Initial/Pre-Operational Visit Form

Site name:	Sit	e number:	
Site address:			
Site telephone number:	Person to con	tact for use of site:	
Type of site (check appropriate type	e):		
SchoolPlaChurchPla	sidential camp y street lyground ttlement 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:	
Site type (check appropriate type):			
Open 🗌 Restricted Open 🗌 NYSP 🗌 Camp 🗌 Closed Enrolled 🗌 Conditional Non-Congregate			
Distribution Method (check all that apply): 🔲 Congregate 🗌 Non-Congregate - Meal Pick Up			
🗌 Non-Congregate - Distribution Route 🛛 🗌 Non-Congregate - Home Delivery			
Meal Service Options: 🗌 Multi-Day Meals 🔲 Parent/Guardian Pick-Up 🔲 OVS 🗌 Bulk Meals			
Are the present facilities adequate for an organized meal service? 🛛 Yes 🗌 No			
If no, provide comments:			
For the estimated number of childr Shelter for inclement weather? Adequate cooking facilities (if app Adequate storage for prepared on Storage space for records at site? Adequate refrigeration? Access to a telephone? Is this site for-profit? Yes No What types of organized activities a	plicable)? r delivered food?		
Improvements or corrective actions needed before site operates:			
Did the site have any deficiencies in the previous summer?			
Monitor's Signature		Date	
Thi	is institution is an equ	ual opportunity provider.	

S MMER FOOD SERVICE P R O G R A M