

Site Visits And Reviews/Food Safety Inspections

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MISSISSIPPI
DEPARTMENT OF
EDUCATION

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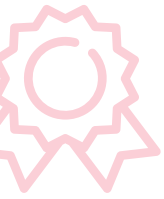
VISION

To create a world-class educational system that gives students the knowledge and skills to be successful in college and the workforce, and to flourish as parents and citizens



MISSION

To provide leadership through the development of policy and accountability systems so that all students are prepared to compete in the global community



1

ALL Students Proficient and Showing Growth in All Assessed Areas



2

EVERY Student Graduates from High School and is Ready for College and Career



3

EVERY Child Has Access to a High-Quality Early Childhood Program

EVERY School Has Effective Teachers and Leaders

4



EVERY Community Effectively Uses a World-Class Data System to Improve Student Outcomes

5



EVERY School and District is Rated "C" or Higher

6



Different Type of Site Visits / Inspections


What	When	Where	Who
Pre-Operational Visit	Prior to Operations	New sites; sites with prior issues	Sponsor
First Week Visit	1 st week of operation	All sites	Sponsor
Site Review	1 st four weeks of operation	All sites	Sponsor
Health Inspection	Sponsor must Request inspection prior to operation	First year, non-school sites	MS State Dept. of Health

Pre-operational Visits, 7 CFR 225.15(d)

- Sponsors should record the date of the Pre-Operational Site Visit for each site with the name and title of the staff member that conducted the site visit
- School sponsors are strongly encouraged to conduct Pre-operational Site Visits of all new non-school sites and sites that had Operational issues in the previous year



Pre-Operational Visit Form



**SUMMER
FOOD SERVICE
PROGRAM**

Sample Pre-Operational Visit Form

Site name: _____ Site number: _____

Site address: _____

Site telephone number: _____

Person to contact for use of site: _____

Type of site (check appropriate type):

<input type="checkbox"/> Recreation center	<input type="checkbox"/> Residential camp	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Other
<input type="checkbox"/> School	<input type="checkbox"/> Play street	<input type="checkbox"/> Libraries	
<input type="checkbox"/> Church	<input type="checkbox"/> Playground	<input type="checkbox"/> Rural Development (RD)/Housing and Urban Development (HUD)	
<input type="checkbox"/> Park	<input type="checkbox"/> Settlement house		

Estimated number of children the site could serve: _____ Estimated number of needy children in area: _____

Estimated number of personnel needed to adequately control the food service: _____

Are the present facilities adequate for an organized meal service? Yes No

If answer is no, comments:

For the estimated number of children, does the site have:	Yes	No
Shelter for inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate cooking facilities (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate storage for prepared or delivered food?	<input type="checkbox"/>	<input type="checkbox"/>
Storage space for records at site?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate refrigeration?	<input type="checkbox"/>	<input type="checkbox"/>
Access to a telephone?	<input type="checkbox"/>	<input type="checkbox"/>


Is this site for-profit? Yes No

What types of organized activities are possible or planned at this site?

Improvements or corrective actions needed before site operates:

Did the site have any deficiencies in the previous summer?

Monitor's Signature _____ Date _____

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Visits & Reviews: First Week site Visits

Site Visits, 7 CFR 225.15 (d) (2) and (3)

- Sponsors must visit each site at least once during the first week of operation.
- Operation, by definition, is the state of being functional. At the time sponsors are approved to administer the SFSP, they are considered to be in operation from that date until the last day of meal service per their Program agreement.



Sample First Week Visit Form

Date of site visit: _____ Monitor's arrival time: _____ Departure Time: _____

Site name: _____ Site address: _____

Discussion with site staff (list names): _____

Areas of Discussion	Notes and Observations
Has the site supervisor attended training session?	
Are meals being counted and signed for?	
Are all required records being completed?	
Are meals served as second meals excessive?	
Do meals meet meal pattern requirements?	
Is there proper sanitation/storage?	
Is the site supervisor following procedures established to make meal order adjustments?	
Are meals served at the time approved by the State agency?	
Are all meals served and consumed on-site? (Note if State agency and sponsor allow fruits/vegetables/ grains to be taken off site).	
Is each meal served as a unit?	
Are there any problems with delivery?	
Is there documentation of children's income eligibility, if applicable?	
Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?	

List any problems that were noted, and any corrective actions that were initiated to eliminate the problems:

Monitor's Signature

Date





Visits And Reviews: Site Reviews

Site Reviews, 7 CFR 225.15(d)(3)

- Requires monitor to determine if the site is in compliance with all program requirements
- The Monitor Staff must observe a complete meal service from beginning to end

- Sponsors must conduct a review of the Summer Feeding Program a minimum of once in the first four (4) weeks of Program Operations.
- If the site operates less than four (4) weeks, the sponsor must still complete a site review



SUMMER FOOD SERVICE PROGRAM **Sample Site Review Form**

NOTE: To be completed during first four weeks of operation

Sponsor: _____ Site: _____

Site Contact Name: _____ Title: _____

Site Address: _____ Telephone: _____

Date of site visit: _____ Monitor's arrival time: _____ Departure Time: _____

Site Supervisor: _____

Open site Camp site Average daily participation (if applicable): _____

Today's attendance: _____ Approved meal service time: _____

Types of meals reviewed: Breakfast AM Snack Lunch PM Snack Dinner

Approved level of service: _____

Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Dinner
# Meals delivered (if applicable)					
# Meals/milk from previous day					
Time meals delivered (if applicable)					
Time meals served					
# First meals served to children					
# Second meals served to children					
# Meals served to Program adults					
# Meals served to non-Program adults					
Discarded meals (dropped, spoiled, incomplete meal, test meal*, etc.)					
# Meals leftover					

* Test meal cannot be claimed for reimbursement but should be recorded.

- When sponsors have chosen their prospective sites:
 - Sponsors must notify the health department in writing of all prospective site locations
- Sponsors are required to enter into an agreement with the State Agency that their sites will maintain proper sanitation and health standards
 - In conformance with all applicable State and local laws and regulations



Health And Sanitation Inspection

1. School Sites (*food prepped in School Cafeteria*)
 - a. May utilize current cafeteria site health permit.

2. Non-School Sites sponsored by the School District
 - b. **Must obtain** a pre-operational and operational health inspection

Corrective Action Required: Yes No
 Corrections required by (Date)

Food Establishment Inspection Report

Establishment Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Inspection Date: _____

FOODBORNE ILLNESS, BIRTH DEFECTS AND PUBLIC HEALTH INTERVENTIONS

State Factors on food preparation practices and other activities most commonly reported to the Centers for Disease Control and Prevention as leading factors in foodborne illness outbreaks. Public health interventions are provided to prevent foodborne illness events.

Inspection Item	Inspected	Compliance	Corrective Action	Date
1. Food Safety				
2. Sanitation				
3. Facility				
4. Personnel				
5. Water				
6. Food Protection				
7. Food Safety				
8. Food Safety				
9. Food Safety				
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49. Food Safety				
50. Food Safety				

A

Date: _____

Inspector: _____

Signature: _____





This institution is an equal opportunity provider.

Full Non-Discrimination Statement link:

<https://mdek12.org/sites/default/files/documents/ocn/usda-nondiscrimination-statement-2016.pdf>



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