

## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA) SUMMER FOOD SERVICE PROGRAM (SFSP) MONITOR SITE REVIEW FORM (for Vended Sites)

NAME OF SPONSOR				NAME OF SIT	E				
DATE OF REVIEW				SITE SUPERVISOR					
TIME OF ARRIVAL		TIME OF DEPARTURE							
DATES OF SITE OPERATION		ı		ENDING DATE					
		1_							
MEAL SERVICE REVIEWED  Breakfast Lunch Suppe		Congregate							
TYPE OF SITE  Open Closed Enrolled ()	Camp	☐ Conditional N	lon-Co	ngregate	Other	,			
APPROVED AVERAGE DAILY PARTICIPATION									
BreakfastSr	nackLur	nch	_Snacl	Κ	Supp	erSnack			
Day of Visit	Breakfast	Lunch/Supp	er	Snac	k	Comments			
Number of Meals Delivered									
Time Meals Delivered									
Number of First Meals Served to Children									
Number of Second Meals Served									
to Children									
Number of Meals Served To									
Program Adults									
Number of Meals Served to Non- Program Adults									
Number of Leftover Meals									
Number of Incomplete/ Damaged									
Meals									
			Yes	s No	NA	Comments			
Are meals served within the approve									
Does the meal served meet meal pa									
Are adequate quantities of all food of	components served?								
Are production records maintained to document the amount of food prepared to the control of the									
Are foods served creditable?									
Is food prepared, handled, and serv	red in a sanitary manr	ner?							
Do food handlers maintain good per to the meal service?									
Are facilities clean and free from roo									
Are the meals counted before signir									
Are food temperatures taken when i			-	1					
Are meals checked for quality and c									
Is there proper sanitation or storage				-					
Are meals stored at safe temperature					-	-			
Are there provisions for storing or re				-	1				
Is the meal delivery schedule follow	eu :				<u> </u>				

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			Yes	No	NA	Co	omments				
Is the site supervisor following procedures established to make meal order adjustments?											
Are meals served as a unit?											
Are meals consumed by participants on site?											
Are meals ordered with											
Are an excessive numb	er of meals provided to b	e served as second meal	ls?								
Are accurate counts ta	ken of meals served?										
Does the site staffing p	attern correspond to th	at listed on the approved	t								
application?											
Has the site supervisor	r attended training?										
Are records of adult me											
Is there documentation meals available if appli	•										
display in a prominent											
	I attending participants	•									
orientation), or disabilit											
Are attendance records kept for closed enrolled sites, non-congregate sites, and camp sites?											
Beneficiary Data (Eth	nic and racial data mus	t be from a source in whi	ich the resp	ondent has	self-identifie	d and self-	reported.)				
Indicate the number of	participants in attendar	nce who are of Hispanic	or Latino ori	igin.							
Indicate the number of	participants in attendar	nce in each racial catego	ory.								
Alaskan Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander		Wh	ite	Undeclared				
Source:											
Corrective Action Pla	ın:										
☐ No Findings			Follow-up:								
	□ N/A										
Findings:	Correctiv	☐ Follow-up Plan/Corrective Action Taken ☐ Corrective Action Taken by Sponsor following Sanitation Inspection ☐ Follow-up Review planned by Sponsor									
The monitor conducted an Announced Site Review Unannounced Site Review											
SIGNATURE OF SPONSOR				DATE							
SITE SUPERVISOR SIGNATURE											

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