

**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: _____<br>Site Name: _____<br>Site Address: _____   |   |   |  |   |   |  |
| 2. Meal Observed:<br>(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  |
| Breakfast   | A.M.  | Lunch   | P.M.  | Supper   | N/A   |   |  |
| 3. Date of Visit: _____ Time arrived at Site: _____ Time Departed Site: _____   |   |   |   |  |   |   |  |
| 4. Number of children in attendance at the time of the visit: _____<br>Time of meal delivery: _____ Number of meals delivered: _____<br>Time of meal service: _____ Number of first meals served: _____ Number of seconds _____<br>Are meals counted upon delivery? Yes <input type="checkbox"/> No <input type="checkbox"/> By Whom? _____<br>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"/><br>Explain: _____<br>_____<br>_____  |   |   |   |  |   |   |  |
| 6. Check site paperwork: (Indicate Yes or No. If No, explain in remarks.)<br><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"/> |
| (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"/>  |   |   |  |   |   |  |
| 7. Corrective Actions Required: _____<br>_____<br>_____   |   |   |   |  |   |   |  |
| 8. Remarks: _____<br>_____<br>_____   |   |   |   |  |   |   |  |

\_\_\_\_\_  
Signature, Site Supervisor

\_\_\_\_\_  
Signature, Sponsor Representative