



SEAMLESS SUMMER OPTION (SSO) ON-SITE REVIEW FORM
ASSESSMENT OF THE MEAL COUNTING & CLAIMING SYSTEM, MENU PLANNING, AND FOOD SAFETY

Site Name: _____ Review Date: _____

SFA Reviewer: _____

Type(s) of meals reviewed: _____

The following questions are recommended at a minimum to complete the on-site review requirement:

MEAL COUNTING & CLAIMING

YES NO

- 1. Is the method used for counting reimbursable meals in compliance with the approved point of service requirement?
2. Is the point of service meal count used to determine the site's claim for reimbursement?
3. Is there a method of identifying non-reimbursable meals...
4. Is the site correctly implementing policies for handling the following...

Yes No N/A

- Incomplete meals?
Second meals?
Adult and non-student meals...
A la carte?
Field trips?
Offer vs. Serve?

- 5. Is someone trained as a backup for the monitor and meal counter?
6. Are there procedures for meal counting and claiming...
7. Are daily counts correctly totaled and recorded?
8. Are the meal counts correctly totaled and consolidated?
9. Are internal controls established to ensure that daily counts do not exceed the number of children in attendance...

Number of Children Approved for Meals Today's Meal Count

NOTE: QUESTION #10 APPLIES TO CAMP SITES ONLY:

- 10. Is a current eligibility list kept up-to-date and used by the meal count system to provide an accurate daily count of reimbursable meals by category...

MENU PLANNING

YES NO

- 11. Do meals offered meet the meal pattern requirements for the age/grade group being served (whole grain-rich items, correct portion sizes for M/MA, grains, fruits, vegetables, and planning for vegetable subgroups)?
- 12. Are at least two choices of fluid milk available (skim flavored, skim unflavored, low-fat unflavored)?
- 13. Are medical statements on file for modified meals?

FOOD SAFETY

YES NO

- 14. Are all food safety procedures implemented according to the site's HACCP plan?
- 15. Did the site request two food safety inspections during the school year?
- 16. Is the most recent food safety inspection report posted in a publicly visible location?

CORRECTIVE ACTION PLAN (for all "NO" answers):

SPECIFY DATE CORRECTIVE ACTION(S) WILL BE IMPLEMENTED: _____

BY WHOM: _____

SIGNATURE: _____

Site Representative Title Date

SFA Reviewer Title Date

FOLLOW-UP VISIT (must be conducted within 45 days if corrective action was required):

Observations of corrective action implementation:

SIGNATURE: _____

Site Representative Title Date

SFA Reviewer Title Date