



**SEAMLESS SUMMER OPTION (SSO) ON-SITE REVIEW FORM**  
ASSESSMENT OF THE MEAL COUNTING & CLAIMING SYSTEM, MENU PLANNING, AND FOOD SAFETY

Site Name: \_\_\_\_\_ Review Date: \_\_\_\_\_

SFA Reviewer: \_\_\_\_\_

Type(s) of meals reviewed: \_\_\_\_\_

The following questions are recommended at a minimum to complete the on-site review requirement:

**MEAL COUNTING & CLAIMING**

YES NO

- |                          |                          |  |                          |  |
|--------------------------|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Is the method used for counting reimbursable meals in compliance with the approved <i>point of service</i> requirement? (Meal counts must be taken at the location where complete meals are served to children)   |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the point of service meal count used to determine the site's claim for reimbursement?  |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is there a method of identifying non-reimbursable meals (i.e., not meeting meal pattern requirements, seconds, adult meals, etc.), distinguishing them from reimbursable meals?   |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the site correctly implementing policies for handling the following (as applicable):   |                          |  |
|                          | <b>Yes</b>               | <b>No</b>  | <b>N/A</b>               |  |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Incomplete meals?  |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Second meals?  |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Adult and non-student meals (and identifying program vs. non-program)? |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | A la carte?  |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Field trips?   |
|                          | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> | Offer vs. Serve?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Is someone trained as a backup for the monitor and meal counter?  |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are there procedures for meal counting and claiming when the primary counting and claiming system is not available and does staff know when and how to implement it?  |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are daily counts correctly totaled and recorded?  |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are the meal counts correctly totaled and consolidated?   |                          |  |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Are internal controls (edits, monitoring, etc.) established to ensure that daily counts do not exceed the number of children in attendance and that an accurate claim for reimbursement is made? Record today's meal counts by category and compare to the number of children eligible by category. |                          |  |

**Number of Children Approved for Meals      Today's Meal Count**

\_\_\_\_\_

**NOTE: QUESTION #10 APPLIES TO CAMP SITES ONLY:**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Is a current eligibility list kept up-to-date and used by the meal count system to provide an accurate daily count of reimbursable meals <b>by category</b> (free, reduced-price, paid)? |
|--------------------------|--------------------------|--|

**MENU PLANNING**

YES NO

- 11. Do meals offered meet the meal pattern requirements for the age/grade group being served (whole grain-rich items, correct portion sizes for M/MA, grains, fruits, vegetables, and planning for vegetable subgroups)?
- 12. Are at least two choices of fluid milk available (skim flavored, skim unflavored, low-fat unflavored)?
- 13. Are medical statements on file for modified meals?

**FOOD SAFETY**

YES NO

- 14. Are all food safety procedures implemented according to the site's HACCP plan?
- 15. Did the site request two food safety inspections during the school year?
- 16. Is the most recent food safety inspection report posted in a publicly visible location?

**CORRECTIVE ACTION PLAN** (for all "NO" answers):

**SPECIFY DATE CORRECTIVE ACTION(S) WILL BE IMPLEMENTED:** \_\_\_\_\_

**BY WHOM:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**Site Representative** **Title** **Date**

**SFA Reviewer** **Title** **Date**

**FOLLOW-UP VISIT (must be conducted within 45 days if corrective action was required):**

Observations of corrective action implementation:

**SIGNATURE:** \_\_\_\_\_

**Site Representative** **Title** **Date**

**SFA Reviewer** **Title** **Date**