

**DELAWARE DEPARTMENT OF EDUCATION
SUMMER FOOD SERVICE PROGRAM
PRE-OPERATIONAL SITE VISIT FORM**

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

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