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| **Seamless Summer Option (SSO) Site Review Form**  Review  **Follow-up (if applicable)** | | | | | | | | | | | | | | |
| SFA Name | | | | | | | | Site Name/Location | | | | | | |
| Review Date | | | | | | | | Site Supervisor | | | | | | |
| Check any that apply:  The meal site is approved fornon-congregate feeding | | | | | | | | | | | | | | |
| Approved Dates of Operation  (start date – end date): | | | | | Meal Service Times**:**  **Approved Actual** | | | | | Approved Site Type  Open Restricted Open Closed Enrolled | | | | |
| Meals approved  Breakfast Lunch Afterschool Snack (ASP) | | | | | | | | Meal Being Reviewed  Breakfast Lunch Afterschool Snack (ASP) | | | | | | |
| **Day of Review** | | | | | | | | | | | | | | |
|  | | | | | Breakfast | | Lunch | ASP |  | | | Breakfast | Lunch | ASP |
| 1. Total number of meals available | | | | |  | |  |  | 1. Number of meals served to children | | |  |  |  |
| 1. Number of adult meals served | | | | |  | |  |  | 1. Number of meals disallowed | | |  |  |  |
| 1. Number of meals served - Total | | | | |  | |  |  | 1. Number of meals leftover | | |  |  |  |
| 1. Offer verse Serve (OVS) used | | | | |  | |  |  |  | | |  |  |  |
| **Production Information**  (Complete the following or attach the day’s production record) | | | | | | | | | | | | | | |
| Food Items | | | | Portion Size | | Total Serving Planned | | Amount Prepared | | Amount Leftover | Comments | | | |
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| Yes | No | N/A | Complete the following questions: | | | | | | | | | | | |
|  |  |  | 1. Has the site supervisor been trained on SSO requirements? | | | | | | | | | | | |
|  |  |  | 1. Is the individual responsible for monitoring meals correctly identifying reimbursable meals? | | | | | | | | | | | |
|  |  |  | 1. Is the site operating in accordance with the approved site type (open, restricted open, closed enrolled)? | | | | | | | | | | | |
|  |  |  | 1. Are daily meal counts correctly totaled and recorded? | | | | | | | | | | | |
|  |  |  | 1. Do meals follow the menu as planned? | | | | | | | | | | | |
|  |  |  | 1. Do meals meet the meal pattern requirements? | | | | | | | | | | | |
|  |  |  | 1. Is crediting documentation for items served available? | | | | | | | | | | | |
|  |  |  | 1. Are production records available and properly completed? | | | | | | | | | | | |
|  |  |  | 1. Is food stored, prepared, served, in a safe and sanitary manner? | | | | | | | | | | | |
|  |  |  | 1. Are meals planned and prepared with one meal per child in mind? | | | | | | | | | | | |
|  |  |  | 1. Are accurate counts taken of meals served, at the point of service (POS)? | | | | | | | | | | | |
|  |  |  | 1. Is the meal delivery schedule followed? | | | | | | | | | | | |
|  |  |  | 1. Are unserved meals properly stored and/or disposed of? | | | | | | | | | | | |
|  |  |  | 1. Are special dietary needs being accommodated? | | | | | | | | | | | |
|  |  |  | 1. Are the previous two Health Department Inspection Reports available? If not, has the site requested an inspection from the local health department? | | | | | | | | | | | |
|  |  |  | 1. Is the “*And Justice for* All” poster on display in a prominent place?   Location(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|  |  |  | 1. Are meals served to all children regardless of the child’s race, color, national origin, sex, age, or disability? | | | | | | | | | | | |
|  |  |  | 1. Is Informational material concerning the availability and nutritional benefits of the program available in appropriate translations? | | | | | | | | | | | |
|  |  |  | 1. Are invoices for food purchases available? | | | | | | | | | | | |
| Explain any “no” responses: | | | | | | | | | | | | | | |
| **Corrective Action and Follow-up Plan** | | | | | | | | | | | | | | |
| No Findings  Findings – Corrective Action Required (see below)  Violations  Meal pattern requirements not met  For OVS sites, note if complete meals are not offered  No point of service (POS) or meal count sheet not completed properly.  Records not maintained (three years and the current year)  Adult meals included in count of meals served to children  And Justice for All Poster not displayed  Other finding (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Corrective Action Plan: | | | | | | | | | | | | | | |
| I certify that the above information is correct:  SFA reviewer's signature Date Site supervisor's signature Date | | | | | | | | | | | | | | |
| **SFA Use Only:**  Follow-up Required  Update NCDPI SSO application | | | | | | | | | | | | | | |
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