# Attachment H, SNP Memo No. 2019-2020-45

# May 12, 2020

# Virginia Department of Education Office of School Nutrition Programs logo

# COVID-19 Summer Food Service Program

# Desk Review Form (Example)

According to 7 CFR 225.15(d)(2) and 225.15(d)(3), sponsors shall visit each of their sites at least once during the first week of operation and sponsors shall review food service operations at each site at least once during the first four weeks of program operations, and thereafter, shall maintain a reasonable level of site monitoring.

To ensure program integrity during this time, under the COVID-19 monitoring flexibility waiver sponsoring organizations should, to the maximum extent practicable, continue monitoring activities of program operations offsite (e.g., through a desk audit). For sponsors who will not continue operation of the SFSP during normal summer operations (May through August), all site reviews must be conducted prior to the end of the COVID-19 pandemic. Sponsors that will operate the SFSP after the COVID-19 pandemic (i.e., during normal summer months, May through August) may postpone required site visits until summer 2020, after the COVID-19 pandemic.

There is no requirement under the COVID-19 monitoring flexibility waiver that requires onsite meal observation. However, if warranted, onsite meal observations can be conducted using the COVID-19 SFSP Site Review Form with Meal Observation. In addition, onsite reviews can be conducted without a meal observation using the COVID-19 SFSP Site Review Form without Meal Observation. Offsite desk reviews can be conducted using this form.

**To complete this form, please refer to the instructions on the type of documentation to request from sites.**

| **Site Information** |  |
| --- | --- |
| **Site Name: Heyworth Middle School** | **Date of Review: 5/10/2020** |
| **Site Address: 87654 Abigail Lane** | **Date of Meal Service Reviewed: 5/5/2020** |
| **Site Supervisor: Alberta Fuente** | **Telephone: (540) 276-0931** |

**Site Type:**  Open site  Open restricted site  Closed enrolled site  Camp

## I. MEAL SERVICE OBSERVATION

**Approved meal service time: 11:00 a.m.-12:30 p.m.**

**Types of meals reviewed:**  Breakfast  AM Snack  Lunch  PM Snack  Supper

| **Meal Service** | **Breakfast** | **AM Snack** | **Lunch** | **PM Snack** | **Supper** |
| --- | --- | --- | --- | --- | --- |
| # Meals delivered (if applicable) |  |  | **N/A** |  |  |
| Time meals delivered (if applicable) |  |  | **N/A** |  |  |
| # Meals served to children |  |  | **327** |  |  |
| # Meals served to program adults |  |  | **0** |  |  |
| # Meals served to non-program adults |  |  | **0** |  |  |
| # Meals leftover |  |  | **23** |  |  |

## II. SITE REVIEW

| **Site Review Questions** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| 1. Has the site supervisor attended a training session?   *(7 CFR 225.15(d)(1))* | **X** |  |  |
| 1. Are meals counted/checked before signing the delivery receipt?   *(7 CFR 225.7(d)(7)* |  |  | **X** |
| 1. Are records of adult meals being kept?   *(7 CFR 225.15(c))* | **X** |  |  |
| 1. Are menus posted?   *(7 CFR 225.15(c))* | **X** |  |  |
| 1. Do meals served match the posted menu?   *(7 CFR 225.16(d-f))* |  | **X** |  |
| 1. Do menus meet meal pattern requirements? (Is there a COVID-19 Meal Pattern Flexibility waiver on file?)   *(7 CFR 225.16(d-f))* If so, note date of waiver approval and flexibility | **X** |  |  |
| 1. Is there proper sanitation/storage?   *(7 CFR 225.16(a))* | **X** |  |  |
| 1. Were hot foods held at temps above 135°F and cold foods below 41°F, if applicable?   *(7 CFR 225.16(a))* | **X** |  |  |
| 1. Is the site supervisor following procedures established to make meal order adjustments?   *(7 CFR 225.15(b)(3))* | **X** |  |  |
| 1. Is each meal served as a unit?   *(SNP Memo #2019-2020-32)* | **X** |  |  |
| 1. Are there provisions for storing excess meals, if applicable? | **X** |  |  |
| 1. Is there an “And Justice for All” poster on display in a prominent place?   *(FNS Instruction 113-1) (7 CFR 225.7(g))* | **X** |  |  |
| 1. Are meals served to all attending children regardless of the child’s race, color, national origin, sex, age, or disability?   *(FNS Instruction 113-1) (7 CFR 225.7(g))* | **X** |  |  |
| 1. Do all children have equal access to service and facilities at the site regardless of the child’s race, color, national origin, sex, age, or disability?   *(FNS Instruction 113-1) (7 CFR 225.7(g))* | **X** |  |  |
| 1. Is informational material concerning the availability and nutritional benefits of the program available in appropriate languages?   *(FNS Instruction 113-1) (7 CFR 225.7(g))* | **X** |  |  |
| 1. Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the program?   *(FNS Instruction 113-1) (7 CFR 225.7(g))* | **X** |  |  |
| 1. Are there reasonable steps in place to ensure meaningful access to services for limited English proficiency persons by providing information in the frequently encountered, non-English language of individuals eligible to be served or likely to be affected by the program?   *(FNS Instruction 113-1) (7 CFR 225.7(g))* | **X** |  |  |

