

**Michigan Department of Education
Office of Health and Nutrition Services
Summer Food Service Program**

First Week Visit Form

Visit Date:		Monitor Name:	
Monitor Arrival Time: AM PM		Monitor Departure Time: AM PM	
Site Name:		Site # (in MEGS+):	
Site Address:			
Site Contact Name:		Operational Dates:	
MEAL SERVICE			
Type of Meal Service Observed: Breakfast		Lunch Snack Supper	
Approved Meal Service Start Time:		Average Daily Participation:	
Approved Meal Service End Time:		Approved Meal CAP (in MEGS+):	
Number of Meals Prepared/Ordered:		Number of Meals Served:	
SITE QUESTIONS		N/A	YES
Has each site staff person been trained by the sponsor?			
Are site staff following procedures to adjust meal orders daily?			
Is there proper sanitation/storage?			
Are meals counted and checked before signing the delivery ticket?			
Is the meal delivery process satisfactory?			
Do meals meet meal pattern requirements?			
Are meals served within the approved meal service times?			
Are meal counts taken at Point-Of-Service (POS) when the child receives the meal?			
Do meal count patterns suggest meals are not counted at POS? (delivered = served, same meal counts daily, multiples of 5) [No is Ok]			
Are second meals excessive? [No is ok]			
Are all meals served and consumed on-site?			
Does the site allow children to leave the site with a fruit, vegetable, or grain item (one per meal, per day, per child)? [No is ok]			
Are all children and staff aware of the above policy?			
Are meals served as a unit, or is the site approved for Offer vs. Serve?			
Are all required records up to date?			
Is there documentation of children's income eligibility, if applicable?			
Is the "Free Meals" poster visible to the community and includes meal types served, meal service times, and dates of operation?			
The "And Justice For All" poster must be provided by the sponsor. Is it posted where site participants can easily see it?			
CORRECTIVE ACTION REQUIRED			
Write the plan below and use the back of form or additional sheets as needed.			
Monitor Signature:		Date:	Time:
Site Contact Signature:		Date:	Time: