

# Summer Food Service Program for Children Site Visit Form

**MUST BE COMPLETED BY THE 14<sup>th</sup>  
CALENDAR DAY STARTING FROM  
THE FIRST DAY OF MEAL SERVICE**

Site Name: \_\_\_\_\_ Sponsoring Organization: \_\_\_\_\_

Monitor's Name: \_\_\_\_\_ Site Supervisor's Name: \_\_\_\_\_

Time Arrived: \_\_\_\_\_ Time Departed: \_\_\_\_\_ Meal Observed: \_\_\_\_\_ Date of Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of meals prepared or delivered: \_\_\_\_\_

Number of children expected to be served: \_\_\_\_\_

Number of adults expected to be served: \_\_\_\_\_

Number of meals transferred to other site: \_\_\_\_\_

**Yes No**

Does site personnel notify the kitchen or sponsor when adjustments in the meal orders are necessary?

Are order changes a problem at this site?

Are the meals being served as a unit?

Are the meals being served during the approved time frame?

TODAY'S MEAL (List Food Items Served):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yes No**

Did the meal appear to meet the meal pattern and portion size requirements?

Are sanitary procedures followed during the receiving, preparing, holding and serving of meals?

Are the foods served and maintained at correct and safe temperatures?

Are site records properly completed?

Is an "And Justice For All" Poster on display in a conspicuous area?

Do all services and facilities appear to be used routinely by all participants without regard to race, color, national origin, sex, gender identity, sexual orientation, age, disability or reprisal or retaliation for prior civil rights activity?

Site Strengths: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Potential Problems:

- Inadequate Staffing
- Inadequate Training
- Meal Ordering
- Meal Service
- Off-site meal consumption
- Record Keeping
- Other Potential Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Listed below are suggested comments and/or corrective actions for the deficiencies noted above.

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

Site Supervisor's Name (Print) \_\_\_\_\_

Site Supervisor's Signature \_\_\_\_\_

Monitor's Signature \_\_\_\_\_

**I certify that the information on this form is true and accurate.**

\_\_\_\_\_  
Date