



Florida Department of Agriculture and Consumer Services
 Division of Food, Nutrition and Wellness

SFSP STATE SITE VISIT OR REVIEW FORM

**ADAM H. PUTNAM
 COMMISSIONER**

Sponsor Name: _____ Agreement #: 04- _____

Site Name: _____ Site Number: _____

Site Phone Number: _____ Site Address: _____

City: _____ State: _____ Zip: _____

Sponsor E-Mail: _____ Site E-mail: _____

Date: _____ Arrival Time: _____ Departure Time: _____

FDACS Reviewer: _____

Approved Site Supervisor: _____

Approved Alternate Supervisor: _____

GENERAL INFORMATION

1. Is this a new site? YES____ NO____
2. Type of visit: Site Visit____ Site Review____ Follow-up Visit____ Follow-up Review____
3. Sponsor Type: Vended____ Self-Prep____ Satellite from Central Kitchen (school districts only)____
4. Site Type: Open____ Restricted Open____ Closed Enrolled (area eligible)____ Migrant____
 Closed Enrolled (income eligible)____ Residential Camp____ Nonresidential Camp____
 CROP____ Upward Bound____ Homeless____ Continuous School Calendar____
5. Period of Operation:
 Beginning Date____ Ending Date____

MEAL DELIVERY AND MEAL SERVICE OBSERVATION

6. Meal Service Observed	Approved Serving Times		Actual Serving Times		MAX Participation
	Begin Time	End Time	Begin Time	End Time	
Breakfast					
AM Snack					
Lunch					
PM Snack					
Supper					

MEAL DELIVERY AND MEAL SERVICE OBSERVATION CONTINUED

7. Was the meal served within the approved serving time? YES_____ NO_____

If no, record the number of meals served outside the approved meal service time: _____

8. Is this site using Offer Versus Serve and is it being implemented correctly? YES_____ NO_____ N/A_____

9. Please indicate the menu:

Meat/Meat Alternate_____ Vegetable_____

Grains/Breads_____ Milk_____

Fruit_____

10. Does the site have a menu on the day of visit/review? YES_____ NO_____

11. Does the meal served follow the menu? YES_____ NO_____

If no, does the meal follow the appropriate meal pattern? YES_____ NO_____

12. What time was the food delivered? _____ N/A (for self-prep)_____

13. Does the number of meals on the delivery receipt match the number of meals delivered?

YES_____ NO_____ N/A (for self-prep)_____

14. Are the meals delivered within the time frame prescribed by regulations, or if not, were adequate arrangements made to maintain proper temperatures?

YES_____ NO_____

15. Are meals marked off at the Point Of Service? YES_____ NO_____

16. Record the meal count for the day of review:

Meals Delivered or Prepared	_____
Meals Leftover from Previous Day	+ _____
Total Meals Available	= _____

# of First Servings	_____
# of Second Servings	+ _____
Total Eligible Servings	= _____

Total Meals Available	_____
Total Eligible Servings	- _____
Total Excess/Leftover Meals	= _____

MEAL DELIVERY AND MEAL SERVICE OBSERVATION CONTINUED

17. Are meals being disallowed? YES _____ NO _____

If YES, please indicate from the following the reason and number of meals:

Unapproved meal service _____ Spoiled or inedible meals _____ Meal pattern deficiency _____

Unauthorized adult consumption _____ Off-site consumption _____ No Point of Service _____

Meals served outside approved time limit (not disallowed if observed) _____ Non-Unitized _____

Meals served as seconds before all children received a first meal _____

Meals served exceeding the maximum daily approval (school districts exempt) _____

18. Record the number of FIRST meals, of the same meal type, served on each of the five serving days **prior** to the day of the review and calculate the average number of first meals served for days recorded:

Date						TOTAL
Number of 1st Meals Served						

Divide **TOTAL** by # of Days Recorded = Average 1st Meals: _____

Multiply the AVERAGE calculated above by 0.80 (80%): _____

Are first meals on the day of review equal to or greater than this figure? YES _____ NO _____

If NO, note explanation for the decrease: _____

19. Should the site ADA/MAX be adjusted at this time? YES _____ NO _____

SITE RECORDKEEPING

20. Does the site have a Site Supervisor's Record of Meals Served Form? YES _____ NO _____

If YES, is the form completed? YES _____ NO _____

21. Are required meal count records maintained? YES _____ NO _____

22. Does the site receive, sign, date, indicate time and maintain a five-day record of delivery receipts or invoices?

YES _____ NO _____ N/A (for self-prep) _____

23. Do the records of meal preparation and ordering show that all components were served and that serving sizes of measurable documented food items meet meal pattern requirements?

YES _____ NO _____

If NO, record the identified deficiencies in full on the next page:

SITE RECORDKEEPING CONTINUED

<u>Type of Meals</u>	<u>Number of Meals Served</u>	<u>Missing or Inadequate Component</u>
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24. Was the approved Site Supervisor or Approved Alternate on site during the entire meal service?

YES_____ NO_____

25. Has the Site Supervisor and Approved Alternate received training in program requirements?

YES_____ NO_____

26. Is adequate supervision of children provided during mealtime? YES_____ NO_____

HEALTH AND SANITATION

27. Are acceptable sanitary procedures followed during the receiving, preparing, holding and serving of meals?

YES_____ NO_____

28. Are there adequate holding and/or refrigeration facilities at the site? YES_____ NO_____

29. Has the state/local health department visited the site? YES_____ NO_____

If YES, note any cited deficiencies and whether they have been corrected:

CIVIL RIGHTS

30. Review the site's ethnic and racial data. Complete both charts below using numbers, not percentages.

Ethnicity (Total MUST be equal to the number of participating children)

<u>Hispanic or Latino</u>	<u>NOT Hispanic or Latino</u>	<u>TOTAL</u>

Race (Total may be greater than or equal to number of participating children)

<u>American Indian or Alaskan Native</u>	<u>Asian</u>	<u>Black or African American</u>	<u>Native Hawaiian or Other Pacific Islander</u>	<u>White</u>	<u>TOTAL</u>

31. Is the "And Justice For All" poster displayed in a prominent place?

YES _____ NO _____

32. Has frontline staff been trained in Civil Rights, as required by FNS Instruction 113-1?

YES _____ NO _____

33. Are all services and facilities used by all persons without regard to race, color, national origin, sex, age or disability?

YES _____ NO _____

34. If needed, is information provided in the appropriate translations concerning the availability and nutritional benefits of the SFSP, as required by FNS Instruction 113-11?

YES _____ NO _____ N/A _____

35. Is the nondiscrimination statement and the procedure for filing a complaint included in the SFSP information to parents of beneficiaries, as required by FNS Instruction 113-11?

YES _____ NO _____

36. In the opinion of the reviewer, based on information obtained by personal observation, does the service institution or site appear to be in compliance with Title VI of the Civil Rights Act of 1964?

YES _____ NO _____

SUMMARY OF FINDINGS

37. Discuss all findings and any recommendations for corrective action by the sponsor and/or the site to improve the operation of the SFSP at this time. Discuss all deficiencies noted.

Findings/Technical Assistance	Corrective Action Required

NOTES:

No Corrective Action Required

Corrective Action is **Required** for the findings listed above and must be send to the Program Accountability Specialist listed below within seven (7) business days from the date of review _____

As part of the Corrective Action, the **Sponsor is Required** to conduct a follow-up review. The review should be sent with the corrective action to the Program Accountability Specialist listed below.

As part of the Corrective Action, the **State Agency is Required** to conduct a follow-up review within five (5) days.

_____, Program Accountability Specialist

Phone: () ____ - ____

Fax: () ____ - ____

Email: _____@freshfromflorida.com

SIGNATURE STATEMENT

The information contained in this report is true and correct to the best of my knowledge. All comments were discussed between the reviewer(s) and the site supervisor/representative.

Title:	Date
Title:	Date
Title:	Date

APPEALS INFORMATION

The procedures below are to be followed by an applicant or sponsor appealing the following actions by the Florida Department of Agriculture and Consumer Services (DACs):

1. Denial of an application for participation;
2. Denial of a request for an advance payment;
3. Denial of a claim for reimbursement (except for late submission under 7 CFR § 225.9(d)(5));
4. Refusal to forward to USDA-FNS an exception request by the sponsor for payment of a late claim or a request for an upward adjustment to a claim;
5. A claim against a sponsor for remittance of a payment;
6. Termination of the sponsor or a site;
7. Denial of a sponsor's application for a site;
8. Denial of a food service management company's application for registration, if applicable; or
9. Revocation of a food service management company's registration, if applicable.

