OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
SEAMLESS SUMMER OPTION (SSO)

SITE REVIEW FORM (SELF-PREPARATION PROGRAMS)
(Conducted Within the Third Week of SSO Operations)

Sponsor: _____   Site: _____

Site Contact: _____

Site Address: _____

Telephone Number: _____   Date of Review: _____

Type of Meal Service Reviewed: _____

Day of Visit	**Breakfast**	**Snack**	**Lunch**	**Snack**	**Supper**
Number of meals prepared					
Time meals were served					
Number first meals served to children					
Number meals served to program adults					
Number meals served to nonprogram adults					
Number meals left over					

YES	**NO**	**EXPLAIN ANY *NO* ANSWERS BELOW**
☐	☐	1. Are meals served as a unit?
☐	☐	2. Do meals meet the menu as planned?
☐	☐	3. Do meals meet the meal pattern requirements?
☐	☐	4. Are all meals served and consumed on-site?
☐	☐	5. Are accurate counts taken of meals served?
☐	☐	6. Are meal production records being kept?
☐	☐	7. Is an inventory record being kept?
☐	☐	8. Are receiving records and purchase invoices kept?

YES	NO	EXPLAIN ANY *NO* ANSWERS BELOW
☐	☐	9. Are records of adult meals being kept?
☐	☐	10. Is there documentation of household income eligibility, if applicable?
☐	☐	11. Is there a nondiscrimination poster, provided by a sponsor, on display in a prominent place?
☐	☐	12. Are meals served to all attending children, regardless of race, color, national origin, sex, age, or disability?
☐	☐	13. Do all children have equal access to services and facilities at the site, regardless of race, color, national origin, sex, age, or disability?

EXPLANATIONS: _____

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CHECK IF THE FOLLOWING APPLY: (Explain any checked items.)		EXPLANATION:
1. No records	☐	
2. Incomplete records	☐	
3. Poor sanitation	☐	
4. Other:	☐	

Corrective action discussed with (name and title): _____

Corrective action taken: _____

_____

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Further action needed by (date): _____

I certify that the above information is correct:

_____   _____
Sponsor Representative's Signature   Date