



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)

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 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	No	NA	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?				
Are production records maintained that completely and accurately document the amount of food prepared?				
Are foods served creditable?				
Is food prepared, handled, and served in a sanitary manner?				
Do food handlers maintain good personal hygiene and wash hands prior to the meal service?				
Are facilities clean and free from rodents and insects?				
Are the meals counted before signing the delivery receipt?				
Are food temperatures taken when meals are delivered?				
Are meals checked for quality and completeness?				
Is there proper sanitation or storage available for delivered meals?				
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 order adjustments?				
Are meals served as a unit?				

	Yes	No	NA	Comments
Are meals consumed by participants on site?				
Are meals ordered with one meal per participant in mind?				
Are an excessive number of meals provided to be served as second meals?				
Are accurate counts taken of meals served?				
Does the site staffing pattern correspond to that listed on the 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
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The monitor conducted an Announced Site Review Unannounced Site Review

SIGNATURE OF SPONSOR MONITOR	DATE
SITE SUPERVISOR SIGNATURE	DATE