

**Summer Food Service Program (SFSP)**

**SPONSOR MONITOR SITE REVIEW FORM**

*To be completed during the first four weeks of SFSP operation*

Sponsor: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Name of Site: \_\_\_\_\_ Monitor's Arrival Time: \_\_\_\_\_

Address: \_\_\_\_\_ Monitor's Departure Time: \_\_\_\_\_

Phone: \_\_\_\_\_ Check  Type of Site:

Open Site                       Open Restricted Site  
 Closed Enrolled               Camp Site

Site Supervisor: \_\_\_\_\_

Person contacted at site: \_\_\_\_\_ Title: \_\_\_\_\_

Types of meal service reviewed: \_\_\_\_\_ Approved time of meal service: \_\_\_\_\_

Approved Average Daily Participation (ADP): \_\_\_\_\_ Attendance on day of visit: \_\_\_\_\_

Number eligible for free or reduced-price meals (*camp only*): \_\_\_\_\_

**TYPE OF MEAL**

<b>Day of Visit</b>	<b>Breakfast</b>	<b>Lunch</b>	<b>Supper</b>	<b>Snack</b>
Number of meals prepared (single site - self prep) :				
Number of meals delivered (off-site prep) :				
Number of meals/milk from previous day:				
Times meals delivered (off-site prep) :				
Times meals served:				
Number of first meals served to children:				
Number of meals served as seconds to children:				
Number of meals served to program adults:				
Number of meals served to non-program adults:				
Number of meals discarded (dropped, spoiled, incomplete, test meal, etc.) <i>Test meals cannot be claimed for reimbursement, but should be recorded.</i>				
Number of meals leftover:				

Menu Served: \_\_\_\_\_

## SFSP SPONSOR MONITOR SITE REVIEW FORM

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Does the staffing pattern correspond to that listed on the approved site sheet?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Has the site supervisor attended training session?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does the site have sufficient food service supervision?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are meals counted/checked before signing delivery receipt?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are accurate meal counts taken of meals served?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Are meals served as second meals excessive?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Are records of adult meals being kept?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do meals meet approved menu?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do meals meet meal pattern requirements?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are meals checked for quality?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Is there proper sanitation/storage?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Is the site supervisor following procedures established to make meal order adjustments?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Are meals served within approved time frames?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are all meals served and consumed on-site? <i>Indicate if sponsor allows fruits, vegetables or grains to be taken off-site.</i>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Does site have a place to serve children meals in case of inclement weather?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Is each meal served as a unit?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Is the meal delivery schedule followed?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Are there provisions for storing or returning excess meals?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. Is there documentation of children's income eligibility, if applicable?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. Is there a "And Justice for All" poster provided by the sponsor on display in a prominent place?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age or disability?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 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?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Is informational material concerning the availability and nutritional benefits of the SFSP available in appropriate languages and translations are accurate?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the SFSP?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Are there reasonable steps in place to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered, non-English languages of individuals eligible to be served or likely to be affected by the SFSP? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

# SFSP SPONSOR MONITOR SITE REVIEW FORM

## Major Violations

	<b>Actual Count</b>	<b>Type of Meal</b>
1. Adult meals included in count of meals served to children.	_____	_____
2. Off-site consumption. <i>Do not include fruit, vegetable or grain if allowed by sponsor.</i>	_____	_____
3. More than one meal served at one time to children.	_____	_____
4. Meal pattern not met ( <i>specify</i> ): _____	_____	_____
5. Meals not served as a unit	_____	_____
6. Meal times not met	_____	_____
7. Other SFSP violations ( <i>specify</i> ): _____	_____	_____

**Check below if the following apply (*explain any checked items*)**

- 7.  No records
- 8.  Incomplete records
- 9.  Poor sanitation
- 10.  Other (*Please describe*): \_\_\_\_\_

Corrective action discussed with (*name and title*): \_\_\_\_\_  
\_\_\_\_\_

Corrective action taken: \_\_\_\_\_  
\_\_\_\_\_

Site supervisor's comments: \_\_\_\_\_  
\_\_\_\_\_

Further action needed by: \_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct.

\_\_\_\_\_  
*Monitor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Site Supervisor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Sponsor Representative Signature*

\_\_\_\_\_  
*Date Reviewed by Sponsor Representative*

# SFSP SPONSOR MONITOR SITE REVIEW FORM

## Verification with Office Records

	Number	Site meal counts confirmed by monitor?	
1. A. Reported number of <b>meals</b> delivered for meal observed:	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Reported number of <b>first meals</b> served for day of visit:	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Reported number of <b>second meals</b> served for day of visit:	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D. Reported number of <b>adult meals</b> served for day of visit:	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E. Reported number of <b>leftover meals</b> for day of visit:	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
F. Reported number of <b>discarded meals</b> for day of visit:	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Comments:

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3. Corrective action taken, if needed:

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\_\_\_\_\_  
*Sponsor Representative Signature*

\_\_\_\_\_  
*Title*

This form is available at [www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sfsp/monitorsfsp.pdf](http://www.sde.ct.gov/sde/lib/sde/pdf/deps/nutrition/sfsp/monitorsfsp.pdf). For more information on the SFSP, visit the Connecticut State Department of Education [SFSP](#) Web site.