

**Summer Food Service Program (SFSP)  
Site Visit Form      Sponsor # \_\_\_\_\_**

**Check the appropriate box:**

- Preoperational Site Visit - To be completed before food service opens
- First Week Site Visit - To be completed during the first week of SFSP operation  
*(required unless written KSDE waiver is on file)*

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

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

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

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

Summary/Notes	
Improvement Needed	Corrective Action

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

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