

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	_____ Park
_____ School	_____ Residential Camp
_____ Church	_____ Other
_____ Playground	
_____ Settlement House	

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 (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