

Pre-Operational Site Visit Form

SUMMER FOOD SERVICE PROGRAM



Visit Date:			Monitor Name:				
Site Name:			Site #				
Site Address:							
Site Contact Name:			Site Contact Number:				
SITE INFORMATION							
Recreation Center	☐	Apartment Complex	☐	Camp	☐	Library	☐
School	☐	Community Center	☐	Park	☐	RD/HUD	☐
Church	☐	Playground	☐	Mobile Home Park	☐	Healthcare	☐
Estimated number of needy children in the area:							
Estimated number of children the site will serve:							
Estimated number of personnel needed to adequately control food service:							
Anticipated dates of site operation		Start:		End:			
Anticipated type and time of meals served							
Breakfast		Lunch		Snack		Supper	
Start:		Start:		Start:		Start:	
End:		End:		End:		End:	
FACILITIES						YES	NO
For the estimated number of children indicated above, does the site have:							
Shelter from inclement weather?							
Adequate cooking facilities (if applicable)? N/A							
Storage for prepared or delivered food?							
Storage space for records at the site?							
Access to refrigeration (if applicable)? N/A							
Access to a phone or cellular service available?							
Access to the internet?							
Has the safety of the site and the surrounding area been assessed?							
Is the site and the safety of the area reviewed with the local law enforcement agency?							
Rural: is this site within 1 mile of another site? Urban: is this site within 0.5 miles of another site?							
If yes, explain why an additional site is necessary in the area:							
MISCELLANEOUS							
Describe the meal service model (e.g., multiple meal distribution, congregate vs. non-congregate, etc.):							
List any improvements or corrective actions needed before this site operates:							
SIGNATURE							
Monitor Signature:				Date:		Time:	