**School Food Authority Seamless Summer Option**

**On-Site Review Form**

*Review every Seamless Summer Option (SSO) site.*

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| **Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Site Type:** | 🞎 Open | 🞎 Restricted Open | 🞎 Closed Enrolled |
|  | 🞎 Migrant | 🞎 Camp |  |
| **Service Model:** | 🞎 Congregate | 🞎 Non-Congregate | 🞎 Hybrid |
| **Meal Service Flexibilities:** | 🞎 Unitized Multiple Meal Distribution | 🞎 Bulk Meal Distribution | 🞎 Parent/Guardian Meal Pickup |
| **Number Served on Day of Review: \_\_\_\_\_\_\_\_\_\_** | | **Number of Meals Prepared for Site: \_\_\_\_\_\_\_\_\_\_** | |
| **Meal(s) Observed:** | 🞎 Breakfast | 🞎 Lunch | 🞎 *Supper* |
|  | 🞎 AM Snack | 🞎 PM Snack |  |
| **Offer versus Serve:** | 🞎 Yes | 🞎 No |  |
|  | If “Yes”, required number of components/items that must be selected: \_\_\_\_\_\_ | | |
| **Advertising Method** | 🞎 Flyer | 🞎 Radio Announcement | 🞎 Posters and Signs |
|  | 🞎 Newspaper Announcement/  Press Release | 🞎 Other (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

*For every “No” answer, please explain in the Comment section.*

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| **Approved Site Operation** | **Yes** | **No** | **N/A** | **Comment** |
| 1. Is the site operating as the type of site approved in School Approval Module (SAM)? |  |  |  |  |
| 1. Are the types of meals offered approved in SAM? |  |  |  |  |
| 1. Are meals served at the time approved in SAM? |  |  |  |  |
| 1. If the site is an academic summer school, is it open to the community? |  |  |  |  |
| 1. Is the site operating on the approved dates? |  |  |  |  |
| **Closed Enrolled Sites** |  |  |  |  |
| 1. Are at least 50 percent of the children enrolled at the site approved for free or reduced-price meals?   OR  Is the site area eligible based on school or census data? |  |  |  |  |
| 1. Student eligibility is documented (applications, direct certification).   OR  Area eligibility is documented. |  |  |  |  |

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| **Camps** | **Yes** | **No** | **N/A** | **Comment** |
| 1. Is scheduled food service a part of an organized program for enrolled children? |  |  |  |  |
| 1. Has eligibility been established for every enrolled child? |  |  |  |  |
| 1. Is documentation of student eligibility (application, direct certification) maintained for every enrolled child? |  |  |  |  |
| 1. Are only meals claimed for children who are eligible for free or reduced-price meals? |  |  |  |  |
| **Migrant Site** |  |  |  |  |
| 1. Is migrant certification documentation on file? |  |  |  |  |
| **Meal Counting and Claiming** |  |  |  |  |
| 1. Are SSO meal counts kept separate from National School Lunch Program (NSLP) meal counts? |  |  |  |  |
| 1. Are only reimbursable meals counted? |  |  |  |  |
| 1. Does the meal counting system yield an accurate meal count at the point of service? |  |  |  |  |
| 1. Are the daily meal counts accurately combined and claimed? |  |  |  |  |
| **Menu Planning and Meal Service** |  |  |  |  |
| 1. Is the appropriate age/grade group used to accommodate the most common group attending the site? |  |  |  |  |
| 1. Does the meal offered contain the required menu items/food items for the Healthy School Meal Pattern? |  |  |  |  |
| 1. Do production records document compliance with the Healthy School Meal Pattern? |  |  |  |  |
| 1. Are meals consumed onsite? (Congregate Sites Only) |  |  |  |  |
| **Food Safety** |  |  |  |  |
| 1. Are any food safety/sanitation problems noted? |  |  |  |  |
| 1. Are foods being held at required temperatures? |  |  |  |  |
| 1. If the site is a school, were two (2) food safety inspections conducted? |  |  |  |  |
| **Civil Rights** |  |  |  |  |
| 1. Is the USDA/FNS *And Justice for All p*oster displayed in a prominent place and visible to recipients? |  |  |  |  |
| 1. Are program benefits made available and provided to all children without discrimination on the basis of their race, color, national origin, sex, age, or disability? |  |  |  |  |
| 1. Was the correct non-discrimination statement used on advertisements? |  |  |  |  |
| 1. Are bilingual services (translators and materials) available for the Limited English Proficiency populations? |  |  |  |  |
| 1. Are procedures in place to receive complaints alleging discrimination? |  |  |  |  |

**CORRECTIVE ACTION PLAN** (for any “NO” answers):

Provide training to staff and document follow-up review and corrective action.

**SPECIFY DATE CORRECTIVE ACTION(S) WILL BE IMPLEMENTED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BY WHOM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_