

Summer Food Service Program Simplified Site Review Form



NOTE: To be completed during first four weeks of operation for each Unanticipated School Closure site.

Sponsor: _____ Site: _____

Site Contact Name: _____ Title: _____

Site Address: _____ Telephone: _____

Date of off-site desk review: _____

Average Daily Participation: _____

Approved meal service time: _____

Types of meals reviewed: Breakfast AM Snack Lunch PM Snack Dinner

Approved level of service: _____ _____ _____ _____ _____

Simplified Site Review Questions		Yes	No
1	Are accurate meal counts taken of meals served at the site?	<input type="checkbox"/>	<input type="checkbox"/>
2	Are all required records being kept?	<input type="checkbox"/>	<input type="checkbox"/>
3	Do meals served meet meal pattern requirements?	<input type="checkbox"/>	<input type="checkbox"/>
4	Are there any disruptions in food item availability at the site?	<input type="checkbox"/>	<input type="checkbox"/>
5	Are meals served within approved time frames?	<input type="checkbox"/>	<input type="checkbox"/>
6	Is each meal being served as a unit?	<input type="checkbox"/>	<input type="checkbox"/>
7	Are there proper sanitation, health, and safety measures in place?	<input type="checkbox"/>	<input type="checkbox"/>
8	Are there provisions for storing or returning excess meals?	<input type="checkbox"/>	<input type="checkbox"/>
9	Is there an "And Justice for All" poster on display in a prominent place?	<input type="checkbox"/>	<input type="checkbox"/>
10	Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "No" answers below:
