



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)

☐ 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 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?							

	Yes	No	NA	Comments	
Is the site supervisor following procedures established to make 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 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?					
Are attendance records kept for closed enrolled sites, non-congregate sites, and camp sites?					
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	