

First Week Visit Form

Date of site visit: _____ Monitor's Arrival time _____ Departure time: _____
 Site name: _____ Site address: _____

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

Yes	No	N/A		Yes	No	N/A		
			Permit to operate a food service (self prep sites only)				Health Department Inspection Reports	
			HACCP Records (school sponsors only)				Daily meal counts	
			Delivery Receipts (vended sites only)				Labor records	
			Water sample records (if not using public water supply)				Menu	
			Production Records (self prep sites only)				Camp Permit (camps only)	
			Eligibility Documentation(Camps/Closed Enrolled in non-needy areas only)					
			If "No" to any of the above, <input type="checkbox"/> the sponsor's system to maintain records has been implemented at the site.					
			2. Has all site staff attended SFSP training? If no, <input type="checkbox"/> sponsor contacted to establish date for next training.					
			3. Is the site notifying the sponsor of meal service changes including field trips? If no, <input type="checkbox"/> staff has been retrained <input type="checkbox"/> other _____					
			4. Is site staff counting meals as trained by the sponsor? If no, what corrective action was taken prior to the next meal service? <input type="checkbox"/> staff has been retrained <input type="checkbox"/> disallow meals #___ <input type="checkbox"/> other:_____					
			5. Have adjustments to meal production/ordering been made to limit second meals and leftovers? If no, <input type="checkbox"/> adjustments made and staff retrained					
			6. Is the menu served as planned? If no, explain why _____					
			7. Do all meals meet meal pattern requirements? If no, what corrective action was taken prior to the next meal service? <input type="checkbox"/> staff has been retrained <input type="checkbox"/> disallow meals #___ <input type="checkbox"/> other:_____					
			8. Does the site meet all Department of Health regulations regarding sanitation and storage? If no, <input type="checkbox"/> the following corrective action will be immediately implemented:					
			9. Is site staff following the adult meal policy as trained by the sponsor? If no, <input type="checkbox"/> site staff will begin implementing sponsor's adult meal policy at the next meal service.					
			10. Are meals served at the approved meal service time? If no; <input type="checkbox"/> sponsor notified of meal time changes <input type="checkbox"/> staff retrained to serve meals at approved times					
			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 <input type="checkbox"/> meals disallowed #___					
			12. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place? If no, <input type="checkbox"/> poster is now on display.					

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

			13. Does site staff know how to handle breakdowns in delivery? If no, <input type="checkbox"/> staff retrained on sponsor's procedures to handle delivery breakdowns				
			14. Are delivered meals being counted and signed for? If no, <input type="checkbox"/> 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, <input type="checkbox"/> sponsor contacted to resolve <input type="checkbox"/> disallow meals #___ <input type="checkbox"/> other _____				

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 statutes; and that this program will be available to all children regardless of race, national origin, sex, age or disability.

Site supervisor's name _____
 Site supervisor's signature _____

Monitor's name _____
 Monitor's signature _____