Minnesota Department of Education

SPONSOR SITE REVIEW FORM
SUMMER FOOD SERVICE PROGRAM

NOTE: To be completed during first four weeks of operation. Date of review: _____

Sponsor: _____ Site ID/Name: _____

Site Contact Name and Title: _____

Site Address: _____

Site Supervisor: _____ Telephone: _____

☐ Offer versus Serve (check if Yes) Average daily participation (if applicable): _____

Today's attendance: _____ Approved meal service time: _____

Times meals delivered, if applicable: _____ Time meal served: _____

Meal observed/approved level(s) of meal service:

Breakfast _____ Snack _____ Lunch _____ Snack _____ Supper _____

Meal Service

Meal Details	Menu	Portion Size	Number of Meals
A. Delivered			
B. Held over			
Total A and B			

Meal Details	Menu	Portion Size	Number of Meals
C. Served to children as firsts			
D. Served to children as seconds			
E. Spoiled or damaged (discarded)			
F. Served to program adults			
G. Served to non-program adults			
H. Served outside approved times			
I. Consumed off-site			
J. Not meeting meal pattern			
K. Served over meal cap			
L. Not served as a unit			
M. Leftovers (entire meal)			
Total C through M			

Note: Total meals A plus B should equal total meals C through M.

Money collected for non-program meals: $ _____.

Review each of the following areas of operation with the site contact at the time of review. Explain "NO" responses under Training/Follow-up.

OPERATION REQUIREMENTS	YES	NO	N/A	TRAINING/FOLLOW-UP
1. Does the site have sufficient trained staff for food service and supervision?	☐	☐	☐	
2. Was enough food prepared for observed meal service, planning one meal per child?	☐	☐	☐	
3. Is the meal delivery schedule followed?	☐	☐	☐	
4. Are meals counted/checked before signing delivery receipt?	☐	☐	☐	
5. Are food temperatures recorded?	☐	☐	☐	
6. Is only one meal per child served at one time?	☐	☐	☐	
7. Are accurate meal counts taken of meals served at point of service?	☐	☐	☐	
8. Are meals served as second meals complete? Excessive?	☐	☐	☐	
9. Are records of program and non-program adult meals being kept, if applicable?	☐	☐	☐	
10. Do meals meet approved menu? Menu posted?	☐	☐	☐	
11. Do meals meet meal pattern requirements?	☐	☐	☐	
12. Are meals served within appropriate time frames?	☐	☐	☐	
13. Are food production records properly completed?	☐	☐	☐	
14. Are local sanitation and safety policies followed?	☐	☐	☐	
15. Was health department inspection made? Findings corrected? (Schools only: posted in public location?)	☐	☐	☐	
16. Are all meals served and consumed on-site? (Sponsor may allow one serving of fruit, vegetables or grain to be taken off-site)	☐	☐	☐	
17. If applicable, does site have a plan in place in case of inclement weather?	☐	☐	☐	
18. If vended, is each meal served as a unit or has waiver?	☐	☐	☐	
19. Is the site supervisor following procedures established to make meal order adjustments?	☐	☐	☐	
20. Are there provisions for storing or returning excess meals?	☐	☐	☐	
21. Are inventory and cost records (timesheets, invoices, receipts) properly maintained?	☐	☐	☐	
22. For open sites, is SFSP site poster properly completed and displayed?	☐	☐	☐	
23. Is "And Justice for All" poster properly displayed in the serving area?	☐	☐	☐	

OPERATION REQUIREMENTS	YES	NO	N/A	TRAINING/FOLLOW-UP
24. Do children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age or disability?	☐	☐	☐	
25. Are field trip meals signed out and accounted for on food production record? Accurately recorded?	☐	☐	☐	
26. Is informational material concerning the availability of the program available in appropriate translations?	☐	☐	☐	

FINDINGS:

Corrective action discussed with (name and title): _____
(Specify corrective action plan and completion date)

Corrective action taken:

Site supervisor's comments:

Further action needed by (date): _____

I certify that the above information is correct:

_____ _____
Monitor's signature Date Site supervisor's signature Date

_____
Sponsor's representative's signature Date