

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

SUMMER FOOD SERVICE PROGRAM STATE PRE-APPROVAL SITE VISIT

5P-3.001, F.A.C.

Sponso	or Name:
Addres	s:
Phone:	
Official	Interviewed: Title:
Conduc	cted 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:
3.	Site visit(s): Site visits must be conducted within the first week of operation for all new sites. Site review(s): 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 Date: *A schedule is not required but suggested as a best practice. Describe the sponsor's plan to communicate corrective actions for deficiencies noted in previous Site Visits, Health Inspections, and Administrative Reviews:
4.	What provision has been made to train any new staff or current staff who were unable to attend the sponsor training?
5.	Describe the meal count procedures and which form/prototype the sponsor will be using:
6.	Will the sponsor have any sites operating multiple points of service? If yes, which sites and what meal counting procedures will be followed? Please note that multiple points of service is when meals are being served in more than one location at the same site (i.e. a Point-Of-Service in the cafeteria, another in the gym, one on the

playground, etc.)

	7.	Does the sponsorship participate in offsite consumption of fruit, vegetable or grain? If yes, how will the site supervisor monitor this?					
	8.	Describe the procedure for documenting receipt and delivery of meals at each site:					
	0.						
	9.	Describe the procedure for collecting delivery receipts and invoices from each site:					
	10.	Describe which documents will be maintained at each site:					
SEI	_F-F	PREP SPONSORS					
	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 7 of this form? Yes No						
		If "No," please explain:					

	B.	Site Name:
		Projected number of meals served:
		List kitchen equipment:
		Describe sink(s):
		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 7 of this form? Yes No
		If "No," please explain:
MEAL	DELIVERY	PROCEDURES
1.	Describe th	ne procedure for delivery and storage of meals at the site(s) prior to the approved serving time:
2.	Describe th	ne procedure for communication between the site, sponsor and vendor/prep site for meal adjustments:
3.	Describe th	ne procedure each site is to conduct if meals are delivered late:
4.		ne procedure each site is to conduct if meals are unacceptable (i.e., damaged or out of
	acceptable	temperatures):
5.	Describe th	ne procedure each site is to conduct if meals delivered do not meet the meal pattern for that
	meal servi	ce:
6.	Describe a	rrangements if meals are not delivered to the site:
7.	Describe a	rrangements for handling leftovers:
1.	Dosonbe a	Transportation for fluriding fortovers.

8.		meals be transferred from one site to another? L Yes L No If "Yes," describe the procedures and documents that will be used:
9.	Des	cribe procedures for sites reporting field trips to the sponsor:
10.		cribe procedures for reporting field trips to the state agency and Food Service Management Company

SITE VISITS

GENERAL INFORMATION						
Site Name:		Site Number:				
Site Address:						
SITE TYPE (CHECK ONE)						
Recreation Center/Park	Camp	Day Care*			Library	
School	HUD/RD	Migrant			Mobile	
Church	Apartment Complex	Other (specify):				
DEMOGRAPHICS/SITE INFORM	IATION			YES	NO	
Estimated average daily attendan	ce (ADA):					
Is this site in close proximity (less	than 0.25 miles) to ano	ther site?				
If YES, what is the justification:						
Is the justification confirmed?						
		rce (e.g. DOH)? Note: Federal regules same time for CCFP and SFSP/SS				
Is this site for-profit? (Note, if YES	S, discuss the requireme	ents for a for-profit site)				
Is this site a camp or closed enrolled site? If YES, describe the procedures for collecting applications and determining eligibility.						
FACILITIES/MEAL SERVICE				YES	NO	
FACILITIES/MEAL SERVICE For the estimated attendance indi	icated above, does the s	site have the following:		YES	NO	
For the estimated attendance indi Adequate children-to-staff ratio	(25:1) on the site applic			YES	NO	
For the estimated attendance indi Adequate children-to-staff ratio Shelter from inclement weather	(25:1) on the site applic			YES	NO	
For the estimated attendance indi Adequate children-to-staff ratio Shelter from inclement weather Adequate storage for prepared	(25:1) on the site applic? or delivered food?			YES	NO	
For the estimated attendance indi Adequate children-to-staff ratio Shelter from inclement weather Adequate storage for prepared Storage space for records at the	(25:1) on the site applic? or delivered food? e site?	ation?				
For the estimated attendance indi Adequate children-to-staff ratio Shelter from inclement weather Adequate storage for prepared Storage space for records at the Method of Meal Service (Check o	(25:1) on the site applic? or delivered food? e site? ne): Vended (SFA/F	ation? SMC/Caterer)	Prep S	YES		
For the estimated attendance indi Adequate children-to-staff ratio Shelter from inclement weather Adequate storage for prepared Storage space for records at the	(25:1) on the site applic? or delivered food? e site? ne): Vended (SFA/F	ation? SMC/Caterer)	Prep S			
For the estimated attendance indi Adequate children-to-staff ratio Shelter from inclement weather: Adequate storage for prepared Storage space for records at the Method of Meal Service (Check o What is the site's plan to maintain	(25:1) on the site applic? or delivered food? e site? ne): Vended (SFA/F) food temperature from	ation? SMC/Caterer)	· —			

REAS THAT NEED TO BE CORRECTED BEFOR	RE APPROVAL/COMMENTS	
Sponsor's Signature	 Date	
oponicor o orginataro	Date	
		
State Agency Signature	Date	

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