

## SFSP Pre-Operational Review Form Summer 2020

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.

