



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

ADAM H. PUTNAM
COMMISSIONER

**SUMMER NUTRITION PROGRAMS
SPONSOR SITE REVIEW**

5P-3.002, F.A.C.

Sponsor Name: _____ Sponsor Number: _____

Site Name: _____ Site Number: _____

Site Phone Number: _____ Site Address: _____

City: _____ State: _____ Zip: _____

Sponsor Email: _____ Site Email: _____

Date: _____ Arrival Time: _____ Departure Time: _____

Approved Site Supervisor: _____

Approved Alternate Supervisor: _____

GENERAL INFORMATION

- Is this a new site? YES ___ NO ___
- Type of visit: Site Visit ___ Site Review ___ Follow-up Visit ___ Follow-up Review ___
- Sponsor Type: Vended ___ Self-Prep ___ Satellite from Central Kitchen (school districts only) ___
- 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 ___
- 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. Are required meal count records maintained? YES _____ NO _____

21. 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) _____

22. 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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23. Was the approved Site Supervisor or Approved Alternate on site during the entire meal service?

YES_____ NO_____

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

YES_____ NO_____

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

HEALTH AND SANITATION

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

YES_____ NO_____

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

28. 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

29. 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>

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

YES _____ NO _____

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

YES _____ NO _____

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

YES _____ NO _____

33. If needed, is information provided in the appropriate translations concerning the availability and nutritional benefits of the Summer Nutrition Programs, as required by FNS Instruction 113-1?

YES _____ NO _____

34. Is the nondiscrimination statement and the procedure for filing a complaint included in the Summer Nutrition Programs information to parents of beneficiaries, as required by FNS Instruction 113-1?

YES _____ NO _____

35. 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

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

Findings/Technical Assistance	Corrective Action Required

- NO** Corrective Action required.
- As part of the Corrective Action, the **Sponsor is Required** to conduct a follow-up review.

NOTES:

SIGNATURE STATEMENT

By signing below, I certify 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.

Reviewer

Date

Site Supervisor

Date