

**NUTRITION DEPARTMENT**

**Directions:** Sponsors must complete this form each year for new sites, sites that experienced operational problems the previous year, and existing sites that are new to non-congregate meal service prior to operation.

SPONSOR NAME	AGREEMENT NUMBER	
MONITOR NAME	ARRIVAL TIME	DEPARTURE TIME
SITE NAME	SITE NUMBER	
SITE ADDRESS (City, State, and ZIP Code)		
SITE SUPERVISOR	SITE PHONE NUMBER (Include Area Code)	
DATE OF REVIEW	PROJECTED START DATE	PROJECTED END DATE
MAXIMUM CAPACITY	ESTIMATED PARTICIPATION	

**Type of site (check appropriate type):**

- ☐ School
 ☐ Church
 ☐ Residential Camp
 ☐ Playground
 ☐ Settlement House  
☐ Park
 ☐ Recreation Center
 ☐ Home Delivery
 ☐ Other (specify): \_\_\_\_\_

**Site Qualification:**

- ☐ Open
 ☐ Restricted Open
 ☐ Closed enrolled
 ☐ Migrant Site
 ☐ Conditional Non-Congregate
 ☐ Camp  
☐ Other (specify): \_\_\_\_\_

**Planned meal service(s):**

- ☐ Breakfast
 ☐ Lunch
 ☐ Supper
 ☐ A.M. Snack
 ☐ P.M. Snack

For estimated number of children above, does the site have: (If answer is no, additional comments are required by sponsor.)	Yes	No	N/A	Comments
Adequate staff to control the meal service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimate number of staff:
Adequate cooking facilities (e.g., burners, ovens)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate storage for prepared or delivered food (e.g., warming unit)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate refrigeration and freezer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage space for records at site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to a telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shelter for inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name and address of alternate site:

	Yes	No	N/A	Comments
Does the site have adequate tables and chairs for seating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the site clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is the site free of insects and rodents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have provisions been made for trash removal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have site staff received required Summer Food Service Program (SFSP) training	<input type="checkbox"/>	<input type="checkbox"/>		Date of training:

Describe the meal service model (e.g., congregate vs. non-congregate, daily meal pickup, etc.):

What types of organized activities are planned or are possible at this site?

Did the site have any deficiencies in the previous summer?

List any improvements or corrective actions needed before operations begin at the site:

Additional notes:

☐ I certify that the above information is correct.

\_\_\_\_\_  
*Digital or Original Signature from*  
MONITOR

\_\_\_\_\_  
DATE