

Food and Nutrition Service Seamless Summer Option Review Form School Food Authority

SFA:	Date of Review:
Name/Title of SFA Rep:	
Address:	
Name/Title of Person(s) Interviewed:	
Reviewer(s):	

1. Copy of Current Application on file. Yes No* _____

2. Seamless Summer? Yes No Scheduled School Break (for year round School) Yes No

3. Number of Sites Operating under the Seamless Summer Option:

	Approved	Operated or To be Operated	Of Sites Operated or to be Operated, how Many Are:	
			Prior Year SFSP Sites	Prior Year NSLP Sites
ACADEMIC SUMMER SCHOOL SITES				
OTHER SITES				

4. Is the SFA operating any sites which were not approved on the Summer Option Application ? Yes* No _____

5. Have their been any changes in the dates of operation from those approved? Yes* No _____

6. Does the SFA have an adequate system for documenting the number of meals served? Yes No

Describe Method _____

7. A. School's Reported Counts for Review Period _____

B. SFA Claim for this School for Review Period _____

C. Reviewer Validation _____

D. Difference _____

8. Has the SFA reviewed all waiver sites which have been in operation for three weeks or longer as of the date of the review?

Yes No* NA _____

9. A. Did the SFA advertise the availability of free meals at all of its open/restricted open sites to the community? Yes No*

B. Check the advertising methods used: Newspaper announcement/press release TV/Radio Flyers – school
 Flyers – neighborhood Posters and signs Other* _____

C. Did all advertising materials used contain the required non-discrimination statement? Yes No*

Answers marked with an asterisk () must be explained*