# Attachment J, 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

# Site Review Form with Meal Service Observation (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 this form. In addition, onsite reviews can be conducted without a meal observation using the COVID-19 SFSP Site Review Form without Meal Observation. Or, an offsite desk review can be conducted using the COVID-19 SFSP Desk Review Form.

**To complete this form, please refer to the instructions.**

| **Site Information** |  |
| --- | --- |
| **Site Name: Hearts and Hands Center** | **Date/Time of Site Review: 5/1/2020, 11:00 a.m.** |
| **Site Address: 123 Smith St., Jonesburg, VA 23214** | **Departure Time: 12:35 p.m.** |
| **Site Supervisor: Henrietta Smith** | **Telephone: (804) 821-9735** |

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

## I. MEAL SERVICE OBSERVATION

**Approved meal service time: 11:15 a.m.-12:15 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) |  |  | **65** |  |  |
| Time meals delivered (if applicable) |  |  | **10:45 a.m.** |  |  |
| # Meals served to children |  |  | **60** |  |  |
| # Meals served to program adults |  |  | **0** |  |  |
| # Meals served to non-program adults |  |  | **0** |  |  |
| # Meals leftover |  |  | **5** |  |  |

## II. SITE REVIEW

| **Site Review Questions** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| 1. Does the site have sufficient food service supervision?   *(7 CFR 225.14(a)(4))* | **X** |  |  |
| 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 accurate meal counts taken of meals distributed?   *(7 CFR 225.15(c))* | **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 meet the approved menu?   *(7 CFR 225.16(d-f))* | **X** |  |  |
| 1. Do meals meet meal pattern requirements? (Is there a COVID-19 Meal Pattern Flexibility waiver on file?)   *(7 CFR 225.16(d-f))* | **X** |  |  |
| 1. Is there proper sanitation/storage?   *(7 CFR 225.16(a))* | **X** |  |  |
| 1. Was hot food held at temps above 135°F and cold foods below 41°F, if applicable?   *(Virginia Department of Health)* |  |  | **X** |
| 1. Is the site supervisor following procedures established to make meal order adjustments?   *(7 CFR 225.15(b)(3))* | **X** |  |  |
| 1. Are meals served within approved time frames? (Is there a COVID-19 Meal Service Flexibility waiver on file?)   *(7 CFR 225.16(c))* | **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?   *(7 CFR 225.6(e)(9)* | **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 language?   *(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)) ( SFSP 15-2015)* | **X** |  |  |
| 1. 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?   *(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:**

**#6: Menu was not posted.**

**#16: “And Justice for All” poster was not posted because they do not have one.**

## 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): |  |  |

## V. CORRECTIVE ACTION

**Is corrective action required?**  Yes  No

**Corrective action discussed with (name and title): Henrietta Smith, Site Supervisor**

**Corrective action taken:**

**Found menu in the binder and posted it on the wall.**

**Site supervisor’s comments:**

**Will make sure menu is posted daily, will put up “And Justice for All” poster when they receive it in the mail.**

**Further action needed by (date): 5/7/2020**

## VI. SIGN-OFF

**Susan James**

**Monitor’s Printed Name**

***Susan James* / 5/1/2020**

**Monitor’s Signature / Date**

***Henrietta Smith* / 5/1/2020**

**Site Supervisor’s Signature / Date**

***Jake Brown* / 5/1/2020**

**Sponsor Representative’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. **Monitor’s arrival time -** Enter the time of arrival.
5. **Departure time -** Enter the time of departure.
6. **Site Supervisor -** Enter the name of the Site Supervisor that was present during meal service.
7. **Telephone -** Enter the Site Supervisor’s contact phone number.
8. **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.
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.
2. **Times meals delivered (if applicable) -** For sites with delivered meals, list the time of delivery under the column for the meal(s) observed.
3. **# Meals served to children -** Enter the total number of meals served to children.
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.
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.
6. **# Meals leftover** - Enter the total number of leftover meals after meal service is completed.

### SITE REVIEW

1. **Does the site have sufficient food service supervision?** Indicate if there is a trained site supervisor on the premises at the time of site visit.
2. **Has the site supervisor attended a training session?** Indicate if the site supervisor or at least one alternate supervisory person who has been trained in program requirements is onsite and present during meal service.
3. **Are meals counted/checked before signing the delivery receipt?** For sites with delivered meals, indicate if the site supervisor counts the number of meals delivered to ensure it equals the number ordered, as well as checks for complete and fresh meals prior to signing the delivery receipt, making corrections on the receipt as necessary.
4. **Are accurate meal counts taken of meals distributed (Is there a COVID-19 Parent Pick-up waiver on file?)** Indicate if the site is utilizing the meal count form to track the number of meals at the point of service, noting the number of meals provided for each child. If sponsors have elected Parent Pick-up, confirm the site has a process in place to ensure meals are only distributed to parents or guardians of eligible children and that duplicate meals are not distributed.
5. **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.
6. **Are menus posted** - Indicate if the menu is posted in a visible place.
7. **Do meals meet the approved menu?** Compare the meals delivered or prepared with the planned menu and indicate if the meal items match.
8. **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 and in the correct portions. Refer to the SFSP Administration Guide for the correct serving sizes. If sponsors have an approved Meal Pattern Flexibility waiver on file, take into account the meal component that has been waived.
9. **Is there proper sanitation/storage?** Indicate if the site is ensuring that storing, preparing and serving food follows proper sanitation, and health standards conform to the applicable State and local laws and regulations. Ensure that adequate facilities are available to store food and hold meals.
10. **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.
11. **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.
12. **Are meals served within approved time frames? (Is there a COVID-19 Meal Service Flexibility waiver on file?)** Indicate if actual meal times match the approved meal service times. If the site has a Meal Service Flexibility waiver on file, ensure the times match the most recently approved waiver.
13. **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.
14. **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.
15. **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.
16. **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.
17. **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.
18. **Is informational material concerning the availability and nutritional benefits of the program available in appropriate language?** Indicate if materials are available in appropriate languages and translations are accurate.
19. **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.
20. **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.

### 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. **Meal serving times not met -** Select the box if this was a program finding. Enter the observed serving times, ensuring any approved COVID-19 Meal Service Flexibility waivers are taken into account.
5. **Civil Rights -** Select the box if this was a program finding.
6. **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).
7. **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

1. The monitor must sign and date the form.
2. The site supervisor must sign and date the form.
3. The sponsor representative must sign and date the form.