

First Week Visit Form

| Date of site visit: | Monitor's arrival time: | Departure Time: |
|--|---|--|
| Site name: | Site address: | |
| Discussion with site staff | (list names): | |
| | | |
| Area | s of Discussion | Notes and Observations |
| Has the site supervisor a | ttended training session? | |
| Are meals being counted | and signed for? | |
| Are all required records b | peing completed? | |
| Are meals served as seco | and meals excessive? | |
| Do meals meet meal patt | ern requirements? | |
| Is there proper sanitation | /storage? | |
| Is the site supervisor follomeal order adjustments? | owing procedures established to make | |
| Are meals served at the t | ime approved by the State agency? | |
| Are all meals served and (Note if State agency and grains to be taken off site | sponsor allow fruits/vegetables/ | |
| Is each meal served as a | unit? | |
| Are there any problems v | vith delivery? | |
| Is there documentation of c | hildren's income eligibility, if applicable? | |
| Is there an "And Justice fo on display in a prominent | or All" poster, provided by the sponsor, place? | |
| List any problems that we | ere noted, and any corrective actions th | at were initiated to eliminate the problems: |
| | | |
| | | |
| | | |
| Monitor's Signature | | Date |