**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):

- [ ] Recreation center
- [ ] Residential camp
- [ ] School
- [ ] Play street
- [ ] Church
- [ ] Playground
- [ ] Park
- [ ] Settlement house
- [ ] Healthcare
- [ ] Libraries
- [ ] Rural Development (RD)/Housing
- and Urban Development (HUD)
- [ ] Other

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:

<table>
<thead>
<tr>
<th>For the estimated number of children, does the site have:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shelter for inclement weather?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate cooking facilities (if applicable)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate storage for prepared or delivered food?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Storage space for records at site?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate refrigeration?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access to a telephone?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 ___________________________