



Florida Department of Agriculture and Consumer Services  
Division of Food, Nutrition and Wellness

**SUMMER FOOD SERVICE PROGRAM  
STATE PRE-APPROVAL SITE VISIT**

NICOLE "NIKKI" FRIED  
COMMISSIONER

5P-3.001, F.A.C.

Sponsor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Official Interviewed: \_\_\_\_\_ Title: \_\_\_\_\_

Visit Conducted by: \_\_\_\_\_ Program Specialist: \_\_\_\_\_

1. Has the Sponsor conducted a preoperational visit for each site? Yes \_\_\_\_ No \_\_\_\_

If "No," explain: \_\_\_\_\_

- Date(s): \_\_\_\_\_
- Result(s) of visit(s): \_\_\_\_\_
- Form(s) available for review: \_\_\_\_\_

2. Does the Sponsor have a schedule\* for the following items?

- Site Visit(s): Yes \_\_\_\_ No \_\_\_\_
  - Site visits must be conducted within the first week of operation on all sites.
- Site Review(s): Yes \_\_\_\_ No \_\_\_\_
  - Site reviews must be conducted within the first four weeks of operation on all sites.
- Dispersing of "And Justice for All" poster(s): Yes \_\_\_\_ No \_\_\_\_

\*A schedule is not required but suggested as a best practice.

3. What provisions have been made to train staff, including any new staff, who were unable to attend the Sponsor's training?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe the meal count procedures, including any documents, the Sponsor will be using:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Will the Sponsor have any sites operating with at multiple points of service? If yes, which sites and what special meal counting procedures will be followed?

---

---

---

---

6. Does the Sponsor allow offsite consumption of fruit, vegetable, or grain? If yes, how will the Site Supervisor monitor this?

---

---

---

---

7. Describe the procedure for documenting receipt and delivery of meals at each site:

---

---

---

---

8. Describe the procedure for collecting delivery receipts and invoices from each site:

---

---

---

---

9. Describe which documents will be maintained at each site:

---

---

---

---

10. Describe the Sponsor's plan to communicate corrective actions for deficiencies noted in previous Site Visits, Health Inspections, and Administrative Reviews:

---

---

---

---

**SELF-PREP SPONSORS** N/A \_\_\_\_\_

1. Has the Sponsor completed a beginning inventory? Yes \_\_\_\_\_ No \_\_\_\_\_

2. If "No," please explain:

---

---

---

3. How and where does the Sponsor plan to purchase the food components?

---

---

---

4. How many preparation sites (kitchens) does the Sponsor plan to operate? \_\_\_\_\_

5. List each preparation site (kitchen) and describe the following:

A. Site Name: \_\_\_\_\_

Projected number of meals served: \_\_\_\_\_

List kitchen equipment: \_\_\_\_\_

Describe sink(s): \_\_\_\_\_

Will the meals at this preparation site(s) be:

Cold: Yes \_\_\_\_\_ No \_\_\_\_\_ Hot: Yes \_\_\_\_\_ No \_\_\_\_\_

Does the kitchen meet the requirements on page 5 of this form? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No," please explain: \_\_\_\_\_

---

B. Site Name: \_\_\_\_\_

Projected number of meals served: \_\_\_\_\_

List kitchen equipment: \_\_\_\_\_

Describe sink(s): \_\_\_\_\_

Will the meals at this preparation site(s) be:

Cold: Yes \_\_\_\_\_ No \_\_\_\_\_ Hot: Yes \_\_\_\_\_ No \_\_\_\_\_

Does the kitchen meet the requirements on page 5 of this form? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "No," please explain: \_\_\_\_\_

---

**MEAL DELIVERY PROCEDURES** N/A \_\_\_\_\_

1. Describe the procedure for delivery and storage of meals at the site(s) prior to the approved serving time:

---

---

---

2. Describe the procedure for communicating between the site, Sponsor and vendor/prep site for meal adjustments:

---

---

---

3. Describe the procedure each site is to conduct if meals are delivered late:

---

---

---

4. Describe the procedure each site is to conduct if meals are unacceptable (i.e., damaged or out of acceptable temperatures):

