

SUMMER FOOD SERVICE PROGRAM

Pre-Operational Visit Form

Site name: _____ Site number: _____

Site address: _____

Site telephone number: _____

Person to contact for use of site: _____

Type of site (check appropriate type):

- | | |
|--|---|
| <input type="checkbox"/> Recreation center | <input type="checkbox"/> Residential camp |
| <input type="checkbox"/> School | <input type="checkbox"/> Play street |
| <input type="checkbox"/> Church | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Settlement house | <input type="checkbox"/> Other |
| <input type="checkbox"/> Park | |

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

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

Are the present facilities adequate for an organized meal service? Yes No

If answer is no, comments:

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 actions needed before site operates:

Did the site have any deficiencies in the previous summer?

Monitor's Signature

Date