Start Date Approved in CNPweb:_____          First Week visit due by:_____

**Indiana**
DEPARTMENT OF EDUCATION

# SFSP First Week Visit Form

* To be completed for all sites within the first week of operation

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: _____