

Office of the State Superintendent of Education
DC Free Summer Meals Program
PRE-OPERATIONAL VISIT MONITORING FORM

Today's Date:		Site Number:	
Site Name:		Site Phone Number:	
Site Address:			
Contact Person			

1. Type of Site:	<input type="checkbox"/> Open Site	or	<input type="checkbox"/> Open Restricted Site		<input type="checkbox"/> Closed/Enrolled
Church			Residential Camp		
Day Camp			School		
Park			Settlement House		
Playground			Other		
Recreation Center					

2. Estimated number of children the site could serve:		
3. Estimated number of needy children in the area:		
4. Estimated number of personnel needed to adequately manage the food service:		
	Yes	No
5. Is another site needed in this area?		
6. Is the present facility adequate for an organized meal service?		
7. For the estimated number of children, does the site have:		
Shelter for inclement weather?		
Adequate food production/service facilities?		
Adequate storage for prepared or delivered food?		
Adequate refrigeration?		
Access to a telephone?		
8. What type of activities are planned at this site?		

9. Indicate required corrective action prior to site operating:

I certify that the above information is true and correct to the best of my knowledge.

Name & Signature of Site Supervisor

Date

Name & Signature of Monitor

Date