**Seamless Summer Option School Food Authority (SFA) Monitoring Form**

|  |  |
| --- | --- |
| **SFA:** | **Site:** |
| **Address:** | **Site manager/contact (print):** |
| **Telephone:** | **Date of review:** |
| **Approved dates of operation:** |
| **First review or follow up:** |

Menu plan for this site: [ ]  Traditional Food Based [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Site type: [ ]  Open [ ]  Restricted Open [ ]  Closed Enrolled [ ]  Migrant [ ]  Camp

Meal observed: [ ]  Breakfast [ ]  A.M. Snack [ ]  Lunch [ ]  P.M. Snack [ ]  Supper

Production records are available for the following: [ ]  Breakfast [ ]  A.M. Snack [ ]  Lunch
 [ ]  P.M. Snack [ ]  Supper

Participation as estimated on application: \_\_\_\_\_\_\_ As observed on day of visit: \_\_\_\_\_\_\_

If this is a summer school site, number of summer school students served: \_\_\_\_\_\_\_

Number of other children served: \_\_\_\_\_\_\_

**Complete the questions below. Note any additional or general comments or problems identified and have the Site Supervisor and Child Nutrition Administrator sign and date the report at the bottom.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **No** | **N/A** | **Areas of Review** |
|  |  |  | Is the site operating in accordance with provisions of the approved program for:1. Site type?
 |
|  |  |  | 1. Meals offered?
 |
|  |  |  | 1. Meal service time (observed meal)?
 |
|  |  |  | If the site is an academic summer school, are provisions to open the site to the community adequate? |
|  |  |  | For enrolled sites and camps: Are the applications approved properly? |
|  |  |  | For enrolled sites only: Is 50% or more of the enrollment free/reduced eligible? |
|  |  |  | Are meals counted at the final point of service? |
|  |  |  | Were all meals served and claimed for reimbursement only for eligible participants? |
|  |  |  | Were all required meal components available on every reimbursable meal service line during the entire meal service? |
|  |  |  | Did all observed meals counted for reimbursement contain all required components? |
|  |  |  | For lunch/supper are the minimum daily requirements of grains, meat/meat alternate, fruits, and vegetables met for the age/grade group being served? |
|  |  |  | For breakfast are the minimum daily requirements of grains, meat/meat alternate, fruits, and vegetables met for the age/grade group being served? |
|  |  |  | Does the meal counting system at the point of service produce an accurate count of reimbursable meals? |
|  |  |  | Do the meals claimed for reimbursement match the meal type and operating dates in the SSO application? |
|  |  |  | Do meals meet the weekly component requirements?  |
|  |  |  | Offer vs. Serve at breakfast - Are four items offered and are the children guided to take at least three items with one being ½ cup fruit or vegetable? |
|  |  |  | Offer vs. Serve at lunch – Are all five components offered and are the children guided to take at least three components with one being ½ cup of fruit or vegetable? |
|  |  |  | Was fluid milk available in at least the two required varieties? |
|  |  |  | Are temperatures taken and recorded daily during meal preparation and serving? |
|  |  |  | Where applicable, are temperatures taken and recorded when food is transported to another site before departure/upon arrival? |
|  |  |  | Is an updated hazard analysis and critical control points (HACCP) plan available on-site and amended to include the SSO? |
|  |  |  | Are all the food safety procedures implemented according to the site’s plan? |
|  |  |  | Any food safety/sanitation problems noted? |
|  |  |  | Is a USDA/FNS approved poster displayed in a prominent place and visible to recipients? |
|  |  |  | Is access to the program at the site non-discriminatory with regard to age, sex, disability, race, color, or national origin? |
|  |  |  | Are foreign language translations available when a significant number of persons speaking only a foreign language are in the population? |
|  |  |  | Are procedures established to receive complaints alleging discrimination? |
|  |  |  | Have there been any written or verbal complaints alleging discrimination? |
|  |  |  | Enrolled sites and camps only: Are incorrectly denied free and reduced price applications disproportionately composed of minority applications? |

**ADDITIONAL/GENERAL COMMENTS:**

**PROBLEMS IDENTIFIED:**

**TECHNICAL ASSISTANCE/CORRECTIVE ACTION:**

**Site Supervisor (Print Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Site Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Nutrition Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***\*The on-site review forms must be available for review during Administrative Reviews. These and all SSO records must be maintained for three years plus the current year.***