

SFSP Pre-Operational Review Form Summer 2024

The Monitor, not a Food Service Management Company (FSMC) employee, SFSP Director, or Site Supervisor for the reviewed site, must complete this review for all new sites, existing sites new to non-congregate meal service, or problem sites, prior to program operation.

Date of Review: _____ Sponsor Name: _____

Site Name: _____

Site Address: _____

Site Phone Number: _____ Person to contact for use of site: _____

-----Type of Site Location:

- | | |
|--|---|
| <input type="checkbox"/> Apartment Complex | <input type="checkbox"/> Recreation Center |
| <input type="checkbox"/> Church | <input type="checkbox"/> Residential Camp |
| <input type="checkbox"/> Housing and Urban Development (HUD) Housing | <input type="checkbox"/> Rural Development (RD) Housing |
| <input type="checkbox"/> Library | <input type="checkbox"/> School |
| <input type="checkbox"/> Park | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Other | |

Estimated number of children in the area: _____

Site Type: ☐ Open ☐ Closed-Enrolled ☐ Non-Residential Camp ☐ Residential Camp

Appropriate eligibility information is on file: ☐ Yes ☐ No

☐ Rural ☐ Urban

☐ Congregate ☐ Non-Congregate ☐ Both

Is there another SFSP site within a ¼ mile? ☐ Yes ☐ No

If yes, provide the sponsor and site names: _____ ☐ N/A



If yes, explain how the sites will not serve the same populations for the same meals:

_____ ☐ N/A

Estimated number of personnel needed for meal service: _____

Does the site have:

- Adequate cooking facilities (if applicable)? ☐ Yes ☐ No ☐ N/A
- Adequate storage, including refrigeration for prepared or delivered food? ☐ Yes ☐ No
- If outside, shelter for inclement weather? ☐ Yes ☐ No ☐ N/A

Is the site a for-profit site? ☐ Yes ☐ No

Improvements or corrective actions needed before site operation (include corrective action due date): _____

For returning sites that experienced problems in the previous summer, list any deficiencies noted in the previous summer: _____

_____ ☐ N/A

I certify that the above information is correct.

Monitor Name: _____

Monitor Signature: _____ **Date:** _____

This institution is an equal opportunity provider.