

NUTRITION DEPARTMENT

Directions: Sponsors are required to complete this form for each new site, each site identified as having operational problems the prior year, and each existing site that is new to non-congregate meal service prior to operation. New sites are defined as ones that did not operate in the previous year or operated a different service model in the previous year (i.e., operated congregate meal service in the previous year and now are operating non-congregate).

SPONSOR NAME	AGREEMENT NUMBER	
SITE NAME	SITE NUMBER	
SITE ADDRESS (City, State, and ZIP Code)	SITE PHONE NUMBER (Include Area Code)	
SITE SUPERVISOR	SITE MONITOR NAME (This must be different from site supervisor.)	
DATE OF REVIEW	ARRIVAL TIME	DEPARTURE TIME
PROJECT START DATE	PROJECT END DATE	

Type of Site:

- School
 Church
 Residential Camp
 Playground
 Settlement House
 Library
 Park
 Recreation Center
 Health Care
 Mobile
 Other (specify): _____

Site Qualification:

- Open
 Restricted Open
 Closed Enrolled
 Camp
 Migrant Site
 NYSP
 Other (specify): _____

Meal Service Type:

- Congregate
 Non-Congregate Home Delivery
 Non-Congregate Pick-up
 Conditional Non-Congregate
 Hybrid

Planned Meal Service(s):

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

Anticipated Meal Service Times: _____

Meal Preparation:

- On-site
 Central Kitchen (specify address): _____
 Vendor (specify): _____

Estimated number of children the site could serve: _____ Estimated number of needy children in area: _____

Estimated number of personnel needed to adequately control the meal service: _____

Are the present facilities adequate for an organized meal service? YES NO

If no, explain: _____

Has site staff received required SFSP training? YES NO Date of Training: _____

For the estimated number of children, does the site have:	Yes	No
1. Shelter for inclement weather <i>(if applicable)</i> ? Name and Address of alternate site:	<input type="checkbox"/>	<input type="checkbox"/>
2. Adequate storage for prepared or delivered food?	<input type="checkbox"/>	<input type="checkbox"/>
3. Storage space for records at site?	<input type="checkbox"/>	<input type="checkbox"/>
4. Adequate cooking facilities <i>(if applicable)</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
5. Adequate refrigeration and freezer?	<input type="checkbox"/>	<input type="checkbox"/>
6. Access to a telephone?	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate tables and chairs for seating?	<input type="checkbox"/>	<input type="checkbox"/>

Additional questions for sites approved to serve non-congregate meals:	Yes	No
1. Does the site have adequate packaging for distributing off-site meals?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the distribution schedule align with information submitted on the site application in WINS?	<input type="checkbox"/>	<input type="checkbox"/>
3. For the Home Delivery Model , has parental consent been obtained for each household on the route?	<input type="checkbox"/>	<input type="checkbox"/>
4. For the Home Delivery Model , has the number of children living in the household been confirmed?	<input type="checkbox"/>	<input type="checkbox"/>
5. For the Home Delivery Model , do the parental consent forms contain the complete Non-Discrimination Statement?	<input type="checkbox"/>	<input type="checkbox"/>
6. For the Home Delivery Model , is each house verified to be in a rural area?	<input type="checkbox"/>	<input type="checkbox"/>
7. For the Pick-up Model , if parents/guardians are allowed to pick up meals on behalf of children in their household, has the number of children in the household been verified by the sponsor?	<input type="checkbox"/>	<input type="checkbox"/>
8. If more than one site is providing non-congregate meals, is the site following the documented procedures to ensure that duplicate meals are not distributed to the same child/household?	<input type="checkbox"/>	<input type="checkbox"/>
9. If distributing multiple days of meals or distributing food components in bulk, have menus and sample instructions been developed?	<input type="checkbox"/>	<input type="checkbox"/>

Additional question regarding possible operational problems that happened previously:	Yes	No
Did this site have any significant operational problems in the previous summer?	<input type="checkbox"/>	<input type="checkbox"/>

If this site had significant operational problems noted in the prior year, have those problems been sufficiently corrected/resolved?
Briefly describe trainings or other corrective action efforts needed or completed:

Site is approved to serve meals. *(If no, list the deficiencies prohibiting the sites approval below)*

Improvements or corrective actions needed before site operates:

I certify that the above information is correct.

Digital or Original Signature from
MONITOR

DATE