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)

☐ **2nd 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

MEAL SERVICE REVIEWED
☐ Breakfast ☐ Lunch ☐ Supper ☐ Snack

TYPE OF SITE
☐ Open ☐ Closed Enrolled ☐ Camp ☐ Migrant ☐ Conditional Non-Congregate ☐ Other

TYPE OF MEAL SERVICE
☐ Congregate ☐ Rural Non-Congregate

MODE OF NON-CONGREGATE MEAL DISTRIBUTION (CHECK ALL THAT APPLY)
☐ Parent/Guardian Pick-up ☐ Delivery to Homes ☐ Multi-Day Issuance - No. of Days _____ ☐ Unitized Meals ☐ Bulk Meals ☐ Other

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?				

	Yes	No	N/A	Comments
Are facilities clean and free from rodents and insects?				
Are attendance records kept for closed enrollment sites, non-congregate sites, and camp sites?				
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:

☐ No Findings

Findings:

Follow-up:
- ☐ N/A
- ☐ 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 MONITOR	DATE

SITE SUPERVISOR SIGNATURE	DATE