

Check if Not Applicable

Pre-Operational Visit Form

Visit Date:		Monitor Name:		
Site Name:		Site # (in NexSys):		
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 Mobile 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 (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:	