SUMMER FOOD SERVICE PROGRAM (SFSP)
PRE-OPERATIONAL VISIT WORKSHEET

Site Name: _____Site Number: _____
Site address: _____
Site telephone number: _____
Person to contact for use of site: _____

1. Type of site (Check appropriate type):
   _____Recreation center
   _____School
   _____Church
   _____Playground
   _____Settlement House
   _____ Park
   _____ Residential Camp
   _____ Other
2. Type of meal service used at this site:
   _____ Self-prep
   _____ Meals delivered to site
   Times delivered: _____ From what location: _____
   _____Components delivered from Sponsor, but prepared on site
3. Estimated number of children the site could serve: _____
4. Estimated number of needy children in area: _____
5. Estimated number of personnel needed to adequately control the food service: _____
6. Is another site needed in this are? _____Yes _____No
7. Are the present facilities adequate for an organized meal service? _____Yes _____ No
   If answer is no, comments: _____

8. For the estimated number of children, does the site have:

	Yes	No
Shelter for inclement weather?	_____	_____
Adequate cooking facilities (if applicable)?	_____	_____
Adequate storage for prepared or delivered food?	_____	_____
Storage space for records at site?	_____	_____
Adequate refrigeration?	_____	_____
Access to a telephone?	_____	_____

9. List types of organized activities that are possible or planned at this site? _____

10. Improvements or corrective actions needed before site operates: _____

By signing this report, I certify to the best of my knowledge and belief that the report is true, Complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise.

_____ _____
Monitor's Signature Date