



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
 DIVISION OF ADMINISTRATIVE AND FINANCIAL SERVICES
 SCHOOL FOOD SERVICES SECTION

ON-SITE SCHOOL REVIEW FOR SEAMLESS SUMMER OPTION SITES

Directions: This form must be completed during the first 3 weeks of operation and kept filed on site.

Local Education Agency:	
Opening Date:	Closing Date:
School Name:	Date Form Completed:

- | I. Meal service and Meal Counting | YES | NO | NA |
|---|-------|-------|-------|
| 1. Does the meal counting system produce an accurate count of reimbursable meals served daily? | _____ | _____ | |
| 2. Are only children ages 18 years and younger served? | _____ | _____ | |
| 3. Are all meals served and consumed onsite? | _____ | _____ | |
| 4. Are all meals served at no charge to all children? | _____ | _____ | |
| 5. Do all children, school, and neighborhood have equal access to the meal service? | _____ | _____ | _____ |
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| II. Meal Claiming Procedures | | | |
| 1. Are only meals that meet the meal pattern requirement counted and claimed for reimbursement? | _____ | _____ | |
| 2. Is only one meal per child per program claimed for reimbursement daily? | _____ | _____ | |
| 3. Is there documentation of children's eligibility if applicable? | _____ | _____ | _____ |
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 | | | |
| III. Meal Pattern Compliance | | | |
| Menu Planning Option _____ | | | |
| 1. Are meals planned and served according to chosen menu planning option? | _____ | _____ | |
| 2. Are adequate production records maintained? | _____ | _____ | |

If answered "NO" to any question, corrective action and prompt follow-up is required.

CORRECTIVE ACTION PLAN:

Site Supervisor's Signature	Title	Date
Monitor's Signature	Title	Date

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