



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)  
 SUMMER FOOD SERVICE PROGRAM (SFSP)  
**MONITOR SITE REVIEW FORM (For Self-Preparation Sites)**

1st Week Review     4th Week Review

NAME OF SPONSOR		NAME OF SITE	
DATE OF REVIEW		SITE SUPERVISOR	
TIME OF ARRIVAL		TIME OF DEPARTURE	
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    \_\_\_\_\_ Snack

Day of Visit	Breakfast	Lunch/Supper	Snack	Comments
Number of Meals Prepared				
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				

Food Items Served	Quantity Prepared	Servings Per Unit	Total Amount Available	Amount Needed	Comments

	Yes	No	N/A	Comments
Are meals served within the approved time frame?				
Does the meal served meet meal pattern requirements?				
Are adequate quantities of all food components served?				
If production records are maintained, do they completely and accurately document the amount of food prepared? (Required for vended sites only.)				
Are foods served creditable?				
Is food prepared, handled, and served in a sanitary manner?				
Does the food preparer(s) maintain good personal hygiene and wash hands prior to the meal service?				
Are facilities clean and free from rodents and insects?				

	Yes	No	N/A	Comments
Are meals served as a unit?				
Are meals consumed by participants on site?				
Are meals planned and prepared with one meal per participant in mind?				
Are accurate counts taken of meals served?				
Is the 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?				
Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent location?				
Are meals served to all attending participants regardless of race, color, national origin, age, sex (including gender identity and sexual orientation), or disability?				

**Beneficiary Data** (Ethnic and racial data must be from a source in which the respondent has self-identified and self-reported.)

Indicate the number of participants in attendance who are of Hispanic or Latino origin.

Indicate the number of participants in attendance in each racial category.

Alaskan Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White	Undeclared

Source:

**Corrective Action Plan:**

<input type="checkbox"/> No Findings Findings:	Follow-up: <input type="checkbox"/> N/A <input type="checkbox"/> Follow-up Plan/Corrective Action Taken <input type="checkbox"/> Corrective Action Taken by Sponsor following Sanitation Inspection <input type="checkbox"/> Follow-up Review planned by Sponsor
---	--

The monitor conducted an  Announced Site Review  Unannounced Site Review

SIGNATURE OF SPONSOR MONITOR	DATE
SITE SUPERVISOR SIGNATURE	DATE