

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN DOCUMENTATION OF SITE VISIT FORM

INSTRUCTIONS:

Complete this form for all sites at least once during the first week of program operation. A copy of this form is to be left with site supervisor; the original copy of this form is to be retained in the sponsor's file to document first week site visits.

Sponsor Name: _____ Date of Visit: _____

Site Name: _____ Telephone: _____ Time Arrived: _____

Site Address: _____ Time Departed: _____

Name of Site Supervisor: _____

Name and Title of Person Contacted at the Site: _____

1. Date of Operation:

Beginning: _____
Ending: _____

4. Type of Meal Service Observed:

Breakfast AM Snack Lunch PM Snack Supper

2. Purpose of Visit:

- First week
- Follow up
- Problem investigation

5. Time of Meal Service:

Beginning: _____
Ending: _____

3. Site Type:

- Open Enrolled
- Camp Migrant
- NYSP Other _____

6. Approved Level of Meal Service:

Breakfast _____
Lunch _____
Supper _____
Snack _____

7. Area(s) checked during visit: *(Check one or more)*

- Meal pattern requirements Free meal applications Site personnel training
- Meal quality Site recordkeeping and preparation of reports Equipment and facilities
- Meal delivery Sanitation and safety Other _____

8. Age range of children in attendance: _____ *Number of hours children are on site: _____

9. Describe any circumstances which may cause program deficiencies. *(Use additional sheets, if necessary.)*

10. Recommended corrective action:

11. Site Supervisor/Representative's comments:

Site Supervisor's Signature

Date

Monitor's Signature

Date