

First Week Visit Form

Date of site visit: _____ Monitor's arrival time: _____ Departure time: _____

Site name: _____ Site address: _____

Discussion with site staff (list names): _____

Areas of Discussion

Notes and Observations

| | |
|---|--|
| Has the site supervisor attended training session? | |
| Are meals being counted and signed for? | |
| Are all required records being completed? | |
| Are meals served as second meals excessive? | |
| Do meals meet meal pattern requirements? | |
| Is there proper sanitation/storage? | |
| Is the site supervisor following procedures established to make meal order adjustments? | |
| Are meals served within appropriate time frames? | |
| Are all meals served and consumed onsite? (Note if State Agency and sponsor allow fruits or vegetables to be taken off site). | |
| Is each meal served as a unit? | |
| Are there any problems with delivery? | |
| Is there documentation of children's income eligibility, if applicable? | |
| Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place? | |

List any problems that were noted during the visit, and any corrective actions that were initiated to eliminate the problems:

_____ Site supervisor's signature

_____ Monitor's signature