



**Arizona Department of Education
Health and Nutrition Services
Sponsor Pre-Operational Visit Form FY 2021**

Due to the public health risks associated with COVID-19, USDA and the Arizona Department of Education (ADE) are not requiring a visit to each site prior to operating the SFSP. Please complete this form via phone interview with the Site Supervisor.

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|--|----------------------------|
| Sponsoring Organization Name: | |
| | |
| Site Name and Address: | |
| | |
| Phone Number: | CTD: |
| Site Type: <input type="checkbox"/> Open <input type="checkbox"/> Closed Enrolled <input type="checkbox"/> Camp | |
| Site Classification: <input type="checkbox"/> School <input type="checkbox"/> Summer Camp <input type="checkbox"/> Community Pool <input type="checkbox"/> Park <input type="checkbox"/> Community Center <input type="checkbox"/> Church <input type="checkbox"/> Boys and Girls Club <input type="checkbox"/> Recreation Center <input type="checkbox"/> National Youth Sports Program <input type="checkbox"/> Residential Child Care <input type="checkbox"/> Juvenile Detention Center <input type="checkbox"/> Non-residential Child Care | |
| Site Supervisor: | Title: |
| Date of Pre-Operational Interview: | Name of Evaluator/Monitor: |



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| Interview Questions | | | | |
|---|--|--------------------------|--------------------------|--------------------------|
| How many children could the site serve? (Estimate) | | | | |
| How many needy children are in the area? (Estimate) | | | | |
| How many staff/volunteers are needed to run the food service? | | | | |
| | | Yes | No | N/A |
| Are the facilities adequate for the planned meal service? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If the answer is no, please explain: | | | | |
| For the estimated number of children, does the site have: | | | | |
| • A shaded area in which to hand out meals? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Adequate cooking facilities (if applicable)? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Adequate storage facilities (if applicable)? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Adequate storage for prepared or delivered food? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Storage space for records at a site? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Adequate refrigeration? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Access to a telephone/cell phone? | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| Describe the planned meal service (Grab & Go, Drive-up/Curbside pickup, etc.): |
| |
| Improvements or corrective actions needed before site operates: |
| |

Monitor's Signature _____ Date: _____