

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OR COMMUNITY FOOD AND NUTRITION ASSISTANCE SUMMER FOOD SERVICE PROGRAM

Monitor Site Review Form (For Self-Preparation Sites)

(Circle One) 1st Week Review 4th Week Review

Name of Sponsor Name of Site							
Date of Review Time of Arrival		Time of Depa	arture	Site Supervi	Site Supervisor		
Dates of Site Operation		Beginning Date		Ending Date		te	
Type of Site o Op	en o Enrolled o	Camp o Mi	igrant o C	Other			
Meal Service Review	ved o Breakfa	st o Lunch	oSupper	oSnack			
Approved Average Dai	ily Participation						
Breakfast Snack Lunch			Snack Supper				
Day of Visit	Breakfast	Lunch/	Supper Snack		Comments		
Number of Meals							
Prepared							
Number of First							
Meals Served							
Number of Second							
Meals Served							
Number of Meals							
To Program Adults							
Number of Meals to							
Non-Program Adults							
Number of Meals							
Leftover							
Food Items Served		Quantity Prepared	Servings Per Unit	Total Amount Available	Amount Needed	Comments	
			Yes	No	NA	Comments	
Does the meal served n	neet meal pattern requ	irements?					
Production records are maintained that show the amount of food prepared? Vended only							
Foods Served are creditable?							
Food is prepared, handled and served in a sanitary							
manner? Food preparer(s) maintain good personal hygiene and wash		 	1				
hands prior to the meal service?							
Facilities are clean and free from rodents and insects?							
Are meals served as a unit?							
Are meals consumed by participants on-site?							

	Yes	No	NA	Comments			
Are meals planned and prepared with one meal per							
participant in mind?							
Are more meals served as seconds than the 2% limit?							
Are accurate counts taken of meals served?							
Is required health department certification available for inspection?							
Is an inventory record being kept?							
Are receiving reports and purchase invoices kept?							
Does staffing pattern correspond to that listed on approved application?							
Has the site supervisor attended training?							
Are records of adult meals kept?							
Is there documentation of participants eligible for free or reduced-price meals available if applicable?							
Are the "And Justice for All" & "Federal Relay Service"							
posters provided by the sponsor, on display in a prominent place?							
Are meals served to all attending participants regardless of race, color, national origin, age, sex, or disability?							
Beneficiary Data							
Indicate the number of participants in attendance who are of Indicate the number (not percent) of participants in attenda categories). American Indian or Alaskan Native		•	(count indi	viduals in one or more awaiian or White			
☐ Corrective Action Plan:							
□ No Findings □ Findings (listed below) □ Findings (listed below) □ O N/A □ Follow-up Plan/Corrective Action Taken (listed below) □ Corrective Action Taken by Sponsor following Sanitation □ Inspection (listed below):							
The monitor conducted an Announced Site Review Un	nannounced S	Site Review_	List the	e reason for the type of review.			
Signature of Sponsor Monitor	Date						
Site Supervisor Signature	Date						