

**NC Department of Public Instruction
Child Nutrition Services Section
Seamless Summer Option (SSO)
On-Site Review Follow-up Form (2014)**

Review Date: _____

SCHOOL FOOD AUTHORITY AND AGREEMENT NO.: _____

SITE NAME: _____

STREET ADDRESS (NOT A PO BOX): _____

Site Manager / Contact (Print Name): _____ Site Telephone No.: _____

Meal Service Time for Follow-up Visit: Breakfast: _____ Lunch: _____ AM/PM Snack: _____

*(Review must be conducted from start to the end of meal service time)

		Comments/Explanation
1. Are previously noted food safety/sanitation problems corrected?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA *If no, provide detailed corrective action below	
2. Are temperatures taken and recorded daily during meal preparation and serving?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA	
3. Is a USDA/FNS approved poster displayed in a prominent place and visible to recipients?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA	
4. Is access to the program at the site non-discriminatory with regard to race, color, national origin, age, disability or sex?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA	
5. Are foreign language translations available when a significant number of persons speaking only a foreign language are in the population?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA	
6. Are procedures established to receive complaints alleging discrimination?	<input type="checkbox"/> Yes <input type="checkbox"/> No* <input type="checkbox"/> NA	
7. Have there been any written or verbal complaints alleging discrimination?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> NA	
8. (Enrolled sites and camps only) Are incorrectly denied free and reduced price meal applications disproportionately composed of minority applicants?	<input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> NA	
9. Specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
10. Specify	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

CORRECTIVE ACTIONS COMMENTS:

Site Supervisor (Print Name): _____

Site Supervisor Signature: _____ **Date:** _____

Child Nutrition Administrator Signature: _____ **Date:** _____

The completed on-site review form must be signed, dated and submitted within 10 business days after the review is conducted. The form must be mailed or fax or scanned and e-mailed to:

**NCDPI Child Nutrition Services
6324 Mail Service Center
Raleigh, NC 27699-6324
ATTN: Cynthia D. Ervin, MBA, RD, LDN
Fax: 919.807.3516
E-mail: Cynthia.ervin@dpi.nc.gov**