

## Summer Food Service Program First Two Week Site Visit Form

Site visits are required within the first two weeks of operations for all new sites, including sites new to non-congregate meals, and sites with operational problems in the previous year. Site visits may be combined with the site review. If combined, complete within the first two weeks of operations and use the site review form.

Sponsor Organization:	Site Name:
Site Monitor/Supervisor Name:	Date of site visit:
Site type (circle): open, restricted open, closed enrolled, other: _____	Meal(s) observed: Congregate meals, non-congregate meals, or both (circle)

Review each area listed below and indicate yes, no, or not applicable. If “no” is selected, an explanation and corrective action to be taken must be described in the section below.

Areas to Observe	Yes	No	N/A
Has the site monitor/supervisor attended the sponsor’s summer meals training?			
For delivered meals, are meals counted/checked before signing the delivery receipt?			
Is the site maintaining required program documentation?			
Does the site have sufficient food service supervision?			
Is the number of second meals served excessive? (if applicable) *Second meals are not allowable at non-congregate sites			
Do meals meet meal pattern requirements?			
Are food safety practices implemented?			
Is the site supervisor following meal order/preparation adjustment procedures?			
Are meals served within the approved meal times?			
For congregate sites, are all meals consumed on site? *Exception: one fruit, vegetable, or grain item may be taken home for later consumption			
Are meals served as a unit or is Offer versus Serve properly implemented?			
Are accurate meal counts taken at the point of service?			
Is the “And Justice for All” poster displayed prominently?			
For non-congregate sites, are meals distributed based on the approved application, including meal distribution methods, times, numbers of meals distributed, etc.?			
For non-congregate sites, is the site following procedures to ensure duplicate meals are not distributed?			

This institution is an equal opportunity provider.

Explain any non-compliance and the corrective actions to be taken

I certify that the above information is correct:

Site Monitor/Supervisor Name:	Site Monitor/Supervisor Title:
Site Monitor/Supervisor Signature:	Date:
Sponsor's Signature Authority:	Date: