SFSP Pre-Operational Visit Form						
					ility issues and need to be reassessed prior to meal service.	
Sponsor Name					Site Name/Location	
Visit Date Arrival Time Depart Time				Depart Time	Contact Person	
Type of Site					Describe Summer Activities Planned	
Recreation Center Park						
School Residential camp						
☐ Church ☐ School						
☐ Playground ☐ Other - Describe						
Settlement house						
Estimated Number to be Served:					Estimated Number of Needy Children in Area (name of nearest Elementary School, if applicable):	
Requesting (circle):					Anticipated Meal Service Times:	
Breakfast, Snack, Lunch, Supper						
Intended Site Type (circle one):					Anticipated Dates of Operation	
open, restricted open, enrolled, camp, migrant, NYSP					Start:	
					End:	
YES	NO	N/A	Does Site Have?			
			1. Is there another site that can provide meal service in area?			
			2. Adequa	ate facilities for an o	organized meal service?	
			3. Shelter	for inclement wea	ther?	
			4. Adequa	ate cooking facilitie	es (if applicable)?	
	5. Adequate storage for prepa				pared or delivered food?	
	6. Sufficient personnel to ade				equately control food service?	
7. Storage space for records a				e space for records	at site?	
8. Adequate refrigeration?				ate refrigeration?		
9. Access to phone or internet				to phone or interne	et, if needed?	
			10. Has site personnel attended sponsor training? If not, provide information regarding sponsor training dates for site personnel.			
Comments/Certification						
Comments						
Locatify that the above information is convert.						
I certify that the above information is correct:						
Monitor's signature Date						
NOTE: Governmental and private nonprofit sponsors can only provide food service at sites which they directly operate.						