



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

**Monitor Site Review Form** (For Vended Sites)

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

Name of Sponsor		Name of Site			
Date of Review	Time of Arrival	Time of Departure	Site Supervisor		
Dates of Site Operation		Beginning Date	Ending Date		
Type of Site	<input type="checkbox"/> Open	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Camp	<input type="checkbox"/> Migrant <input type="checkbox"/> Other	
Meal Service Reviewed	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	<input type="checkbox"/> Snack	
Approved Average Daily Participation					
Breakfast	Snack	Lunch	Snack	Supper	
<b>Day of Visit</b>	<b>Breakfast</b>	<b>Lunch/Supper</b>	<b>Snack</b>	<b>Comments</b>	
Number of Meals Delivered					
Time Meals Delivered					
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					
Number of Incomplete/Damaged Meals					
		Yes	No		NA
Meals are served within the approved time frame?					
Does the meal served meet meal pattern requirements?					
Are adequate quantities of all food components served?					
Foods served are creditable?					
Food is prepared, handled and served in a sanitary manner?					
Do food handlers maintain good personal hygiene and wash hands prior to the meal service?					
Facilities are clean and free from rodents and insects?					
Are the meals counted before signing the delivery					
Are food temperatures taken when meals are delivered?					
Are meals checked for quality and completeness?					
Is there proper sanitation/storage available for delivered					
Are meals stored at safe temperatures?					
Are there provisions for storing or returning excess meals?					
Is the meal delivery schedule followed?					
Is the site supervisor following procedures established to make Meal or Order adjustments?					

	Yes	No	NA	Comments
meal order adjustments?				
Are meals served as a unit?				
Are meals consumed by participants on-site?				
Are meals ordered with one meal per participant in mind?				
Are more meals served as seconds than the 2% limit?				
Are accurate counts taken of meals served?				
Does the site staffing pattern correspond to that listed on				
Has the site supervisor attended training?				
Are records of adult meals kept?				
Is there documentation of participants eligible for free or				
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				
<b>Beneficiary Data</b>				
Indicate the number of participants in attendance who are of Hispanic, Latino or Spanish origin:				
Indicate the number (not percent) of participants in attendance in each racial category (count individuals in one or more categories).				
American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White
_____	_____	_____	_____	_____
<b>Corrective Action Plan:</b>				
<input type="checkbox"/> No Findings <input type="checkbox"/> Findings (listed below)		<b>Follow-up</b> <input type="checkbox"/> N/A <input type="checkbox"/> Follow-up Plan/Corrective Action Taken (listed below) <input type="checkbox"/> Corrective Action Taken by Sponsor following Sanitation Inspection (listed below):		
The monitor conducted an Announced Site Review ____ Unannounced Site Review _____. List the reason for the type of review chosen.				
Signature of Sponsor Monitor			Date	
Site Supervisor Signature			Date	