## III. COVID-19 BEST PRACTICES

| **COVID-19 Best Practices Questions** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| 1. Are there helpful instructions for food preparation to families, if applicable? | **X** |  |  |
| 1. Are gloves and masks worn by all staff? | **X** |  |  |
| 1. Are proper COVID-19 sanitation processes used in the kitchen (routine cleaning of equipment, frequently touched surfaces, non-food surfaces)? | **X** |  |  |
| 1. Are proper COVID-19 sanitation processes used for meal distribution (sanitize pick-up tables after each family)? | **X** |  |  |

**Explain any “No” answers below:**

**#5: Menu states that apples will be served, but peaches were served.**

## IV. FINDINGS

| **Finding** | **Identified** | **Description** |
| --- | --- | --- |
| Adult meals included in count of meals served to children. |  |  |
| Meal pattern not met (specify): |  |  |
| Meals not served as a unit. |  |  |
| Meal serving times not met. |  |  |
| Civil Rights. |  |  |
| Recordkeeping (specify): |  |  |
| Other (specify): |  | **Fruit served doesn’t match what was on the menu.** |

## V. CORRECTIVE ACTION

**Is corrective action required?**  Yes  No

**Corrective action discussed with (name and title): Alberta Fuente, Site Supervisor**

**Corrective action taken:**

**Menu edited to reflect change. New photo was submitted.**

**Site supervisor’s comments:**

**Starting immediately, the Assistant Site Supervisor will make sure that the menu is edited daily, if needed, so that it matches what is actually being served.**

**Further action needed by (date): N/A.**

## VI. SIGN-OFF

**Juan J. Zarate**

**Monitor’s Printed Name**

***Juan J. Zarate* / 5/10/2020**

**Monitor’s Signature / Date**

## Instructions

### IDENTIFYING INFORMATION

1. **Site Name -** Enter the name of the site as listed in SNPWeb.
2. **Site Address -** Enter the site’s address.This should match the site address in SNPWeb.
3. **Date of site review -** Enter the date of the meal observation visit as mm/dd/yyyy.
4. **Date of meal review** - Enter the date of the meal being reviewed as mm/dd/yyyy.
5. **Site Supervisor -** Enter the name of the Site Supervisor that was present during meal service.
6. **Telephone -** Enter the Site Supervisor’s contact phone number.
7. **Site Type** - Select the box for the appropriate site type: open, open restricted, closed enrolled, or camp. This should be the same as in SNPWeb.
8. **Approved meal service time-** Enter the time that the site has been approved to serve meals or snacks.
9. **Types of meals reviewed -** Select the box to identify which meals were observed: breakfast, AM snack, lunch, PM snack, or supper.

### MEAL SERVICE OBSERVATION

1. **# Meals delivered (if applicable) -** For sites with delivered meals, list the number of meals delivered under the column for the meal(s) observed by reviewing the submitted delivery receipt.
2. **Times meals delivered (if applicable) -** For sites with delivered meals, list the time of delivery under the column for the meal(s) observed by reviewing the submitted delivery receipt.
3. **# Meals served to children -** Enter the total number of meals served to children by reviewing the submitted Meal Count Form.
4. **# Meals served to Program adults -** Enter the total number of meals served to adults over 18 who work directly as part of the food service operation, such as those who prepare meals, serve meals, clean up, or supervise, by reviewing the submitted Meal Count Form.
5. **# Meals served to non-Program adults -** Enter the total number of meals served to adults who are not directly involved in the food service operation, such as sponsor administrative staff like monitors or sponsor directors, or State/Federal reviewers, by reviewing the submitted Meal Count Form.
6. **# Meals leftover** - Enter the total number of leftover meals after meal service is completed by reviewing the submitted Meal Count Form.

