

Requirement:

Must be completed prior to the beginning of Program Operation at this site. A copy must be provided to the State Agency.

FLORIDA DEPARTMENT OF EDUCATION
FOOD AND NUTRITION MANAGEMENT
SUMMER FOOD SERVICE PROGRAM
SPONSOR PRE-OPERATIONAL SITE VISIT

Agreement Number

Site Number

Site Name

1. Sponsor's Name: _____ Name of sponsor representative: _____	Address of sponsor's food service site: _____ Name of person interviewed: _____
2. Type of Site: (Check one) <input type="checkbox"/> Recreation Center/Park <input type="checkbox"/> School (Public) <input type="checkbox"/> *Child Care Facility <input type="checkbox"/> Church <input type="checkbox"/> School (Private) <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Community Center <input type="checkbox"/> Housing Development _____	
3. Does the site receive meals or funds from any other source (i.e., DOH) for meals? Yes _____ No _____	
4. Estimated number of children the site could serve: _____ Estimated number of personnel needed to supervise site: _____ Number of personnel sponsor plans to have at site: _____	
5. Does site have (Check if "yes") <input type="checkbox"/> Shelter <input type="checkbox"/> Place to keep site records <input type="checkbox"/> Place to store food boxes <input type="checkbox"/> Refrigeration (all meals) <input type="checkbox"/> Air conditioning <input type="checkbox"/> Garbage facilities <input type="checkbox"/> Refrigeration (leftovers) <input type="checkbox"/> Telephone <input type="checkbox"/> Restroom	
6. Are facilities adequate for an organized meal service? Yes _____ No _____	
7. What is the site plan to maintain food temperature from delivery to meal service? _____	
8. Method of Meal Service: <input type="checkbox"/> Local Education Authority (LEA) <input type="checkbox"/> On-site self-preparation <input type="checkbox"/> Food Service Management Company (FSMC) <input type="checkbox"/> Satellite self-preparation Other (Explain) _____	
9. Is staff available at site to receive early deliveries, if vended? _____ What time? _____	
10. Is this site within walking distance to another approved SFSP site**? _____ If yes, how will you ensure children do not receive meals from both sites? _____	
11. Does sponsor reviewer recommend approval of site? Yes _____ No _____ Provide justification to your response below. _____ _____	
* Must not receive funds from Department of Health for children at this site. ** An approved SFSP site under your sponsorship or another sponsor	

Signature, Sponsor Representative

Signature, Site Supervisor

Date of Visit

