

Emergency Summer Food Program SITE REVIEW FORM
 NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION
 CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS
 (Revised 10/2020)

NOTE: To be completed during first four weeks of operation.

School Name:		Site Reviewed:			
Site Contact Name:		Title:			
Site Address:		Telephone:			
Date of the site review:					
Open Site:			Restricted Open Site:		
Today's attendance:			Meal Distribution: Congregate Non Congregate		
Types of meals reviewed: (Check all that apply)	Breakfast	AM Snack	Lunch	PM Snack	Supper
Estimated number of meals served:					

Day of Visit	Breakfast	AM Snack	Lunch	PM Snack	Dinner
Time meals served (beginning and ending)					
Number of First meals served to children					
Number of Second meals served to children					
Number of Meals served to Program adults					
# Meals served to non-Program adults					
Number of Discarded meals (dropped, spoiled, incomplete meal, test meal*, etc.)					
Number of Meals leftover					

Put an "X" in either Yes or No

Site Review Questions	Yes	No
1. Does the staffing pattern correspond to that listed on the approved site sheet?		
2. Has the site and program staff attended the annual SFSP training session?		
3. Does the site have sufficient food service supervision?		
4. Are meals counted/checked before signing off on the meal tally sheet or entered into POS system?		
5. Are accurate meal counts taken of meals served?		
6. Are meals served as second meals excessive?		
7. Are records of adult meals being kept?		

8. Do meals meet approved menu?		
9. Do meals meet meal pattern requirements?		
10. Are meals checked for quality?		
11. Is there proper sanitation/storage?		
12. Are meals served within approved time frames?		
13. Is each meal served as a unit?		
14. Are there provisions for storing or returning excess meals or leftovers?		
15. Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?		
16. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?		
17. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?		
18. Is informational material concerning the availability and nutritional benefits of the program available in appropriate languages and translations are accurate?		
19. Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the program?		
20. Are there reasonable steps in place to ensure meaningful access to services for limited English proficient persons by providing information in the frequently encountered, non-English languages of individuals eligible to be served or likely to be affected by the program?		

Explain any "No" answers below:

Program Violations (for any "No" answers above) (NA if none)	Actual Count	Type of Meal
1. Adult meals included in count of meals served to children.		
2. Offsite consumption. (Do not include fruits/vegetables/grains – Traveling Apple Policy items)		
3. More than one meal served at one time to children.		
4. Meal pattern not met (specify):		
5. Meals not served as a unit.		
6. Meal serving times not met.		
7. Other program violations (specify):		

Check and explain if any of the following apply:

No records	Explanation:
Incomplete records	Explanation:
Poor sanitation	Explanation:
Other	Explanation:

ONLY IF CORRECTIVE ACTION IS NOTED (leave blank if no corrective action is needed)

Corrective action discussed with (Name and Title):
Corrective action taken:
Site supervisor's comments:
Further action needed by (date):

I certify that the above information is correct:

Reviewers' Signature	Date
Site Supervisor's Signature	Date
School Authorized Representative's Signature	Date