



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**  
*SUMMER FOOD SERVICE PROGRAM*  
*Food Service Site Review Form*

This form must be completed when conducting the required Food Service Site Review for **each** operating site.

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

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 (congregate sites only)	
Additional Items			# of field trip meals today without OSPI notification	

**Areas to review.**

Has the site supervisor attended SFSP training (and is it documented)? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the "And Justice for All" poster on display in a prominent place? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is informational material concerning the availability and nutritional benefits of the Program available in appropriate languages and translations are accurate? Note:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there reasonable steps in place to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered, non-English languages of individuals to be served or likely to be affected by the Program? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
For vended or satellite sites, were meals counted/checked for quality before signing the delivery receipt? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



Is the meal delivery schedule followed? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are there adequate procedures in place 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"/> Yes <input type="checkbox"/> No
Are required records being completed daily or at point of service (meal count forms, hot and cold holding temps, site traffic training, etc.)? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the supervisor aware that changes with the average daily attendance (ADA) need to be communicated to the sponsor? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the meal type approved and served within the approved time frames? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do the meals served meet meal pattern requirements? Are menus and meal preparation records current? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is offer versus serve implemented correctly, if used (LEAs only)? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are the unitized meal pattern requirements met? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are only reimbursable meals being counted and at the point of service? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are enough meals available for all children who want one? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the site serve program and/or non-program adult meals? If so, is there are process to ensure all children at the site are fed first? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If served, are second meals excessive ( $\geq$ 10% of the meals delivered/prepared)? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the site supervisor following procedures to adjust the number of meals ordered/prepared? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the site following the approved plan to handle leftover meals? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all meals served and consumed on site (congregate sites only)? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are children properly monitored taking one fruit, vegetable, or grain off-site for later consumption (congregate sites only)? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the site using a share table? If so, are only shelf-stable pre-packaged foods and whole fruits with non-edible peels placed on the share table? If not, review the approved plan from the health department to ensure the plan is being followed. Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the site have a place to serve children meals in case of inclement weather? Note:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



<b>Closed (non-area eligible), Camps and Conditional Non-Congregate Sites</b> <b>Only:</b> Is there documentation of children's income eligibility? Notes:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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Review meal documentation for the past five days. Do not include non-operating days in the five-day count.

	Date	Date:	Date:	Date:	Date:	Day of Review
Total Number of Meals Available						
First Meals Served						
Site CAP: _____						

Are the meals served on the day of review consistent with the number of meals served on the previous 5 days? If NO, provide an explanation for the inconsistency:

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

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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 areas out of compliance and meal disallowances must be addressed in a written Corrective Action Plan (CAP). The CAP must be kept with all SFSP records.

#### Documented Follow Up

Date(s) of follow up: \_\_\_\_\_ Notes: \_\_\_\_\_

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Mark each child served. Each mark = 1 meal, or meal pack if site is Rural Non-Congregate. All meals recorded on this sheet must be for children 18 and younger only.

Circle meals served that were damaged, incomplete or otherwise reimbursable and document on Page 1 of this form.

☐ Clicker Count Taken

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

Site Supervisor meal count: \_\_\_\_\_

Monitor meal count: \_\_\_\_\_

