Seamless Summer Option (SSO) Site Review Form

School Food Authority	y (SFA) Name:						
	Site Name:						
	Site Address:						
Name of Si	te Supervisor:						
	Review Date:						
Review Typ	e (select one):	□Regular □	Follow-up				
Approved Dates (start date- end date							
Meals Served U	nder the SSO: (mark 1 or 2)	☐ Breakfast	☐ Lunch ☐	] Snack			
SSO Meal Se	ervice Time(s):	Time of Meal 1:			Time of Meal 2:		
	Site Type: ☐ Open ☐ Restricted Open				ed Enrolled		
Meal Service Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐				Thursday □Friday □Saturday □Sunday			
Notes:							
			Day of Revi	ew			
			e Observed:	☐ Breakfa	st □Lunch □Snack		
Total Number of Mea							
Number of Reimbu							
	er of Meals Serve						
Number of Meals I							
		Jtilizing Offer V	ersus Serve?	☐ Yes ☐N	0		
Notes:							
			uction Infor		0		
		(Complete this section Total	on or attach the m	eai s production i	ecora)		
Food Item	Portion Size	Servings Planned	Amount Prepared	Amount Leftover	Comments		
Notes:		<u> </u>			•		

Complete the following questions:						
		Yes	No	N/A		
1.	Do meals meet the menu as planned? If not, do substitutions meet meal pattern requirements? $\Box$ Yes $\Box$ No					
2.	Do meals meet meal pattern requirements?					
3.	Is crediting documentation available for items served?					
4.	Are production records available and properly completed?					
5.	Are meals planned and prepared with one meal per child in mind?					
6.	Is food stored, prepared, and served in a safe and sanitary manner?					
7.	If utilizing Non-Congregate Feeding ( <b>for rural sites only</b> ), are measures in place to assure meals distributed are provided to children and to prevent duplicate meal distribution? (signage, messaging, meal sign up, etc.)					
8.	Is the person responsible for point of service correctly identifying reimbursable meals?					
9.	Are accurate meal counts taken at the point of service (POS), when the child receives the meal?					
10.	Is Offer versus Serve being implemented properly?					
11.	If utilizing an electronic POS, is the reimbursable meal charge set to \$0.00?					
12.	Are meal counts totaled correctly for the claim? (i.e., only reimbursable meals are claimed, meal counts added correctly)					
13.	Is the site operating in accordance with the site type? (i.e., open, restricted open, or closed enrolled)					
14.	Are internal controls established to ensure that daily counts do not exceed the number of students eligible or in attendance and that an accurate claim is made?					
15.	Are special dietary needs, supported with a valid medical statement accommodated?					
16.	Is the most recent Health Department Inspection Report posted in a public place?					
17.	Is the correct "And Justice for All" poster on display in a prominent location?					
18.	Are meals served to all children regardless of the child's race, color, national origin, sex, gender, age, or disability?					
19.	Are other food items charged correctly? (i.e., adult meals, milk only purchases, second meals, a la carte items)					
20.	Do items sold to students (a la carte) meet <u>Smart Snacks Requirements</u> ?					

21.	ls water a	available without restriction to students during meal service times?						
		Corrective Action and Follow	/-up Pla	 an				
□ No Findings □ Findings — Corrective Action Required (see below)								
Cor	rective Act	tion Plan:						
Follow-up visits are required for any serious deficiencies that were identified during the								
review to ensure permanent corrective action has been implemented. Complete a second review form for follow-up visits.				⊔ Ye	s 🗆 No	)		
Updates Needed to SSO Application			□Ye	s 🗆 No	)			
I certify that the above information is correct.								
	onitor's gnature:		Date:					
-	Site pervisor's gnature:		Date:					