## Summer Food Service Program (SFSP) Monitor Site Review Form

To be completed during the first four weeks of SFSP operation

Sponsor:	Date of review:
Name of site:	Monitor's arrival time:
Address:	Monitor's departure time:
Phone:	Check $(\square)$ type of site:
	□ Open Site □ Open Restricted Site
Site supervisor:	□ Closed Enrolled □ Camp Site
Person contacted at site:	Title:
Types of meal service reviewed:	Approved time of meal service:
Approved Average Daily Participation (ADP):	Attendance on day of visit:
Number eligible for free or reduced-price meals (camp	only):

### TYPE OF MEAL

Day of Visit	Breakfast	Lunch	Supper	Snack
Number of meals prepared (single site - self prep) :				
Number of meals delivered (off-site prep) :				
Number of meals/milk from previous day:				
Times meals delivered (off-site prep) :				
Times meals served:				
Number of first meals served to children:				
Number of meals served as seconds to children:				
Number of meals served to program adults:				
Number of meals served to non-program adults:				
Number of meals discarded (dropped, spoiled, incomplete, test meal, etc.) <i>Test meals cannot be claimed for reimbursement, but should be recorded</i> .				
Number of meals leftover:				
Menu Served:				

1.	Does the staffing pattern correspond to that listed on the approved site sheet?	□ Yes	🗆 No
2.	Has the site supervisor attended training session?	□ Yes	🗆 No
3.	Does the site have sufficient food service supervision?	□ Yes	🗆 No
4.	Are meals counted/checked before signing delivery receipt?	□ Yes	🗆 No
5.	Are accurate meal counts taken of meals served?	□ Yes	🗆 No
6.	Are meals served as second meals excessive?	□ Yes	🗆 No
7.	Are records of adult meals being kept?	□ Yes	🗆 No
8.	Do meals meet approved menu?	□ Yes	🗆 No
9.	Do meals meet meal pattern requirements?	□ Yes	🗆 No
10.	Are meals checked for quality?	□ Yes	🗆 No
11.	Is there proper sanitation/storage?	□ Yes	🗆 No
12.	Is the site supervisor following procedures established to make meal order adjustments?	□ Yes	□ No
13.	Are meals served within approved time frames?	□ Yes	🗆 No
14.	Are all meals served and consumed on-site? Indicate if sponsor allows fruits, vegetables, or grains to be taken off-site.	□ Yes	□ No
15.	Does site have a place to serve children meals in case of inclement weather?	□ Yes	🗆 No
16.	Is each meal served as a unit?	□ Yes	🗆 No
17.	Is the meal delivery schedule followed?	□ Yes	🗆 No
18.	Are there provisions for storing or returning excess meals?	□ Yes	🗆 No
19.	Is there documentation of children's income eligibility, if applicable?	□ Yes	🗆 No
20.	Is the "And Justice for All" poster provided by the sponsor on display in a prominent place?	□ Yes	□ No
21.	Are meals served to all attending children regardless of the child's race, color, national origin, sex, age or disability?	□ Yes	□ No
22.	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?	□ Yes	□ No
23.	Is informational material concerning the availability and nutritional benefits of the SFSP available in appropriate languages and translations are accurate?	□ Yes	□ No
24.	Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the SFSP?	□ Yes	□ No
25.	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 eligible to be served or likely to be affected by the SFSP?	□ Yes	□ No

## **Major Violations**

		Actual Count	Type of Meal		
1. Adult meals included in count	of meals served to children.				
2. Off-site consumption. Do not include fruits, vegetabl	les, or grains if allowed by sponsor.				
3. More than one meal served at	one time to children.				
. Meal pattern not met (specify)	:				
5. Meals not served as a unit					
5. Meal times not met					
7. Other SFSP violations (specify	<i>)</i> :				
Check below if the following ap	ply (explain any checked items)				
7. $\Box$ No records					
3. $\Box$ Incomplete records					
. $\Box$ Poor sanitation					
0. $\Box$ Other ( <i>Please describe</i> ):					
Corrective action discussed with (	name and title):				
Site supervisor's comments:					
Further action needed by:					
certify that the above information	n is correct.				
Monitor's Signature		Date			
Site Supervisor's Signature		Date			
Sponsor Representative Signature		Date Reviewed by Sponsor	e Reviewed by Sponsor Representative		

#### **Verification with Office Records**

		Number		Site meal counts confirmed by monitor?	
1. A. Reported number of <b>meals</b> deli	vered for meal observed:		□ Yes	□ No	
B. Reported number of <b>first meal</b>	s served for day of visit:		□ Yes	D No	
C. Reported number of second me	eals served for day of visit:		□ Yes	D No	
D. Reported number of adult mea	ls served for day of visit:		□ Yes	□ No	
E. Reported number of <b>leftover m</b>	eals for day of visit:		□ Yes	□ No	
F. Reported number of <b>discarded</b>	<b>meals</b> for day of visit:		□ Yes	□ No	
2. Comments:					

3. Corrective action taken, if needed:

Sponsor Representative Signature

Title

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- mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



For more information on the SFSP, visit the CSDE's SFSP website or contact Caroline Cooke at caroline.cooke@ct.gov or 860-807-2144, Connecticut State Department of Education, Bureau of Health/Nutrition, Family Services and Adult Education, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841.

This document is available at https://portal.ct.gov/-/media/SDE/Nutrition/SFSP/MonitorSFSP.pdf.