



Initial Site Visit Form

Date of Site Visit:	Monitor Arrival Time:	Departure Time:
Site Name:		
Site Address:		
Discussion with Site Staff (list names):		

Please make any notes and observations to the following questions:

Has the site supervisor attended training sessions? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Are meals being counted and signed for? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Are all required records being completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Are meals served as second meals excessive? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Do meals meet meal pattern requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is there proper sanitation/storage? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is the site supervisor following procedures established to make meal order adjustments? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Are meals served and consumed on site? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is each meal served as a unit? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Are there any problems with delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is there documentation of children's income eligibility, if applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
Is there a non-discrimination poster, provided by the sponsor, on display in a prominent place? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
List any problems that were noted during the visit, an any corrective actions that were initiated to eliminate the problems:

Site Supervisor's Signature: _____ Date: _____

Monitor's Signature: _____ Date: _____