

SFSP Site Monitoring Form for Self-Preparation Sites (check type)

Attachment 29-A Monitoring

First Week Visit Follow-up Review (to be completed prior to the end of the 4th week) Follow-up

Sponsor Name			Site Name/Location		
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Review Date	Arrival Time	Depart Time	Site Supervisor		
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Approved Site Type (circle one): open, restricted open, enrolled, camp, migrant, NYSP	Approved Dates of Operation Start/End	Approved CAP Level
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Meals approved for (circle): Breakfast, Snack, Lunch, Supper	Approved Meal Service Times:
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Meal Being Reviewed (circle): Breakfast, Snack, Lunch, Supper	Actual Meal Service Times (if different from above):
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Day of visit	Breakfast	Lunch/Supper	Snack	Comments
# meals prepared				
# meals/milk from previous day				
Total # meals available				
# first meals served to children				
# second meals served to children				
# meals served to Program adults				
# meals served to Non-Program adults				
# meals disallowed				
Total # meals served				
# meals leftover				

Production Info Food Item	Portion Size	Total Servings Planned	Amount Prepared	Amount Leftover	Comments

YES	NO	N/A	EXPLAIN ANY "NO" ANSWERS BELOW
			1. Are meals served as a unit? (Note if OVS site.)
			2. Do meals meet the menu as planned?
			3. Do meals meet meal pattern requirements?
			4. Is food stored, prepared, served, in a safe and sanitary manner? (temperature record being kept?) (Is there a plan for left overs? ie. stored for next day, donated, disposed of)
			5. Are meals served during the approved meal times? If no, indicate time actually above.
			6. Are all meals served and consumed onsite? (It is left to the discretion of the sponsoring agency to allow fruits or vegetables to be taken off site.)

YES	NO	N/A	EXPLAIN ANY "NO" ANSWERS BELOW
			7. Are meals planned and prepared with one meal per child in mind?
			8. Are accurate counts taken of meals served, at the point of service?
			9. If second meals are served, are they excessive?
			10. Does site have a place to serve children meals in case of inclement weather?
			11. If required, is there a health department certification available for inspection?
			12. If required, is an inventory record being kept?
			13. Are receiving reports and purchase invoices kept?
			14. Does staffing pattern correspond to that listed on approved site application sheet?
			15. Has site supervisor attended training session?
			16. If served, are records of adult meals being kept?
			17. Is there documentation of children's income eligibility, if applicable?
			18. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?
			19. Does the site have a copy of the <i>Site Supervisors Guide</i> available for reference?
			20. Is the site operating in accordance with the approved site type?
			21. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?
			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?
			23. Is informational material concerning the availability and nutritional benefits of the Program available in appropriate translations?

Corrective Action Plan

No Findings Findings – Corrective Action Required

Violations

- | | |
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| <input type="checkbox"/> Meal pattern not met | <input type="checkbox"/> And Justice for All Poster not displayed |
| <input type="checkbox"/> Meals not served as a unit | <input type="checkbox"/> Proper dishwashing procedures not followed |
| (For OVS sites, note if complete meals are not <u>offered</u>). | <input type="checkbox"/> No thermometer in refrigerator |
| <input type="checkbox"/> No point of service meal count | <input type="checkbox"/> Health or Safety of Children Compromised (site closure warranted) |
| <input type="checkbox"/> Serving # of meals over approved CAP level | <input type="checkbox"/> Site staff not trained |
| <input type="checkbox"/> Temperature log not kept | <input type="checkbox"/> <i>Site Supervisor's Guide</i> not available |
| <input type="checkbox"/> Records not maintained | <input type="checkbox"/> Other |
| <input type="checkbox"/> Adult meals included in count of meals served to children | |
| <input type="checkbox"/> Off-site meal consumption | |
| <input type="checkbox"/> Meals served outside of approved meal service time | |

Comments

I certify that the above information is correct:

Monitor's signature Date

Site supervisor's signature Date

Sponsor Use Only: Follow-up Required Update SFSP Sponsor application