

# SUMMER FOOD SERVICE PROGRAM

## Sponsor Pre-Approval Site Visit

NORTH DAKOTA DEPARTMENT OF PUBLIC INSTRUCTION  
CHILD NUTRITION AND FOOD DISTRIBUTION PROGRAMS  
(Revised 4/2024)

Date of pre-approval visit:		Name of sponsor representative and title of person conducting the visit:	
Name of Sponsoring Organization:			
Site name:		Site address:	
Areas of Discussion		Notes and Observations	
Is this a brand-new site or is this an existing site new to Rural Non-congregate (RNC) meals? (Check one option)		Brand New Site  Existing Site New to RNC Meals	
In what capacity will the site operate? (Check one option)		Open  Closed Enrolled                      Upward Bound  Migrant                                      Camp  Conditional non-congregate (RNC meals only)	
Is the site located in a rural designated area?		Yes                      No	
Estimated start and end date of program operations:		Start  End	
What meal services will the site offer? (Check all that apply) NOTE: Up to two meal services for regular sites, up to three meal services for migrant, UB and camp sites		Breakfast                      AM Snack                      PM Snack  Lunch                              Supper	
How will meals be provided to participants?  <b>Congregate Meals Only:</b> How will congregated meals be provided to participants? (NA if not serving congregated meals) If Other, then explain:  <b>Rural Non-congregate Meals Only:</b> How will non-congregate meals be provided to participants? (NA if not serving non-congregate meals)		Congregate                      Rural non-congregate  Served in a cafeteria                      Outdoor meal service  Served in a classroom                      Other                      NA  Pick up by child                      Home Delivery                      NA  Pick up on site by parent or guardian	

<p>If providing meals via home delivery or pick up on site by a parent or guardian, have parent/guardian consent forms been completed by participants?</p> <p>If no, explain the site's plan to ensure that all participants will complete the parent/guardian consent form?</p> <p>Will meals be provided as bulk foods or unitized?</p> <p>Will the site utilize a single or multi-day meal issuance method?</p> <p>If multi-day, how many days' worth of meals will be provided during a distribution?</p>	<p>Yes                  No</p> <p>Unitized                  Bulk Meals</p> <p>Single Day                  Multi-Day</p> <p>Number of Days</p>
<p>How will meals be prepared for this site?</p>	<p>On-site in a self-prep kitchen</p> <p>Off-site in a self-prep kitchen (List the name of the food preparation facility)</p> <p>Meals will be purchased from:</p> <p style="padding-left: 40px;">Food Service Management Company</p> <p style="padding-left: 40px;">School Food Authority</p> <p style="padding-left: 40px;">Other Vendor</p>
<p>Are staffing resources sufficient to manage the program at this site?</p>	<p>Yes                  No</p>
<p>When will site staff complete SFSP training?</p>	<p>Date:</p>

**List any concerns or program responsibilities that need to be addressed that may indicate the inability of this site to operate the Summer Food Service Program:**

(If approved, any concerns or issues must be revisited during the initial site visit and the food service review.)

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Sponsor Signature:	Date:
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