

## 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