

## SUMMER FOOD SERVICE PROGRAM PRE-OPERATIONAL SITE VISIT FORM

100 North First Street, W-270 Springfield, Illinois 62777-0001

## **NUTRITION DEPARTMENT**

**Directions**: Sponsors must complete this form each year for new sites, sites that experienced operational problems the previous year, and existing sites that are new to non-congregate meal service prior to operation.

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SPONSOR NAME			AGREEMENT NUMBER					
MONITOR NAME			ARRIVAL TIME			DEPARTURE TIME		
SITE NAME			SITE NUMBER					
SITE ADDRESS (City, Sta	te, and ZIP Code)							
SITE SUPERVISOR			SITE PHONE NUMBER (Include Area Code)					
DATE OF REVIEW			PROJECT START DATE					
SITE NAMECAPACITY			ESTIMATE PARTICIPATION					
Type of site (check appropriate type):								
School	ol Church Residential C				Camp Playground Settlement House			
Park Recreation Center Other (specify):								
Site Qualification:								
☐ Open ☐ Closed enrolled ☐ Migrant Sit				te Camp Other (specify):				
Planned meal service(s):								
☐ Breakfast ☐ Lunch ☐ Supper ☐ A.			M. Snack					
If answer is no, additional comments are required by sponsor.								
For estimated number of children above, does the site have:			Yes	No	N/A	Comments		
Adequate staff to control the meal service?						Estimate number of staff:		
Adequate cooking facilities (if applicable)?								
Adequate storage for prepared or delivered food?								
Storage space for records at site?								
Adequate refrigeration?								
Access to a telephone?								
Shelter for inclement weather?						Name and address of alternate site:		

Have site staff received required SFSP training?	
Date of SFSP training:	
Describe the meal service model (e.g., congregate vs. non-congregate, daily meal pickup, etc.):	
What types of organized activities are planned or are possible at this site?	
Light the site have any deficiencies in the previous summer?	
Did the site have any deliciencies in the previous summer?	
List any improvements or corrective actions needed before operations begin at the site:	
Additional notes:	
Additional notes.	
☐ I certify that the above information is correct.	
Digital or Original Signature from DATE	
MONITOR	