

**Michigan Department of Education
Office of Health and Nutrition Services
Summer Food Service Program**

☐ Check if Not Applicable

Pre-Operational Visit Form

Visit Date:		Monitor Name:	
Site Name:		Site # (in MEGS+):	
Site Address:			
Site Contact Name:		Site Contact Phone #:	
SITE INFORMATION			
Apartment Complex	Clinic	Library	Park/Playground
Camp	Community Center	Mobile Home Park	School Building
Church	Healthcare Facility	Rural Development/Housing & Urban Development	
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:
Anticipated Meals Site Will Serve and 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 telephone?			
Access to internet for Meet Up and Eat Up Meal Counting App?			
Is this site in direct competition with a nearby site?			
If yes, explain why an additional site is necessary in this area:			
MISCELLANEOUS			
Describe the meal service model. i.e. 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: