



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 SUMMER FOOD SERVICE PROGRAM

**Monitor Site Review Form (For Vended Sites)**

1<sup>st</sup> Week Review

4<sup>th</sup> Week Review

(Circle One)

Name of Sponsor	Name of Site
Date of Review	Site Supervisor

Dates of Site Operation	Beginning Date	Ending Date
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Type of Site	<input type="checkbox"/> Open	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Camp	<input type="checkbox"/> Migrant	<input type="checkbox"/> Other
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Meal Service Reviewed	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	<input type="checkbox"/> Snack
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Approved Average Daily Participation	_____ Breakfast	_____ Lunch	_____ Snack	_____ Supper	_____ Snack
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Day of Visit	Breakfast	Lunch/Supper	Snack	Comments
Number of Meals Delivered				
Time Meals Delivered				
Number of First Meals Served				
Number of Second Meals Served				
Number of Meals To Program Adults				
Number of Meals to Non-Program Adults				
Number of Meals Leftover				
Number of Incomplete/Damaged Meals				

	Yes	No	NA	Comments
Meals are served within the approved time frame?				
Does the meal served meet meal pattern requirements?				
Are adequate quantities of all food components served?				
Foods served are creditable?				
Food is prepared, handled and served in a sanitary manner?				
Do food handlers maintain good personal hygiene and wash hands prior to the meal service?				
Facilities are 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/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 more meals served as seconds than the 2% limit?				
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 a non-discrimination (“And Justice for All”) poster, provided by the sponsor, on display in a prominent place?				
Are meals served to all attending participants regardless of race, color, national origin, age, sex, or disability?				
<b>Beneficiary Data</b>				
Indicate the number of participants in attendance who are of Hispanic, Latino or Spanish origin:				
Indicate the number of participants in attendance in each racial category (count individuals in one or more categories).				
American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or other Pacific Islander	White
_____	_____	_____	_____	_____
<b>Corrective Action Plan:</b>				
Findings:		Corrective Actions:		
Signature of Sponsor Monitor				Date
Site Supervisor Signature				Date