



Washington Office of Superintendent of
PUBLIC INSTRUCTION
 SUMMER FOOD SERVICE PROGRAM
Initial Visit Review Form

This form must be completed during the first two weeks of operation for **every** new site, sites with operational problems the prior summer, and any site OSPI determined a visit is needed.

SPONSOR	DATE OF REVIEW	TYPE OF SITE <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Camp <input type="checkbox"/> Other: <input type="checkbox"/> Congregate <input type="checkbox"/> Non-Congregate
SITE NAME	REVIEW NUMBER <input type="checkbox"/> 1 st <input type="checkbox"/> Follow-Up <input type="checkbox"/> State Meal Observation	
SITE ADDRESS	MEAL TYPE <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper	
SITE SUPERVISOR	MEAL SERVING TIME Approved: to Actual: to	
MONITOR	MEAL OBSERVATION TIME Arrived: Left:	

Areas of Discussion

(X) if discussed

Has the supervisor attended SFSP training (and is it documented)? Notes:	<input type="checkbox"/>
Is the "And Justice for All" poster on display in a prominent place? Notes:	<input type="checkbox"/>
Are there any problems with meal delivery? (time/amounts/temp/etc.) Notes:	<input type="checkbox"/>
Is there proper sanitation/adequate storage to ensure food safety? *Are there adequate handwashing facilities (if applicable)? * If applicable, have utensils and work surfaces been properly sanitized? * Are fridges and freezers kept at required temperatures? Are dry goods kept off the floor and secure from pests? Notes:	<input type="checkbox"/>
Are required records being completed daily or at point of service (delivery records, meal count forms, hot and cold holding temps being met, site traffic training, etc.)? Notes:	<input type="checkbox"/>
Is the supervisor aware that changes with the average daily participation (ADP) need to be communicated to the sponsor? Notes:	<input type="checkbox"/>
Does the supervisor know the approved meal service start/end times? Notes:	<input type="checkbox"/>
Do the meals served meet meal pattern requirements? Notes:	<input type="checkbox"/>
Is offer versus serve implemented correctly, if used (LEAs only)? Notes:	<input type="checkbox"/>
Are only reimbursable meals being counted? Notes:	<input type="checkbox"/>



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If served, are second meals excessive (\geq 10% of the meals delivered/prepared)? Notes:	<input type="checkbox"/>
Are all meals served and consumed on site (congregate sites only)? Notes:	<input type="checkbox"/>
Is the site supervisor aware of the plan on how to monitor children taking one fruit, veg, or grain off-site for later consumption (congregate sites only)? Notes:	<input type="checkbox"/>
Does the site have a share table? If so, are only shelf-stable pre-packaged foods and whole fruits with non-edible peels placed on the share table? If not, review the approved plan from the health department to ensure the plan is being followed. Notes:	<input type="checkbox"/>
Closed (non-area eligible), Camps and Conditional Non-Congregate Sites Only: Is there documentation of children's income eligibility? Notes:	<input type="checkbox"/>

List any issues/concerns noted during the visit and any corrective actions initiated to eliminate them:

By signing below, the individual acknowledges that all items in this report are accurate and were discussed with the site supervisor.

Site Supervisor Name & Signature	Monitor Name & Signature	State Reviewer Name & Signature
Date:	Date:	Date:

Any area requiring correction must have documented follow up to ensure corrective action was implemented.

