

## SITE FIRST WEEK VISIT FORM

Date of site visit: \_\_\_\_\_ Monitor's arrival time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Site Name: \_\_\_\_\_ Site Address: \_\_\_\_\_

Discussion with site staff (list names): \_\_\_\_\_

| Areas of Discussion  | Notes and Observations   |
|--|--------------------------|
| Has the site supervisor attended a training session?   |                          |
| Are meals being counted and signed for?  |                          |
| Are all required records being completed?  |                          |
| Are meals served as second meals excessive?  |                          |
| Do meals meet meal pattern requirements?   |                          |
| Is there proper sanitation/storage?  |                          |
| Is the site supervisor following procedures established to make meal order adjustments?  |                          |
| Are meals served at the time approved by the State agency?   |                          |
| Are all meals served and consumed onsite?<br>(Note: If Sponsor and local Health Regulations allows, one fruit/vegetable/grain can be taken off site)   |                          |
| Is each meal served as a unit?   |                          |
| Are there any problems with delivery?  |                          |
| Is there documentation of children's income eligibility, if applicable?  |                          |
| Is there an "And Justice for All" poster, provided by the Sponsor, on display in a prominent place?  |                          |
| List any problems that were noted during the visit, and any corrective actions that were initiated to eliminate the problems:  |                          |
|  |                          |
| By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise. |                          |
| Site Supervisor's Signature/Date   | Monitor's Signature/Date |

