

Florida Department of Agriculture and Consumer Services Division of Food, Nutrition and Wellness

SFSP SPONSOR SITE VISIT FORM

Sponsor Name:				Agreer	nent # 04-
Site Number/Name:			Site Supervisor:		
Site Address:					
Meal Type (circle one): BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER
Date of Visit:	Arriv	al Time:		_ Departure Time	:
	Section	n 1: Meal De	livery and	Servings	
# of Children in Attendance:			Approved Maximum:		
Time of Delivery:			# of Meals Delivered:		
Are Meals Verified at Delivery: YES NO			By Whom:		
Is there SAFE and AD	DEQUATE Storage fo	r Meals? 🗌 YE	S 🗌 NO		
Is the Site Clean?:	YES NO				
If NO, explain:					
APPROVED Meal Tin	ne:		ACTUAL Me	eal Time:	
Are meals marked at Point Of Service (POS)? YES			NO		
If NO, explain:	· · · · · · · · · · · · · · · · · · ·	, <u> </u>	_		
# of FIRST Meals Served:			# of SECOND Meals Served:		
		Section 2: E	Environme	nt	
If there is bad weathe	r, are the feeding fac	ilities adequate?	☐ YES ☐	NO	
If NO, explain:					
	Section 3: Do	cumentation	(if NO, exp	lain in remark	s)
(A) Daily Meal Count Sheets YES NO			(B) Site Supervisor's Record of Meals Served ☐ YES ☐ NO		
(C) Production Records ☐ YES ☐ NO			(D) Delivery Tickets YES NO		
			(F) Menu YES NO		
			(H) Is the "And Justice for All" poster posted? ☐ YES ☐ NO		
(I) Has the site provide	d the sponsor field trip	information?	YES 🗌 NO		
Remarks:					
Corrective Actions Re	equired:				
Signature, Site Supervisor			Signature, Sponsor Representative		

Note: The site visit must be conducted within the FIRST WEEK of program operation.