

SFSP Pre-Operational Review Form Summer 2020

Date of Review: _____

Sponsor Name: _____

Site Name: _____

Site Address: _____

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

Type of Site:

- | | |
|--|---|
| <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: _____

Planned Site Type: Open Closed-Enrolled Non-residential Camp Residential Camp

Appropriate eligibility information is on file: Yes No

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
- Access to a telephone? Yes No

Is the site a for-profit? Yes No

Improvements or corrective actions needed before site operation: _____

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

Reviewer Name: _____

Reviewer Signature: _____ Date: _____

This institution is an equal opportunity provider.

