



Pre-Operational Visit Form

Site Name: _____ Date of Visit: _____
 Site Address: _____ Meal Observed: _____
 Site Telephone Number: _____ Monitor's Arrival Time: _____ Departure Time: _____
 Site Supervisor Name: _____
 Discussion with site staff (list names): _____

Site Type: Open Closed Enrolled Camp NYSP Migrant Upward Bound Mobile

Location of Site : Church Park Playground Play Street Recreation Center Residential Camp
 School Settlement House Libraries Rural Development (RD)/Housing and Urban Development (HUD)
 Healthcare Apartment Community Center Other: _____

Geographical Location of Site: Urban Rural

Site Meal Service: Congregate Non-congregate (rural sites only) Hybrid (both congregate and non-congregate)
 Conditional Non-congregate

Non-congregate Meal Service Model: Home Meal Delivery Parent/Guardian Pick-up OVS (SFAs only)
 Multi-day Distribution (*if selected, indicate the multi-day distribution method(s) below*)
 Bulk Food Distribution
 Single-day Unitized Meal Distribution

Estimated number of children the site could serve: _____ Estimated number of needy children in the area: _____
 Estimated number of personnel needed to adequately control the food service: _____

For the estimated number of children, does the site have:

| | | | |
|--|------------------------------|-----------------------------|------------------------------|
| Shelter for inclement weather? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Adequate cooking facilities (if applicable)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Adequate refrigeration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Adequate storage for prepared or delivered food? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| A current health inspection on file (self-prep sites)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Storage space for records at site? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Access to a telephone? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Is the present facility adequate for an organized meal service? Yes or No
 Is an additional site needed in this area? Yes or No
 Is this a for-profit site? Yes or No

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

List any problems that were noted during the visit and any corrective action(s) that were initiated to eliminate the problem(s).

| | |
|-----------------|---------------------------|
| Problems | Corrective Actions |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Site Supervisor's Signature

Monitor's Signature