

# SUMMER FOOD SERVICE PROGRAM FOR CHILDREN FOODBORNE ILLNESS REPORT

**1. Obtain and record the following information:**

Name(s) of the child or children: \_\_\_\_\_

Name(s) of the parent(s) or guardian(s): \_\_\_\_\_

Parent or Guardian's telephone number: \_\_\_\_\_

When the child(ren) last ate (the date and time): \_\_\_\_\_

What the child(ren) last ate (include everything eaten): \_\_\_\_\_

What time the child(ren) began to feel ill?: \_\_\_\_\_

What symptoms did the children experience? \_\_\_\_\_

**2. Include information on the food item(s) involved. FREEZE ALL leftovers of the suspected food(s) and clearly mark "SAVE, but DO NOT USE." Health Inspectors will need a sample of the suspected foods for testing.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. The Site Supervisor MUST notify the monitor and/or sponsor IMMEDIATELY.**

Sponsor Notified (*Provide Date & Time Notified*): \_\_\_\_\_

**4. The Sponsor MUST report the incident to the New Mexico Environment Department (NMED) at 1-800-219-6157 or Santa Fe Field Office at (505) 827-1840 or Albuquerque Field office at (505) 222-9500. Follow the instructions they give on what to do for the child(ren) and with the suspected food(s).**

NMED Notified (*Provide Date Notified*): \_\_\_\_\_

Note any instructions from NMED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**5. The Sponsor MUST also call the SFSP Program Manager at: (505) 841-4856 or 1-800-328-2665**

SFSP Program Manager Notified (*Provide Date Notified*) \_\_\_\_\_

**Signature of person completing this form:** \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Copy To:**

Sponsor: \_\_\_\_\_

Family Nutrition Bureau: \_\_\_\_\_