

SFSP First Week Visit Form

Date of Site Visit: _____

Monitor's Arrival Time: _____ Monitor's Departure Time: _____

Sponsor Name: _____

Site Name: _____

Site Address: _____

Site Supervisor: _____ Additional Site Staff: _____

1. Has the Site Supervisor and other site personnel received training? Yes No
2. Are Point of Service meal counts properly taken and recorded? Yes No
3. Are all required records being completed? Yes No
4. Are second meals served? If yes, is this excessive? Yes No
5. Do meals meet meal pattern requirements? Yes No
6. Are proper food safety and sanitation practices followed during the receiving, storage, and preparation of food, service of meals, and handling of leftovers? Yes No
7. Is the meal adjustment procedure sufficient? Yes No
8. Are meals served during the time approved by the State Agency? Yes No
9. Are all meals served and consumed on-site? (It is up to the sponsor's discretion to allow **either** a fruit, vegetable, or grain to be taken off site). Yes No
10. Is there an "And Justice for All" non-discrimination poster on display in a prominent place?
 Yes No

List any problems that were noted and any necessary corrective actions: _____

Monitor's Name: _____

Monitor's Signature: _____

Date: _____