

## SFSP Pre-Operational Visit Form

**FOR:** NEW sites and sites with problems the previous year

|   |                     |                    |  |  |  |
|---|---------------------|--------------------|--|--|--|
| <b>Sponsor Name</b>   |                     |                    | <b>Site Name/Location</b>  |  |  |
| <b>Visit Date</b>   | <b>Arrival Time</b> | <b>Depart Time</b> | <b>Contact Person</b>  |  |  |
| <b>Type of Site</b><br><input type="checkbox"/> Recreation Center <input type="checkbox"/> Park<br><input type="checkbox"/> School <input type="checkbox"/> Residential camp<br><input type="checkbox"/> Church <input type="checkbox"/> School<br><input type="checkbox"/> Playground <input type="checkbox"/> Other - Describe<br><input type="checkbox"/> Settlement house |                     |                    | <b>Describe Summer Activities Planned</b>  |  |  |
| <b>Estimated Number to be Served:</b>   |                     |                    | <b>Estimated Number of Needy Children in Area</b> (name of nearest Elementary School, if applicable):                              |  |  |
| <b>Requesting (circle):</b><br>Breakfast, Snack, Lunch, Supper  |                     |                    | <b>Anticipated Meal Service Times:</b>   |  |  |
| <b>Intended Site Type (circle one):</b><br>open, restricted open, enrolled, camp, migrant, NYSP   |                     |                    | <b>Anticipated Dates of Operation</b><br><b>Start:</b><br><b>End:</b>  |  |  |
| <b>YES</b>  | <b>NO</b>           | <b>N/A</b>         | <b>Does Site Have?</b>   |  |  |
|   |                     |                    | 1. Is there another site that can provide meal service in area?  |  |  |
|   |                     |                    | 2. Adequate facilities for an organized meal service?  |  |  |
|   |                     |                    | 3. Shelter for inclement weather?  |  |  |
|   |                     |                    | 4. Adequate cooking facilities (if applicable)?  |  |  |
|   |                     |                    | 5. Adequate storage for prepared or delivered food?  |  |  |
|   |                     |                    | 6. Sufficient personnel to adequately control food service?  |  |  |
|   |                     |                    | 7. Storage space for records at site?  |  |  |
|   |                     |                    | 8. Adequate refrigeration?   |  |  |
|   |                     |                    | 9. Access to phone?  |  |  |
|   |                     |                    | 10. Has site personnel attended sponsor training? If not, provide information regarding sponsor training dates for site personnel. |  |  |
| <b>Comments/Certification</b>   |                     |                    |  |  |  |
| <b>Comments</b>   |                     |                    |  |  |  |
| <p>I certify that the above information is correct:</p><br><br><br><br><br><br><br><br><br><br><hr style="width: 25%; margin-left: 0;"/>  |                     |                    |  |  |  |
| Monitor's signature   |                     |                    | Date   |  |  |
| <p><b>NOTE:</b> Governmental and private nonprofit sponsors can only provide food service at sites which they directly operate.</p>   |                     |                    |  |  |  |