

Requirement:
For all new and problematic sites. Must be completed prior to the beginning of Program Operation at this site.

Department of Health and Human Service
 Division of Public Health
 Summer Food Service Program

SPONSOR PRE-OPERATIONAL SITE VISIT

Sponsor Name:	Sponsor Number:
Site Name:	Site Telephone Number:
Site Address:	Contact Person:

Type of site: ___ Recreation Center ___ School (public) ___ Church
 ___ Playground ___ School (private) ___ Housing Development
 ___ Settlement house ___ Park ___ Childcare Facility
 ___ Residential Camp ___ Community Center ___ Other (specify) _____

Does the site participate in the CACFP? Yes No
 If Yes, Describe the significant change in enrollment or activity.

Estimated number of children the site could serve: _____
 Percentage of needy children in the area: _____ If by school data, indicate the school _____.
 If using census data, attach the census documentation.

Estimated number of personnel needed to adequately control the food service: _____
 How many supervisory personnel? _____

Is there another site in the area? Yes No
 Is this site within walking distance to another approved SFSP site? Yes No

If yes, how will you ensure children do not receive meals from both sites? _____

Is another site needed in the area? Yes No If yes, explain _____
 Are the present facilities adequate for an organized meal service? Yes No
 If answer is no comments: _____

What is the plan to maintain food temperature from delivery to service? _____

Is staff available at site to receive early deliveries, if vended? Yes No What time? _____

Does the site have the following?	Yes	No
Shelter for inclement weather		
Cooking facilities (if applicable)		
Place to store prepared or delivered food		
Refrigeration		
Telephone		
Planned activities		
Adequate bathroom facilities		
Arrangements made for prompt trash removal		
Place to keep site records		
Garbage facilities		

Type of meal preparation planned:

- ___ On site preparation
- ___ Catered by school Food Authority/vend
- ___ Delivered from central kitchen operated by sponsor/satellite site
- ___ Food Service Management Company/ vend
- ___ Other

If preparing meals on site:	Yes	No
Adequate staff is available to prepare and serve meals.		
Staff is trained in meal preparation.		
Proper food handling techniques are utilized including handwashing, gloves, table sanitizing, dishwashing sanitizing, pest control, and personal hygiene.		
Covered garbage cans are used and emptied daily.		
All surfaces and floors are clean		
Storage areas are clean, refrigerator, freezer, and milk cooler		
Storage area is available for two weeks food supply.		
Food is stored at least six inches off the floor.		
Thermometers Accurate		
Facility is dry between 50°-70°		
Cold 40°or below		
Food removed from packages is stored in covered containers.		
Cleaning supplies & pesticides are stored separately from food items.		
Chairs and tables are available for meal service to participants.		
Does the sponsor have a current food service certificate issued by the Local county health department? Review the most recent sanitation report. Date of Report_____		
In the opinion of the reviewer, is staff assigned to manage the program sufficiently knowledgeable and capable of carrying out all program requirements?		

Estimated Current Participation by Ethnic Group

Indicate method institution obtained information:

observation parents/guardian participant

Hispanic or Latino	Not Hispanic or Latino

Estimated Current Participation by Racial Group (leave boxes blank for those not included)

Indicate method institution obtained information:

observation parents/guardian participant

NOTE: Any review of site having only one race should include a statement indicating the general racial composition of the area the site serves.

# American Indian or Alaskan Native	# Asian	# Black or African American	# Native Hawaiian or Other Pacific Islander	# White	Total Numbers

All items must be answered numerically (no percentages). Do not use words "all" or "none".

Does the site have procedures on file for maintaining the confidentiality of beneficiary data collected on individuals and households? Circle one- **Yes** **No**

Explain Procedure: _____

Does sponsor review recommend approval of site? Yes No Provide justification to your response.

Reviewer's recommendations: _____

As note above, the reviewer has discussed the items with me. I understand that I am responsible for this information as it is presented in the Federal Regulations and the Handbooks provided to me as a sponsor.

Site Supervisor's Signature

Date

Sponsor/Reviewer's Signature

Date