

## 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:

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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 physically accessible to persons with disabilities; are there ramps or elevators for persons with mobility disabilities?  Yes  No

Is the site a for-profit site?  Yes  No

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

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

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N/A

I certify that the above information is correct.

**Monitor Name:** \_\_\_\_\_

**Monitor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This institution is an equal opportunity provider.