

# First 2 Week Visit Form

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

Site name: \_\_\_\_\_ Site address: \_\_\_\_\_

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

Site type (check appropriate type):

Open  Restricted Open  NYSP  Camp  Closed Enrolled  Conditional Non-Congregate

Distribution Method (check all that apply):  Congregate  Non-Congregate - Meal Pick Up

Non-Congregate - Distribution Route  Non-Congregate - Home Delivery

Meal Service Options:  Multi-Day Meals  Parent/Guardian Pick-Up  OVS  Bulk Meals

Areas of Discussion	Notes and Observations
Has the site supervisor attended 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 on-site? (Note if State agency and sponsor allow fruits/vegetables/grains to 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, and any corrective actions that were initiated to remedy the problems:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Monitor's Signature \_\_\_\_\_

Date \_\_\_\_\_