

Approved Start Date in CNPweb: _____

Visit is due by: _____

SFSP Site Visit Form

To be completed within the first 2 weeks of operations
Required for each new site and any returning site that didn't operate last year or experienced operational problems

Date: _____

Time of Arrival: _____

Time of Departure: _____

Site Name: _____

Site Address: _____

Site Staff: _____

Areas of Discussion	Notes and Observations
Has site staff attended training?	
Are meals being counted at the point of service?	
Are all required records being completed?	
Are 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 counted consumed on-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?	
Does the site have field trips and have they been approved?	

List any problems that were noted, and any corrective actions that were initiated to eliminate problems:

Monitor's Signature: _____

Date: _____