

Office of the State Superintendent of Education
Summer Food Service Program
PRE-OPERATIONAL VISIT MONITORING FORM
(Sponsor use)

Today's Date:		Site Number:	
Site Name:		Site Phone Number:	
Site Address:			
Contact Person			

1. Type of Site:	X		X
Church		Residential Camp	
Day Camp		School	
Park		Settlement House	
Playground		Other	
Recreation Center			
2. Estimated number of children the site could serve:			
3. Estimated number of needy children in the area:			
4. Estimated number of personnel needed to adequately manage the food service:			
		Yes	No
5. Is another site needed in this area?			
6. Are the present facilities adequate for an organized meal service?			
7. For the estimated number of children, does the site have:			
Shelter for inclement weather?			
Adequate food production/service facilities?			
Adequate storage for prepared or delivered food?			
Adequate refrigeration?			
Access to a telephone?			
8. What type of activities are possible or planned at this site?			

9. Indicate required corrective action prior to site operating:

I certify that the above information is true and correct to the best of my knowledge.

Signature of Site Supervisor

Date

Signature of Monitor

Date