Appeals shall not be allowed on decisions made by USDA-FNS with respect to late claims or upward adjustments under 7 CFR § 225.9(d)(5).

Procedures

1. The sponsor or food service management company (collectively referred to as "sponsor") shall be advised in writing of the grounds upon which the DACs based the action. This Notice of Action, which shall be sent by certified mail, return receipt requested, shall also state that the sponsor has the right to appeal the state's action;
2. The sponsor shall be advised in writing that the appeal request must be made in writing within ten (10) calendar days and must meet the requirements of paragraph 4 of these procedures;
3. The sponsor shall be allowed the opportunity to review any information upon which the action was based;
4. The sponsor shall be allowed to refute the charges contained in the Notice of Action in person, if a hearing is requested pursuant to paragraph 5 of these procedures, or by filing written documentation to be reviewed by a hearing official. To be considered, written documentation must be submitted by the sponsor either with the appeal letter or within seven (7) calendar days of submitting the appeal letter, must clearly identify the DACs action being appealed, and must include a photocopy of the Notice of Action issued by the DACs. The appeal letter and all written documentation should be submitted to:

Florida Department of Agriculture and Consumer Services
ATTN: Hearing Official, Food, Nutrition and Wellness
600 S. Calhoun Street, Suite 120 (H2)
Tallahassee, FL 32399

5. A hearing shall be held by the hearing official in addition to, or in lieu of, a review of written documentation submitted by the sponsor only if the sponsor specifically requests a hearing within the appeal letter. The sponsor may retain legal counsel or may be represented by another person. Failure of the sponsor's representative to appear at a scheduled hearing shall constitute the sponsor's waiver of the right to a personal appearance before the hearing official, unless the hearing official agrees to reschedule the hearing. A representative of the DACs shall be allowed to attend the hearing to respond to the sponsor's testimony and written documentation and to answer questions from the hearing official;
6. If the sponsor has requested a hearing, the sponsor and the DACs shall be provided with at least five (5) calendar days advance written notice, sent by certified mail, return receipt requested, of the time and place of the hearing;
7. The hearing shall be held within 14 calendar days of the date of receipt of the appeal letter, but, where applicable, not before the sponsor's written documentation is received in accordance with paragraphs 4 and 5 of these procedures;
8. The hearing official shall be independent of the original decision-making process.
9. The hearing official will make a determination based on information provided by the DACs and the sponsor, and on program regulations;
10. Within five (5) working days after the sponsor's hearing, or within five (5) working days after receipt of written documentation if no hearing is held, the hearing official will make a determination based on a full review of the information provided and inform the sponsor of the determination by certified mail, return receipt requested;
11. The actions of the DACs remain in effect during the appeal process. However, the sponsor may continue to operate the program during an appeal of termination, and if the appeal results in overturning the action of the DACs, reimbursement shall be paid for meals served during the appeal process. However, such continued program operation shall not be allowed if the action of the DACs is based on imminent dangers to the health or welfare of children. If the sponsor or site has been terminated for this reason, the DACs shall so specify in its Notice of Action; and
12. The determination by the hearing official is the final administrative determination to be afforded to the sponsor.

Timeline

1. Notice of Action is sent to the sponsor.
2. Sponsor has ten (10) calendar days from receipt of Notice of Action to submit letter requesting appeal and a hearing, if one is desired.
3. Sponsor has seven (7) calendar days from submission of the appeal letter to file written documentation with the hearing official.
4. If a hearing is requested, the hearing will be held within 14 calendar days of receipt of the appeal letter or after receipt of the written documentation, whichever is later.
5. If a hearing is requested, the sponsor will be provided with at least five (5) calendar days advance written notice of the time and place of the hearing.
6. Sponsor will be provided with notice of the determination of the hearing official within five (5) working days after the hearing or within five (5) working days of receipt of the written documentation if no hearing is held.