



**Nebraska Department of Education
Seamless Summer Option (SSO) Program
Site Review Form**



*A Site Review must be conducted by the School Food Authority at least once for **each SSO** meal site prior to February 1st of the current School Year.*

School Food Authority (SFA) Name: _____

Site Name: _____ Site Address: _____

Review Date: _____ Arrival Time: _____ Departure Time: _____

Day of Review	
Meal Service Observed:	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Snack
Review Format: *If off-site review, ensure your SFA submitted request to use onsite monitoring waiver.	<input type="checkbox"/> Onsite <input type="checkbox"/> Offsite*
Type of SSO Site:	<input type="checkbox"/> Open <input type="checkbox"/> Closed Enrolled
Meal Service Type: (please check all that apply)	<input type="checkbox"/> Onsite <input type="checkbox"/> Pick-up <input type="checkbox"/> Delivery <input type="checkbox"/> Multi-day <input type="checkbox"/> Classroom
Number of Meals Prepared:	
Number of Meals Served to Students:	
Number of Meals Served to Foodservice Staff:	
Number of Non-reimbursable Meals Served: (dropped trays, doesn't meet meal pattern requirements, non-program adults)	
Number of leftover meals:	

Meal Service	YES	NO	N/A	Comments
Do meals meet meal pattern requirements? If not, is an approved Meal Pattern Flexibility waiver on file?				
Were substitutions outside of the planned meal necessary? If so, is documentation (invoices, vendor communication) available to support the need for such substitution(s)?				
Are meals planned with the objective of serving one meal per child?				
Was the meal served at the planned time?				
Is Offer Versus Serve being implemented correctly?				
Is staff able to identify reimbursable meals at POS?				
Are point of service (POS) meal counts taken correctly for the day and used for reimbursement at the end of the month?				
Are other food items charged for correctly? (adult meals, milk only, a la carte items)				
Is water available to students during meal service?				

Satellite/Vended Sites ONLY	YES	NO	N/A	Comments
Are there any problems with delivery and/or meal quality?				
Are delivery tickets verified and signed?				
Are food temperatures taken upon receipt and at the time of meal service?				
Is the site supervisor making appropriate meal order adjustments based on the number of meals served?				

Production Information	YES	NO	N/A	Comments
Are daily production records for each meal (Breakfast, Lunch and/or Snack) on file and thoroughly completed? (Obtain copy of production record for observed meal)				

Food Safety & Sanitation	YES	NO	N/A	Comments
Is a HACCP food safety plan in place and is it being followed properly?				
Are foodservice personnel practicing good hygiene (hand washing, hair restraints, jewelry, cleanliness, etc.)?				
Are appropriate logs being completed for equipment temperatures, food temperatures, thermometer calibration, sanitation logs, employee illness logs?				
Are two health inspections received per year and is the most recent one posted in a publicly visible location?				

Civil Rights	YES	NO	N/A	Comments
Is the correct "And Justice for All" poster displayed in a prominent location in the meal service area? (Poster should have a picture of the United States Department of Agriculture building, NOT the one with the picture of the Statue of Liberty)				
Are meals served to all children regardless of race, color, national origin, sex, age or disability?				
Are special dietary modifications, supported by either a valid medical statement or meal modification request form, being accommodated?				
Have site staff completed the annual Civil Rights training for the current school year?				

Record Retention & Documentation	YES	NO	N/A	Comments
Are meal count records completed, signed, and dated at the time of each meal service? If yes, are meal count forms consolidated at least weekly?				
Are production records, standardized recipes, CN labels/product formulation statements documented for all meals?				
Has all necessary documentation been retained for 3 years plus current year?				

Training	YES	NO	N/A	Comments
Staff operating the SSO viewed the training webinar(s), received training from a Nutrition Services Program Specialist, or reviewed SSO information on the NDE Nutrition Services website.				

Follow-up Plan	
<input type="checkbox"/> No Findings <input type="checkbox"/> Findings	
Follow-up Plan:	
<i>Follow-up visits will be necessary for any findings identified during the review to ensure follow-up plan was properly implemented. A second review form should be utilized for follow-up visits.</i>	Follow-up Visit Required <input type="checkbox"/> Yes <input type="checkbox"/> No
I certify that the above information is correct.	
Monitor's Signature:	Date:
Site Supervisor's Signature:	Date:

Name, Title & Contact Information (email & phone number) of person completing the Site Review:

Retain completed SSO Site Review(s) in files for a period of three years plus current year. Records must be made available to NDE-Nutrition Services upon request.