### First Week Visit Form

#### Date of site visit: ___________ Monitor's Arrival time: ________ Departure time: ________

**Site name:** ____________________ **Site address:** ____________________

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1. **Are the following records maintained and available for review:**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit to operate a food service (self prep sites only)</td>
<td>Health Department Inspection Reports</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HACCP Records (school sponsors only)</td>
<td>Daily meal counts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery Receipts (vended sites only)</td>
<td>Labor records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water sample records (if not using public water supply)</td>
<td>Menu</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Production Records (self prep sites only)</td>
<td>Camp Permit (camps only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligibility Documentation (Camps/Closed Enrolled in non-needy areas only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If “No” to any of the above, ☐ the sponsor’s system to maintain records has been implemented at the site.

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2. **Has all site staff attended SFSP training?**
   - If no, ☐ sponsor contacted to establish date for next training.

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3. **Is the site notifying the sponsor of meal service changes including field trips?**
   - If no, ☐ staff has been retrained ☐ other ____________________

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4. **Is site staff counting meals as trained by the sponsor?**
   - If no, what corrective action was taken prior to the next meal service?
     - ☐ staff has been retrained ☐ disallow meals #___ ☐ other: ____________________

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5. **Have adjustments to meal production/ordering been made to limit second meals and leftovers?**
   - If no, ☐ adjustments made and staff retrained

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6. **Is the menu served as planned?** If no, explain why

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7. **Do all meals meet meal pattern requirements?**
   - If no, what corrective action was taken prior to the next meal service?
     - ☐ staff has been retrained ☐ disallow meals #___ ☐ other:

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8. **Does the site meet all Department of Health regulations regarding sanitation and storage?**
   - If no, ☐ the following corrective action will be immediately implemented:

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9. **Is site staff following the adult meal policy as trained by the sponsor?**
   - If no, ☐ site staff will begin implementing sponsor’s adult meal policy at the next meal service.

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10. **Are meals served at the approved meal service time?**
    - If no; ☐ sponsor notified of meal time changes ☐ staff retrained to serve meals at approved times

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11. **Are all meals served and consumed on site?**
    - If no, ☐ is site approved for and ensuring only fruits/vegetables or grain are taken off site?
      - ☐ staff has been retrained ☐ meals disallowed #___

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12. **Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?**
    - If no, ☐ poster is now on display.

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**Questions 13-15 apply to sites that receive delivered meals ONLY**

13. **Does site staff know how to handle breakdowns in delivery?**
    - If no, ☐ staff retrained on sponsor’s procedures to handle delivery breakdowns

14. **Are delivered meals being counted and signed for?**
    - If no, ☐ staff retrained on sponsor’s system to ensure delivered meals are counted and signed for.

15. **Are vended meals served as a unit?**
    - If no, ☐ sponsor contacted to resolve ☐ disallow meals #___ ☐ other ____________________

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I CERTIFY that this site has been visited and has the capability and facilities for the meal service planned for the number of children anticipated to be served, and that the information on this form is true and correct; that the sponsor is aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and federal criminal statues; and that this program will be available to all children regardless of race, national origin, sex, age or disability.

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**Site supervisor's name** ____________________ **Monitor’s name** ____________________

**Site supervisor's signature** ____________________ **Monitor’s signature** ____________________

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