

Summer Food Service Program

Site Visit Form

Instructions: This form is to be completed during the **first week** of operation. Any problems should be identified and the corrective action should be described below.

Sponsor Name _____

Site Name _____

Site Number _____

Date of Site Visit _____

Site Address (Street, City, State, Zip Code) _____

Approved Level of Participation _____

Monitor's Arrival Time _____

Monitor's Departure Time _____

Site's Begin Date _____

Names of Personnel Interviewed _____

Program Operations

Yes

No

1. Did site manager attend training program?

2. Did other site personnel attend training?

3. Does site manager know who to contact if there is a problem or if there is a need for reducing/increasing order levels?

4. Are daily meal count records up to date?

5. Are meals checked for spoilage and counted upon delivery? (if applicable)

6. Are meals being served at the times approved by the state agency?

7. Are sanitation requirements met?

8. Did today's menu meet the required components and portion sizes?

9. Does the site maintain adequate supervision over its food service?

10. Does the site have a system for handling leftover meals?

Civil Rights

1. Does the site serve meals to all attending children equally, regardless of race, color, sex, age, disability, or national origin?

2. Does the site have a USDA-approved poster displayed?

List problems noted during the visit and describe the corrective action plans initiated to eliminate the problems.

Problems

Corrective Action Plans

Problems	Corrective Action Plans

I certify that the information on this form is true and correct to the best of my knowledge. I understand that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Signature—Site Supervisor

Date

Signature—Monitor

Date