

PRE-OPERATIONAL VISIT WORKSHEET

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"/> Park |
| <input type="checkbox"/> School | <input type="checkbox"/> Residential camp |
| <input type="checkbox"/> Church | <input type="checkbox"/> Play street |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Other |
| <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: _____

Is another site needed in this area? Yes No

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? | _____ | _____ |
| Adequate cooking facilities (if applicable)? | _____ | _____ |
| Adequate storage for prepared or delivered food? | _____ | _____ |
| Storage space for records at site? | _____ | _____ |
| Adequate refrigeration? | _____ | _____ |
| Access to a telephone? | _____ | _____ |

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

Improvements or corrective actions needed before site operates:

Monitor's Signature

Date