

PRE-OPERATIONAL VISIT / SITE SELECTION WORKSHEET

Sponsor Name _____ IRN # _____

Site Name: _____

Site Address: _____

Site telephone number: _____

Person to contact for use of site: _____

Type of site (check appropriate type):

_____	Recreation Center	_____	Park
_____	School	_____	Residential Camp
_____	Church	_____	Settlement House
_____	Playground	_____	Other (name)
_____	Community Center		

If site is not a unit of Sponsoring Agency, the site organization has provided documentation of non-profit status:
_____ Yes _____ No _____ Not Applicable (if yes, attach the documentation with this form)

If site is a for-profit site, site has agreed to be an open site: _____ Yes _____ No _____ Not Applicable

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 "no", comments _____

For estimated number of children does the site have:	Yes	No
Shelter from inclement weather	_____	_____
Adequate cooking facilities (if applicable)	_____	_____
Adequate storage for prepared or delivered food	_____	_____
Storage space for records at site	_____	_____
Site appears meet adequate safety and sanitation standards	_____	_____
Access to a telephone	_____	_____

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

Improvements or corrective actions needed before site operates: _____

I certify that the above site has been visited and has the capability to serve meals for the number of children anticipated to attend.

Sponsor/Monitor Signature: _____ Date _____

Site Representative Signature: _____ Date _____

Revised 02/13