

**South Carolina Department of Social Services
Summer Food Service Program (SFSP)
PREOPERATIONAL SITE VISIT**

SECTION I:

Check One: Telephone Interview For Returning Site ONLY

On-Site Visit For New Site On-Site Visit For Problem Site

Name of Site: _____

Site Address: _____

Site Telephone: _____ Site Contact Person: _____

Type of Site: _____ (School, church, park etc.)

SECTION II:

Estimated Number: of Children the Site Can Serve: _____ of Needy Children in the Area: _____

Based on the above estimated number, is another site needed in this area? Yes No

Estimated Number of Supervisory Personnel Needed to Adequately Control the Food Service: _____

What organized activities are possible or planned for this site? _____

SECTION III:

Does the Site Have:

- | | |
|--|---|
| <input type="checkbox"/> Shelter for Inclement Weather | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Cooking Facilities (if applicable) | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Place to Store Prepared or Delivered Food | <input type="checkbox"/> Place to Store Records at Site |

Are the present facilities adequate for an organized meal service? Yes No

If no, will this site be used? Yes No If yes, explain why: _____

SECTION IV:

Note Follow-Up if Necessary: _____

Date of Visit or Telephone Interview: _____ Authorized Signature: _____