

SFSP Sponsor Pre-Operational Site Visit Form



To be completed before start date for all new sites, sites that skipped a year of operation, or sites with health or safety concerns in a prior year.

Visit Date:	Monitor Name:		
Site Name:	CNPwebSite #:		
Site Address:			
Site Contact Name:	Site Contact Phone #:		
SITE INFORMATION			
Apartment Complex <input type="checkbox"/>	Mobile Route Stop <input type="checkbox"/>	Library <input type="checkbox"/>	Park/Playground <input type="checkbox"/>
Camp <input type="checkbox"/>	Community Center <input type="checkbox"/>	Mobile Home Park <input type="checkbox"/>	School Building <input type="checkbox"/>
Church <input type="checkbox"/>	Healthcare Facility <input type="checkbox"/>	Rural Non-Congregate Distribution Site <input type="checkbox"/>	
Estimated Number of Eligible Children in the Area:			
Estimated Number of Children the Site will Serve:			
Estimated Number of Personnel Needed to Adequately Control Food Service:			
Anticipated Dates of Site Operation	Start:	End:	
Select meals to be served (max of 2) and enter meal service times			
Breakfast	Lunch	Snack	Supper
Start:	Start:	Start:	Start:
End:	End:	End:	End:
FACILITIES			YES NO
For the estimated number of children indicated above, does the site have:			
Shelter from inclement weather?			
Adequate cooking facilities (if applicable)?		N/A	
Storage for prepared or delivered food?			
Storage space for records at the site?			
Access to refrigeration?			
Access to a phone?			
Access to internet for connecting to POS?			
Is this site within a quarter mile of another SFSP site?			
If yes, explain why an additional site is necessary in this area:			
MISCELLANEOUS			
Describe the meal service model (e.g., multiple meal distribution, congregate vs. non-congregate, etc.)			
List any improvements or corrective actions needed before this site operates:			
SIGNATURE			
Monitor's Signature:	Date:	Time:	