRESS	MEAL TYPE <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper	
SITE SUPERVISOR	MEAL SERVING TIME Approved: to Actual: to	
MONITOR/STATE REVIEWER	MEAL OBSERVATION TIME Arrived: Left:	

Areas of Discussion

(X) if discussed

Has the supervisor attended SFSP training (and is it documented)? Notes:	<input type="checkbox"/>
Is there an "And Justice for All" poster on display in a prominent place? Notes:	<input type="checkbox"/>
Are there any problems with meal delivery? (time/amounts/temp/etc.) Notes:	<input type="checkbox"/>
Is there proper sanitation/adequate storage to ensure food safety? *Are there adequate handwashing facilities (if applicable)? * If applicable, have utensils and work surfaces been properly sanitized? * Are fridges and freezers kept at required temperatures? Are dry goods kept off the floor and secure from pests? Notes:	<input type="checkbox"/>
Are required records being completed daily or at point of service (delivery records, meal count forms, hot and cold holding temps being met, site traffic training, etc.)? Notes:	<input type="checkbox"/>
Is the supervisor aware that changes with the average daily participation (ADP) need to be communicated to the sponsor? Notes:	<input type="checkbox"/>
Does the supervisor know the approved meal service start/end times? Notes:	<input type="checkbox"/>
Do the meals served meet meal pattern requirements? Notes:	<input type="checkbox"/>
Is offer versus serve implemented correctly, if used (LEAs only)? Notes:	<input type="checkbox"/>



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Are only reimbursable meals being counted? Notes:	<input type="checkbox"/>
Are second meals excessive (\geq 10% of the meals delivered/prepared)? Notes:	<input type="checkbox"/>
Are all meals served and consumed on site? Notes:	<input type="checkbox"/>
Is the site supervisor aware of the plan on how to monitor children taking one fruit, veg, or grain off-site for later consumption? Notes:	<input type="checkbox"/>
Does the site have a share table? If so, are proper temperatures being maintained? Notes:	<input type="checkbox"/>
Camps & Closed Sites Only: Is there documentation of children's income eligibility, if applicable? Notes:	<input type="checkbox"/>

List any issues/concerns noted during the visit and any corrective actions initiated to eliminate them:

Today's Meal	Offered Items	Portion Size	Meal Disallowances	# of Meals
Meat/Meat Alt			# of meals missing components	
Fruit/Veg			# of meals containing items not meeting the minimum portion size	
Fruit/Veg			# of meals served outside of meal service times	
Grain/Bread			# of meals not taken at point of service (POS)	
Milk			# of meals taken off site	
Additional Items			# of field trip meals today without OSPI notification	

1. <input type="checkbox"/> Yes <input type="checkbox"/> No The "And Justice for All" poster is prominently displayed?	2. <input type="checkbox"/> Yes <input type="checkbox"/> No Meals are served to children regardless of their race, color, national origin, sex, age, or disability?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No The site supervisor has been appropriately trained?	4. <input type="checkbox"/> Yes <input type="checkbox"/> No The site supervisor knows how to adjust # meals ordered/prepared?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No Are enough meals available for all children wanting one?	6. <input type="checkbox"/> Yes <input type="checkbox"/> No Site is following approved plan to handle leftover meals
7. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Menus/meal preparation records are current.	8. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Unitized meal pattern requirements are met.
9. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA Vended & satellite sites have delivery receipts.	10. <input type="checkbox"/> Yes <input type="checkbox"/> No Corrective action is required (as noted in Comments).



Complete table using Daily Meal Count Forms from past 5 days	Day of Review	Date:	Date:	Date:	Date:	Date:
Total Number of Meals Available						
First Meals Served						
Second Meals Served						
Program Adult Meals Served						
Non-Program Adult Meals Served						
Leftovers						
Meals Served Over CAP						
Approved in WINS: ADA ____ CAP ____						

Comments (include corrective actions, technical assistance, meal acceptability and food temperatures)

By signing below, the individual acknowledges that all items in this report are accurate and were discussed with the site supervisor.

Site Supervisor Name & Signature	Monitor Name & Signature	State Reviewer Name & Signature
Date:	Date:	Date:

All NO answers and meal disallowances must be addressed in written Corrective Action Plan (CAP) and the CAP must be kept with all SFSP records.

