

Requirement:

The site visit must be conducted within the **first week** of program operation.

Department of Health and Human Service
 Division of Public Health
 Summer Food Service Program

_____ Agreement Number

SPONSOR SITE FIRST WEEK VISIT FORM

1. Sponsor's Name	Site Supervisor: _____ Site Name: _____ Site Number: _____ Site Address: _____						
2. Meal Observed: (Circle One)	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Breakfast</td> <td style="text-align: center;">A.M.</td> <td style="text-align: center;">Lunch</td> <td style="text-align: center;">P.M.</td> <td style="text-align: center;">Supper</td> <td style="text-align: center;">N/A</td> </tr> </table>	Breakfast	A.M.	Lunch	P.M.	Supper	N/A
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3. Date of Visit: _____ Time arrived at Site: _____ Time Departed Site: _____							
4. Number of children in attendance at the time of the visit: _____ Time of meal delivery: _____ Number of meals delivered: _____ Time of meal service: _____ Number of first meals served: _____ Number of seconds _____ Are meals counted upon delivery? Yes <input type="checkbox"/> No <input type="checkbox"/> By Whom? _____ Is there safe and adequate storage for meals? Yes <input type="checkbox"/> No <input type="checkbox"/> Is the site clean? Yes <input type="checkbox"/> No <input type="checkbox"/>							
5. If bad weather, are the feeding facilities adequate? Yes <input type="checkbox"/> No <input type="checkbox"/> Explain: _____ _____ _____							
6. Check site paperwork: (Indicate Yes or No. If No, explain in remarks.) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">(a) Daily count sheets Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="width: 50%;">(c) Delivery tickets (if applicable) Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>(b) Weekly recap sheets Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>(d) Delivery tickets match recaps? Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td>(e) Site supervisor's record of meals served Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>(f) Are forms filled out accurately Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table>		(a) Daily count sheets Yes <input type="checkbox"/> No <input type="checkbox"/>	(c) Delivery tickets (if applicable) Yes <input type="checkbox"/> No <input type="checkbox"/>	(b) Weekly recap sheets Yes <input type="checkbox"/> No <input type="checkbox"/>	(d) Delivery tickets match recaps? Yes <input type="checkbox"/> No <input type="checkbox"/>	(e) Site supervisor's record of meals served Yes <input type="checkbox"/> No <input type="checkbox"/>	(f) Are forms filled out accurately Yes <input type="checkbox"/> No <input type="checkbox"/>
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7. Corrective Actions Required: _____ _____ _____							
8. Remarks: _____ _____ _____							

 Signature, Site Supervisor

 Signature, Sponsor Representative

