

**Arkansas Department of Human Services- Food and Nutrition Services
Summer Food Service Program
Site Review Report**

Sponsor Name:	Agreement number:
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Site Name:	Site Phone Number:
Site Address:	
<i>Period of Operation</i>	<i>Site Number (if applicable)/Number of Approved Sites</i>
Start date: End Date:	# / #

Date of Review:	Arrival Time:	Departure Time:
Name(s) of Reviewer(s):		

Name(s) and Title(s) of Person(s) Interviewed:

100. General Review Information
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101.	Type of Food Service: <input type="checkbox"/> Vended/Contracted <input type="checkbox"/> Self-Prep On-site <input type="checkbox"/> Satellite from Central Kitchen
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102.	Site Type: Choose an item.
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103.	Approved Meal Services. Complete the chart below.
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Authorized Meal Service		Approved Serving Times		Estimated Average Daily Attendance (ADA)
Meal Service	Yes	No	Begin Time	
Breakfast				
AM Snack				
Lunch				
PM Snack				
Supper				

104.	Daycare Programs and Summer School Programs			
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104a	Does the site Operate CACFP? If YES, has this site been properly approved per SA requirements?	YES	NO	NA

Comment:

104b	Is there an accredited Summer School Program in session at this site? If YES, describe how the site ensures that the food service is open to all children residing in the area served by the site:	YES	NO	NA

Comment:

200. Meal Delivery and Meal Service Observation
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201.	Is this site approved to use the offer vs. serve (OVS) option?	YES	NO

Comment:

202.	Did the meal meet the meal pattern?	YES	NO

Comment:

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203.	Type of meal observed: <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> AM Snack <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper			
204.	Was the meal delivered at correct temperature and in acceptable condition?	YES	NO	
Temperature Check				
		Temperature	Date	
		Time		
Refrigerator:	<input type="checkbox"/> NA			
Freezer:	<input type="checkbox"/> NA			
Hot food at meal service:	<input type="checkbox"/> NA			
Cold food at meal service:				
Milk at meal service:				
Comment:				
205.	Was the meal delivered within the timeframe prescribed by regulations?	YES	NO	
Comment:				
206.	Does the number of meals on the delivery receipt match the number of meals delivered?	YES	NO	NA
Comment:				
207.	Observed time of meal service: Start time: End Time: Was the meal served within the approved time? If NO, record the number of meals served outside of a approved meal service time below:	YES	NO	
Comment:				
208.	Menu from observed meal service. Complete the table below.			
	Menu item	Serving Size	Component Contribution	
Comment:				
209.	Describe the procedure used to determine the number of meals prepared or ordered for each meal service.			
Comment:				
210.	Is this procedure adequate to meet the objective of serving only one meal to each child at each meal service?	YES	NO	
Comment:				

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211.	Day of Review Meal Count	212.	Disallowed Meals <input type="checkbox"/> NA
Complete the table below:		If meals were disallowed, indicate the number and reason:	
Meals Delivered or prepared:		Served outside of a approved time:	
Meals leftover from previous day:		Missing components:	
Total Meals available:		Inadequate components *FA not required:	
First meals to eligible children:		Over Cap:	
Second meals to eligible children:		Consumed Off-site:	
Total Potential Reimbursable meals:		Non-unitized:	
Meals to program adults:		Served to adults but included in count of reimbursable meals:	
Meals to non-program adults:		Other: _____:	
Disallowed meals:			
Leftover/excess meals:			
Total non-reimbursable meals:			
Comment: (provide a detailed explanation for all disallowed meals)			
213.	Meal Cap Review Record the number of first meals, of the same meal type, served on each of the 5 serving days prior to the on-site review and calculate the average first meals served for days recorded.		
Date:			
Number of meals:			
Total Number of meals:			
Total meals divided by 5:			
Average num. of meals multiplied by .8:			
Comment:			
214.	Are first meals on the day of review equal to or greater than this figure? If NO, note any explanation for the decrease. If site supervisor is not conducting an accurate point of service meal count, or it appears that all meals delivered are claimed as firsts, include a finding in the summary report	YES	NO
Comment:			
215.	Should the site cap be reduced at this site? If YES, indicate new site cap below.	YES	NO
Comment:			
300. Site Record Keeping			
301.	Is a trained site representative at the site? (if NO, include as a finding)	YES	NO
Comment:			
302.	Observe the meal count procedure used. Is an accurate point of service meal count being taken? (if NO, include as a finding)	YES	NO
Comment:			

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303.	Does the site supervisor receive, sign, date, and maintain a record of delivery receipts or invoices? (if NO, include as a finding)	YES	NO
Comment:			
304.	Does the site supervisor turn in meal count documentation to the sponsor at least once a week?	YES	NO
Comment:			
400. Health and Sanitation			
401.	Are acceptable sanitary procedures followed during the receiving, preparing, holding, and serving of meals? If NO, explain.	YES	NO
Comment:			
402.	Are holding procedures and facilities adequate? If NO, explain.	YES	NO
Comment:			
403.	Has the state/local health department visited the site? If YES, note any cited deficiencies and whether they have been corrected.	YES	NO
Comment:			
404.	Does the reviewer believe that the health or safety of participating children imminently threatened? If YES, the reviewer shall immediately terminate the participation of the site.	YES	NO
Comment:			
500. Civil Rights			
501.	Review the sites racial and ethnic beneficiary data collection. Complete the charts below.		
Ethnicity		Race	
Hispanic or Latino		American Indian or Alaskan Native	
Not Hispanic or Latino		Asian	
		Black or African American	
		Native Hawaiian or other Pacific Islander	
		White	
502.	Are admission, placement criteria, and procedures nondiscriminatory?	YES	NO
Comment:			
503.	Is the "...And Justice for All" or FNS approved poster on display in a prominent location?	YES	NO
Comment:			

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504.	Is there any separation by race, color, national origin, sex, age or disability in the following areas: a. Eating area? b. Serving lines? c. Seating arrangements? d. Assignment of eating period?	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
505.	Are all services and facilities used by all persons without regard to race, color, national origin, sex, age, or disability?	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
506.	If needed, is information provided in the appropriate translations concerning the availability and nutritional benefits of the SFSP, as required by FNS 113-1?	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
507.	Is the nondiscrimination statement and the procedure for filing a complaint included in the SFSP information to parents of beneficiaries, as required by SNS 113-1?	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
508.	Has staff been trained in Civil Rights, as required by FNS 113-1?	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			
509.	In the opinion of the reviewer based on information obtained by personal observation, does the site appear to be in compliance with title VI of the Civil Rights Act of 1964?	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Comment:			

ADDITIONAL COMMENTS:

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600. SUMMARY OF FINDINGS

Summarize findings and recommendations for corrective action to be taken by the sponsor in the operation of the SFSP. Discuss all findings with the sponsor to improve the operation of the SFSP. List the regulations for each finding.

Operational Weaknesses	Recommendations for Corrective Action	
	YES	NO
601. FOLLOW-UP REQUIRED?		

Signature Statement: All comments, finding and/or recommendations were discussed between the reviewer(s) and the site supervisor/representative.

Date	Reviewer(s)
Date	Site Supervisor/Representative

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600. CONT. SUMMARY OF FINDINGS

Summarize findings and recommendations for corrective action to be taken by the sponsor in the operation of the SFSP. Discuss all findings with the sponsor to improve the operation of the SFSP. List the regulations for each finding.

Operational Weaknesses	Recommendations for Corrective Action

Signature Statement: All comments, finding and/or recommendations were discussed between the reviewer(s) and the site supervisor/representative.

Date	Reviewer(s)
Date	Site Supervisor/Representative