



### Pre-Operational Site Visit Worksheet

<b>Site Name:</b>	<b>Site CTDs Number:</b>
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<b>Site Address:</b>
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<b>Site Phone Number:</b>	<b>Site Contact:</b>
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**Type of Site (check appropriate type):**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Recreation Center | <input type="checkbox"/> Park             | <input type="checkbox"/> Playground       |
| <input type="checkbox"/> School            | <input type="checkbox"/> Residential Camp | <input type="checkbox"/> Settlement House |
| <input type="checkbox"/> Church            | <input type="checkbox"/> Play Street      | <input type="checkbox"/> Other            |

Estimated number of children site could serve:	Estimated number of needy children in area:
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Estimated number of personnel needed to adequately control the food service:
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- Is another site needed in this area?  Yes  No
- Are the present facilities adequate for an organized meal service?  Yes  No

Is answer is no, comments:
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**For the estimated number of children, does the site have?**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Shelter for inclement weather?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adequate cooking facilities (if applicable)?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adequate storage for prepared or delivered food? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Storage space for records at a site?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Adequate refrigeration?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Access to a telephone?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What types of organized activities are possible or planned at this site?
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Improvements or corrective actions needed before site operates:
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Monitor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_