

## Summer Food Service Program (SFSP)

### Site Visit Form      Sponsor # \_\_\_\_\_

To be completed during the first two weeks of food service operation

Site Name: \_\_\_\_\_ Date of Site Visit: \_\_\_\_\_

Monitor's Arrival Time: \_\_\_\_\_ Monitor's Departure Time: \_\_\_\_\_

Names of site personnel interviewed: \_\_\_\_\_

**Reason Site is being reviewed:**

- New site   
  New Non-Congregate Site   
  Previously declared to be seriously deficient by KSDE  
 Prior program year review findings at the site for any program operated by the sponsor.  
 New site manager   
  Other: \_\_\_\_\_

Areas of Discussion	Yes	No	N/A	Notes and Observations
Has the site supervisor attended training?				
Are meals being counted and recorded correctly at the point of service?				
If meals are being transported to the site, are transport sheets being correctly completed?				
If meals are being transported to the site, are there any problems with delivery?				
Are all required records being completed?				
Do meals meet meal pattern requirements?				
Is there proper sanitation/storage?				
Is the site supervisor following procedures established to make meal order adjustments?				
All congregate meals served are consumed on-site as required and all non-congregate meals are distributed appropriately for off-site consumption?				
For contracts to prepare SFSP meals, is each meal served as a unit? (Unitized meals are individually portioned, packaged, delivered, and served as a unit. An example is a bag lunch. Milk and juice may be packaged and provided separately but must be served with the meal unit.)				
Is there an "And Justice for All" poster on display in a prominent location?				
Other:				
<b>For Non-congregate Sites:</b>				
• Are no more than 5 days of meals being served at one time?				
• Do meals include food safety preparation and storage instructions?				
• Are items for each meal stored/handled appropriately until distributed?				
• Are acceptable procedures in place to prevent duplicate meals?				

**Summarize findings, problems and corrective actions determined necessary to correct operational problems.**

Improvement Needed	Corrective Action to be Taken

\_\_\_\_\_  
Site Supervisor's Signature/Date

\_\_\_\_\_  
Monitor's Signature/Date