

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: _____

Non-congregate (NC) site: _____ Congregate(C) site: _____ Both NC/C site: _____

1. Type of site (Check appropriate type):

<input type="checkbox"/> Recreation center	<input type="checkbox"/> Residential Camp	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Other
<input type="checkbox"/> School	<input type="checkbox"/> Play Street	<input type="checkbox"/> Libraries	
<input type="checkbox"/> Church	<input type="checkbox"/> Playground	<input type="checkbox"/> Rural Development (RD)/	
<input type="checkbox"/> Park	<input type="checkbox"/> Settlement house	Housing and Urban	
		Development (HUD)	

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 area? _____ 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?	_____	_____
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 below, I certify that the above information is true and accurate:

Monitor's Signature:

Date: