Summer Food Service Program (SFSP)

Pre-Operational Site Visit Form        Sponsor # ________
To be completed before food service opens

Site Name: __________________________ Date of Site Visit: ________________

Names of site personnel interviewed: ____________________________________________

**Site Description:**

☐ Open site ☐ Enrolled site
Type of site: (park, school, library, church, camp, etc.) ____________________________
Estimated number of children the site could serve: ________________________________
Estimated number of needy children in the area: ________________________________
Estimated number of personnel needed to adequately operate the meal service program: __________

**For the estimated number of children, does the site have:**

☐ Yes ☐ No ☐ NA Shelter for inclement weather?
☐ Yes ☐ No ☐ NA Adequate cooking facilities?
☐ Yes ☐ No ☐ NA Adequate storage for prepared or delivered food?
☐ Yes ☐ No ☐ NA Storage space for records at site?
☐ Yes ☐ No ☐ NA Adequate refrigeration?
☐ Yes ☐ No Access to a telephone/communication method?
☐ Yes ☐ No Adequate staffing and supervision plan?

What type of organized activities are possible or planned at this site?
__________________________________________________________________________________
__________________________________________________________________________________

☐ Yes ☐ No Site has facilities to provide meal service for the anticipated number of children in attendance and the capability to conduct the proposed meal service. **If no, explain below.**

**Summarize findings, problems and corrective actions determined necessary to correct operational problems.**

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<tr>
<th>Improvement Needed</th>
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Site Supervisor’s Signature/Date __________________________ Monitor’s Signature/Date __________________________