



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

Agreement #:  
04-\_\_\_\_\_

ADAM H. PUTNAM  
COMMISSIONER

**SFSP SPONSOR PRE-OPERATIONAL SITE VISIT**

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

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

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

Site Contact: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Type of Site (check one):		
<input type="checkbox"/> Recreation Center/Park	<input type="checkbox"/> School (Public)	<input type="checkbox"/> <sup>1</sup> 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	_____
Does the site receive meals or funds from any other source (i.e., DOH)? <input type="checkbox"/> <sup>1</sup> YES <input type="checkbox"/> NO		
Has this site been under another sponsor? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, who was the sponsor?
Estimated number of children the site could serve?	Number of personnel sponsor plans to have at site?	Estimated number of personnel needed to supervise site?
Does the site have? (check all that apply):		
<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
Method of Meal Service:		
<input type="checkbox"/> Local Educational Authority	<input type="checkbox"/> On-site self-preparation	<input type="checkbox"/> Satellite self-preparation
<input type="checkbox"/> Food Service Management Company	<input type="checkbox"/> Other: _____	
Is site staff available to receive early deliveries, if vended? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, what time?
What is the site plan to maintain food temperature from delivery to meal service?		
Is this site within walking distance to another approved SFSP site? <input type="checkbox"/> <sup>2</sup> YES <input type="checkbox"/> NO		If YES, how will you ensure children do not receive meals from both sites?
Are facilities adequate for an organized meal service? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Does the Sponsor Representative recommend approval of the site? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO, explain: _____		

\_\_\_\_\_  
Signature, Sponsor Representative

\_\_\_\_\_  
Signature, Site Supervisor

\_\_\_\_\_  
Date of Visit

<sup>1</sup>Must not receive funds from Department of Health for children at this site.

<sup>2</sup>An approved SFSP site under your sponsorship or another sponsor.

This form **MUST** be completed prior to the start of program operations. The sponsor **MUST** provide a copy to the state agency.