SUMMER FOOD SERVICE PROGRAM FOOD SERVICE REVIEW FORM

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS (Revised 4/2023)

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

				.				
Sponsor:		Site:						
Site Contact Name:				Title:				
Site Address:				Telephone:				
Date of site visit:		Monitor's arrival time:			Departure time:			
Site Supervisor:								
Open Site: □ Ca		Camp Site: □		1	Average daily participation (if applicable):			
Today's attendance:				Approved	meal ser	vice tin	ne:	
Types of meals reviewed:	Breakf	ast	AM Snack	Lun	ch	ΡN	// Snack	Supper
Approved level of service:								
Day of V	/ieit		Breakfast	AM Snac	·k lu	nch	PM Snack	Dinner

Day of Visit	Breakfast	AM Snack	Lunch	PM Snack	Dinner
# Meals delivered (if applicable)					
# Meals/milk from previous day					
Time meals delivered (if applicable)					
Time meals served					
# First meals served to children					
# Second meals served to children					
# Meals served to Program adults					
# Meals served to non-Program adults					
Discarded meals (dropped, spoiled, incomplete meal, test meal*, etc.)					
# 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 supervisor attended training session?		
3.	Does the site have sufficient food service supervision?		
4.	Are meals counted/checked before signing delivery receipt?		
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.	Is the site supervisor following procedures established to make meal order adjustments?		
13.	Are meals served within approved time frames?		
14.	Are all meals served and consumed on-site? (State agency allows for a child to take a self-contained fruits/vegetables/grains to be taken off site – see Traveling Apple Policy).		
15.	Does site have a place to serve children meals in case of inclement weather?		
16.	Is each meal served as a unit?		
17.	Is the meal delivery schedule followed?		
18.	Are there provisions for storing or returning excess meals?		
	Is there documentation of children's income eligibility, if applicable?		
	Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?		
	Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?		
22.	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?		
23.	Is informational material concerning the availability and nutritional benefits of the		
24.	program available in appropriate languages and translations are accurate? Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the program?		
25.	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?		
Explair	n any "No" answers below:		

	Prog	Actual Count	Type of Meal				
1.	Adult meals included in count of meals served to children.						
2.	Offsite consumption. (Do not Apple Policy items)						
3.	More than one meal served a						
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:					
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:							
Site Mo	Site Monitor's Signature Date						
Sponse	Sponsor Representative's Signature Date						