

Start Date: _____

(This form is to be completed prior to this date)



SFSP Pre-Operational Visit Form

Site Name: _____

Site Contact: _____

Site Address: _____

Phone Number: _____

Type of Site:

- School
- Park
- Church
- Playground
- Residential Camp
- Other: _____

Site Qualification:

- Area Eligible- Open
- Census Eligible- Open
- Closed Enrolled
- Migrant Site
- Camp

Estimated Number of personnel needed to control food service: _____

Are present facilities adequate for an organized meal service? _____

If the answer is no, please comment:

For the estimated number of children, does the site have:	Yes	No
Shelter for inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate cooking facilities? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Adequate storage for prepared or delivered food?	<input type="checkbox"/>	<input type="checkbox"/>
Storage space for records at site?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate refrigeration?	<input type="checkbox"/>	<input type="checkbox"/>
Access to a telephone?	<input type="checkbox"/>	<input type="checkbox"/>

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

Improvements or corrective action needed prior to operation:

Did the site have any deficiencies in the previous summer?

Monitor's Signature: _____

Date: _____