

SD DOE - CHILD AND ADULT NUTRITION SERVICES
SITE (Feeding Location) INFORMATION

SUMMER FOOD SERVICE PROGRAM COMPLIANCE REPORT

Local Agency Name: _____

Site Name: _____ Site Number _____ City: _____

Name/Title of person(s) contacted: _____

Inspector(s): _____ Date: ____/____/____

MONITORING	YES	NO	N/A	COMMENTS
2001) Was this site reviewed by the Sponsor:				NA if Waived (iCAN Site Application Q 29 if requested waive)
a. Before operations began?				
b. During the 1st week of operation?				
c. During the first 4 weeks of operation?				
d. Were areas requiring corrective action identified?				
e. Was corrective action completed?				

TRAINING	YES	NO	N/A	COMMENTS
2101) Is there at least 1 person on-site who has been trained in SFSP requirements?				____/____/____ Sponsor Conducted Training or Agenda/roster & in iCAN SFSP Application Packet uploaded under Attachment List if sent in and Management Plan has proposed date approved..
2102) Did the training occur before SFSP operation began?				
2103) Date training occurred?				

CIVIL RIGHTS	YES	NO	N/A	COMMENTS
2201) Does the site include the non-discrimination statement and the procedure for filing a complaint on all SFSP materials?				Contact is Courtney Martin at CANS 773-3413 if need more.
2202) Have there been any complaints alleging discriminations?				
2203) If yes, was the complaint forwarded to Child and Adult Nutrition Services?				
2204) Does the site provide information on SFSP to the public upon request?				
2205) Is the "and Justice for All" poster prominently displayed?				
2206) Does the site have the capability of providing SFSP materials/information in the appropriate language for these persons?				
2207) Does the site allow all children equal access to services and facilities regardless of race, color, national origin, sex, age, or disability?				
2208) Does the site serve meals to all children regardless of race, color, national origin, sex, age, or disability?				

RECORD KEEPING	YES	NO	N/A	COMMENTS
2301) Is a daily count by category kept for:				Records missing or incomplete violations #7 and #8 on SFSP Exit Visit Page 5 – note there.
a) Number of meals planned/delivered				
b) First meals served to eligible children				
c) Second meals served to eligible children				
d) Meals served to ineligible children				
e) Meals served to program adults				
f) Meals served to non-program adults				
g) Deficient meals				
h) Left over meals				
2302) Is the site claiming only the meal type/s it has been approved to serve?				
2303) Are itemized receipts/invoices obtained?				
2304) Is a record maintained of operating labor costs (daily time and attendance records)?				
2305) Are records kept in an orderly manner?				
2306) Are records secure?				
2307) Are records submitted to sponsor in a timely manner?				
How often? Daily/Weekly/Monthly				

SANITATION	YES	NO	N/A	COMMENTS
2401) Are proper hair restrains worn?				Poor sanitation violation #9 on SFSP Exit Visit Page 5 – please note.
2402) Sanitation Review Score: _____				
2403) Have all deficiencies noted on previous health inspection been corrected?				

MENUS	YES	NO	N/A	COMMENTS
2501) Are menus with serving sizes and production records maintained?				iCAN Site Application Breakfast Q 52; AM snack Q 64; Lunch Q 75; PM snack Q 87 or Supper Q 98 – gives One full week needed to check weekly meal pattern requirements. (Don't split between weeks) Also collect production record for today.
Collect monthly menu and production records for number days approved in the week and submit with review forms (See Comments)				
2502) Are they sufficient to determine the number of servings of each required food available? (CANS)				
2503) Do all meals documented contain: (refer to menu analysis sheets): (CANS)				
a. Required food items? (CANS)				
Indicate date and number of meals to be over claimed				
b. In required portions? (CANS)				
2504) Are menus varied? (CANS)				
2505) Has an attempt been made to comply with the Dietary Guidelines for Americans? (CANS)				

