



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
SUMMER FOOD SERVICE PROGRAM (SFSP)
SITE VISIT/REVIEW SCHEDULE

Instructions: Complete the information below and keep a copy of this form with your Summer Food Services Program (SFSP) records.

Sponsor Name: _____ **Sponsor Number:** _____

SITE NUMBER	SITE NAME	DATE OF SITE OPENING	NAME OF STAFF CONDUCTING VISIT/REVIEW	DATE OF PREOPERATIONAL VISIT	DATE OF 2ND WEEK REVIEW	DATE OF 4TH WEEK REVIEW

SITE VISIT/REVIEW SCHEDULE FORM OF THE SUMMER FOOD SERVICE PROGRAM

SITE NUMBER	SITE NAME	DATE OF SITE OPENING	NAME OF STAFF CONDUCTING VISIT/REVIEW	DATE OF PREOPERATIONAL VISIT	DATE OF 2ND WEEK REVIEW	DATE OF 4TH WEEK REVIEW