### SITE REVIEW

1. **Has the site supervisor attended a training session?** Indicate if the site supervisor or at least one alternate supervisory person has been trained in program requirements by reviewing training documentation.
2. **Are meals counted/checked before signing the delivery receipt?** For sites with delivered meals, review the process for counting and checking meals and review completeness of delivery receipt and signature.
3. **Are records of adult meals being kept?** Indicate if the site is recording all adult meals served separately from meals served to children on the meal count form.
4. **Are menus posted?** Indicate if the menu is posted in a visible place by reviewing the submitted menu photo provided by the site.
5. **Do meals meet the approved menu?** If meals are delivered, compare meals delivered using the delivery receipt with the planned menu and indicate if the meal items match. If meals are prepared onsite, compare a photo of the meal components with the planned menu and indicate if the meal items match.
6. **Do meals meet meal pattern requirements? (Is there an approved COVID-19 Meal Pattern Flexibility waiver on file?)** Indicate if all meal components are included by reviewing a photo of the meal submitted by the site. Indicate if the correct portions are included by reviewing a photo of the menu submitted by the site. If sponsors have an approved Meal Pattern Flexibility waiver on file, take into account the meal component that has been waived.
7. **Is there proper sanitation/storage?** Review photos of the storage area, food preparation area, and service area (coolers, cambros, hot holding equipment) and indicate if the site is ensuring proper sanitation and health standards conform to the applicable State and local laws and regulations.
8. **Was hot food held at temps above 135°F and cold foods below 41°F, if applicable?** If meals served are not composed of shelf stable items only, indicate if the site is storing and holding hot and cold foods appropriately. Review the submitted temperature logs.
9. **Is the site supervisor following procedures established to make meal order adjustments?** If there are changes required to the meal order, indicate if the site supervisor is following the established policies and procedures. Review the submitted meal order adjustment procedure.
10. **Is each meal served as a unit?** Indicate if all meals are served as complete meal units, with every component of the meal served together. Review the submitted meal photo.
11. **Are there provisions for storing excess meals, if applicable?** Meals should not be frequently leftover, however, if there are excess meals on the observed day, indicate if the site has policies and procedures in place to store leftover meals for a later service. Review the submitted excess meal procedure along with photos of any required equipment.
12. **Is there an “And Justice for All” poster on display in a prominent place?** Indicate if the site’s “And Justice for All” poster is displayed in a prominent location for the current meal distribution method. Review the submitted photo of the poster being displayed.
13. **Are meals served to all attending children regardless of the child’s race, color, national origin, sex, age, or disability?** Indicate if meals appear to be served to all children (or parents/guardians) without discrimination. Review submitted media release with nondiscrimination statement.
14. **Do all children have equal access to service and facilities at the site regardless of the child’s race, color, national origin, sex, age, or disability?** Indicate if all participants appear to have equal access to program services and facilities. Review submitted media release with nondiscrimination statement.
15. **Is informational material concerning the availability and nutritional benefits of the program available in appropriate language?** Indicate if materials are available in appropriate languages by reviewing submitted photos of program materials.
16. **Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the program?** Indicate if the site has policies and procedures in place to ensure reasonable modifications for individuals with disabilities by reviewing submitted policies and procedures.
17. **Are there reasonable steps in place to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered, non-English language of individuals eligible to be served or likely to be affected by the program?** Indicate if the site has policies and procedures in place to ensure meaningful access to services for limited English proficient persons by reviewing submitted policies and procedures.

### COVID-19 BEST PRACTICES

1. **Are there helpful instructions for food preparation to families, if applicable?** Indicateif handouts on food safety, portions, and reheating are provided to families along with meals.
2. **Are gloves and masks worn by all staff?** Indicate if gloves and masks are worn by all staff during meal preparation and service. Ensure gloves are changed with every new task, as well as after any contact with others.
3. **Are proper COVID-19 sanitation processes used in the kitchen (routine cleaning of equipment, frequently touched surfaces, non-food surfaces)?** Indicate if surfaces like kitchen counters, utensils, food preparation equipment, customer areas, and frequently touched surfaces such as door handles, carts, tray slides, and phones are routinely cleaned with antimicrobial disinfectant.
4. **Are proper COVID-19 sanitation processes used for meal distribution (sanitize pick-up tables after each family)?** If pick-up tables are used, indicate if tables are sanitized prior to distribution and again after each family picks up their meals. If curbside delivery is used, indicate if meals are being placed in the trunk or an unoccupied seat of the car to limit exposure.

**Explain any “No” answers below -** Use the lines provided to explain why “No” was selected for any site review questions.

### FINDINGS

1. **Adult meals included in count of meals served to children -** Select the box if this was a program finding.
2. **Meal pattern not met (specify) -** Select the box if this was a program finding. Enter which meal pattern requirement was not met and the type of meal impacted, ensuring any approved COVID-19 meal pattern flexibility waivers are taken into account.
3. **Meals not served as a unit -** Select the box if this was a program finding.
4. **Civil Rights -** Select the box if this was a program finding.
5. **Recordkeeping (specify) -** Select the box if the site does not keep appropriate documentation records or has any incomplete records and list which ones (ex: meal count records, training records, delivery receipts, processes and procedures, income eligibility forms, meal preparation and ordering).
6. **Other (specify) -** Select this box if there were additional issues not recorded above, and explain them.

### CORRECTIVE ACTION

1. **Is corrective action required -** Check “Yes” or “No”in regards to the program findings listed.
2. **Corrective action discussed with -** Enter the name and title of the person the corrective action discussion was held with.
3. **Correction action taken -** List the corrective action taken by the site.
4. **Site supervisor’s comments -** Note any comments from the site supervisor.
5. **Further action needed by (date) -** Enter the agreed upon date for further action to be completed**.**

### SIGN-OFF

## The monitor must print, sign, and date the form.