---

---

---

5. Describe the procedure each site is to conduct if any meals delivered do not meet the meal pattern for that meal service:

---

---

---

6. Describe arrangements if meals are not delivered to the site:

---

---

---

7. Describe arrangements for handling leftovers:

---

---

---

8. Will meals be transferred from one site to another? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes," describe the procedures and documents that will be used:

---

---

---

9. Describe procedures for sites reporting field trips to the Sponsor:

---

---

---

10. Describe procedures for reporting field trips to the state agency and Food Service Management Company or School Food Authority, if applicable:

---

---

---

**SITE VISIT(S)**

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

1. Is this site in close proximity (less than 0.25 miles) to another site? Yes \_\_\_\_ No \_\_\_\_

If "Yes," what is the justification?

---

---

---

Is the justification confirmed? Yes \_\_\_\_ No \_\_\_\_

2. For the estimated number of children to be in attendance, does the site have:

Shelter from inclement weather? Yes \_\_\_\_ No \_\_\_\_

Storage for prepared or delivered food? Yes \_\_\_\_ No \_\_\_\_

Storage for program records at the site? Yes \_\_\_\_ No \_\_\_\_

3. What is the method of meal service? Vended \_\_\_\_ On-Site Self-Prep \_\_\_\_ Satellite Self-Prep \_\_\_\_

4. What is the site's plan to maintain food temperature from delivery to meal service?

---

---

---

5. Describe the daily operation of the meal service from meal delivery to clean up (summarize the site's processes).

---

---

---

**AREAS THAT NEED TO BE CORRECTED BEFORE APPROVAL**

---

---

---

---

---

**COMMENTS**

---

---

---

---

---

\_\_\_\_\_  
Sponsor Official Name

\_\_\_\_\_  
Sponsor Official Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Official Name

\_\_\_\_\_  
Department Official Signature

\_\_\_\_\_  
Date

<b>Food Service Equipment Needs</b>				
<u>Equipment</u>	<u>Number of Children</u>			
	<b>1 - 50</b>	<b>51 - 100</b>	<b>101 - 200</b>	<b>201 - 300</b>
<b>Range with ventilating hood</b>	1 range with oven; 30" domestic <b>or</b> 30" - 36" commercial  (2 burners)	1 range with oven 30" - 36" commercial  (4 burners)	1 range with oven 30" - 36" commercial (2 if over 150 children)  (6 burners)	2 ranges with ovens 30" - 36" commercial <b>or</b> 1 range w/oven 60" or larger commercial  (8 burners)
<b>Refrigerator with shelves</b>	single section domestic 18 cu. ft. <b>or</b> commercial reach-in 20-25 cu. ft.	double section commercial reach-in 40-50 cu. ft.	double section commercial reach-in 50-60 cu. ft. <b>or</b> 64 sq. ft. (8 ft. x 8 ft.) walk-in	triple section commercial reach-in 60-75 cu. ft. <b>or</b> 64 sq. ft. (8 ft. x 8 ft.) walk-in
<b>Freezer</b>	same as refrigerator	same as refrigerator	same as refrigerator	same as refrigerator
<b>Work Tables (Allow 4 linear ft. per worker). Use countertops as tables</b>	1 table	2 table	3 table	4 tables
<b>Sink with separate hand sink</b>	1 sink - 3 compartments	1 sink - 3 compartments	1 sink - 3 compartments	1 sink - 3 compartments

If the site will serve over 100 children, the following equipment is recommended to supplement the minimum items listed above:

- Steam equipment (kettle, steamer)
- Hot food holding cabinet
- Convection oven
- Electric food slicer
- Mixer with attachments (vegetable slicer/shredder, meat and food chopper)