

Sample Pre-Operational Visit Form

Site name: _____ Site number: _____

Site address: _____

Site telephone number: _____

Person to contact for use of site: _____

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)/Housing and Urban Development (HUD) | |
| <input type="checkbox"/> Park | <input type="checkbox"/> Settlement house | | |

Estimated number of children the site could serve: _____ Estimated number of needy children in area: _____

Estimated number of personnel needed to adequately control the food service: _____

Are the present facilities adequate for an organized meal service? Yes No

If answer is no, comments:

For the estimated number of children, does the site have: Yes No

Shelter for inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate cooking facilities (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate storage for prepared or delivered food?	<input type="checkbox"/>	<input type="checkbox"/>
Storage space for records at site?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate refrigeration?	<input type="checkbox"/>	<input type="checkbox"/>
Access to a telephone?	<input type="checkbox"/>	<input type="checkbox"/>

Is this site for-profit? Yes No

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

Improvements or corrective actions needed before site operates:

Did the site have any deficiencies in the previous summer?

 Monitor's Signature

 Date