OBSERVED MEAL SERVICE	YES	NO	N/A	COMMENTS
2601) Was the menu readily available?				iCAN Site Application Breakfast Q 53; AM snack Q 65; Lunch Q 76; PM snack Q 88 or Supper Q 99 Major Violation #6 on SFSP Exit Visit page 5 Enter time meal was delivered if satellite or vended Major Violation #5 on SFSP Exit Visit page 5 Major Violation #2 on SFSP Exit Visit page 5 iCAN Site Application Q 46 indicates if site is allowing portion of meal to be taken off-site.
Meal type: _____				
2602a) Menu Analysis - <i>complete information on 2602a worksheet on the following page</i>				
2602b) Did the meal comply with the menu provided? <i>If no, complete the 2602b chart on the following page.</i>				
2603) Was the meal served within approved time frames on the day of review?				
2604) Were meals delivered within approved time frames?				
Time delivered: _____				
2605) Were meals served as a unit? (if no, explain)				
2606) Were all meals (and portions of meals) eaten on site?				
2607) Did every child receive all required food items?				
2608) Did every child receive the correct portion of each food item?				
2609) Describe the level of plate waste: _____				
2610) Is the method used to adjust the number of meals prepared or delivered adequate?				
2611) Are reimbursable meals within approved level?				

MEAL COUNT	Enter # Meals	N/A	COMMENTS
2701) Number of:			If more than 1 meal is served per child, then Major Violation #3 on SFSP Exit Visit page 5 (Optional) This meal looks exactly like first is should not be confused with second helpings. OPEN SITES – N/A Must record on Meal Count form – If adult meals are included on the claim , then Major Violation #1 on SFSP Exit Visit page 5 Must record on Meal Count form – If adult meals are included on the claim , then Major Violation #1 on SFSP Exit Visit page 5 Only children meals Any adult meals, unapproved meals taken off-site, or meals missing required components (Exception practicing Offer versus serve or if meal was modified due to Special Diet requirement.)
a. Meals planned or delivered			
b. First meals served to eligible children			
c. Second meals served to eligible children			
d. Meals served to ineligible children			
e. Meals served to program adults			
f. Meals served to non-program adults			
g. Deficient meals:			
Lack food item			
Consumed off-site			
Spoiled			
Other			
h. Meals left over			
i. Total reimbursable meals			
j. Total non-reimbursable meals			

2602a) WORKSHEET ANALYSIS OF OBSERVED MEAL

2502b) WORKSHEET ANALYSIS OF OBSERVED MEAL								
a. Meal Type – Breakfast, Snack, Lunch or Supper	b. Food Item	c. Serving Size	d. Quantity Used	e. Serving Per Unit	f. Total Servings	g. Evaluation *CANS Program Specialist completes		
						Adequate	Over	Short
Component				*CANS completes	*CANS completes			
Meat/Alt.								
Bread/grain								
Fruit /Veg								
Fruit/Veg								
Milk								

Number of children's meals: _____ Number of adult's meals: _____

(If any menu components are missing above, complete menu missing components worksheet below.)

2602b) WORKSHEET FOR MENU MISSING ITEM/COMPONENT FOR DAY OF REVIEW

a. Missing Item/Component	b. Menu	Number of Lunches Missing Item/Component		
		c. Total		
			d. Free	e. Ineligible/adult

Major Violation #4 on SFSP Exit Visit page 5

SFSP Exit Visit - Must complete and gain signature of site manager or sponsor representative made prior leaving program review.

This is a duplicate form with signatures and leave copy with sponsor and send original with signatures with review folder to State office.

MAJOR VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1. Adult meals included in count of meals served to children.	_____	_____
2. Offsite consumption	_____	_____
3. More than one meal served at one time to children.	_____	_____
4. Meal pattern not met (specify).	_____	_____
5. Meals not served as a unit.	_____	_____
6. Meal serving times not met.	_____	_____
CHECK IF THE FOLLOWING APPLY (Explain any checked items)		
7. No records 8. Incomplete records 9. Poor sanitation 10. Other	EXPLANATION	
Corrective action discussed with (name and title):		
Corrective action taken:		
Site supervisor's comments:		
Further action needed by (date):		
I certify that the above information is correct:		
_____ Inspector's signature Date	_____ Site supervisor's signature Date	
_____ Sponsor representative's signature Date		