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

NSLP PRE-OPERATIONAL SITE VISIT FORM
SCHOOL YEAR _____

Date of Site Visit: __________________ Program Sponsor Specialist: ________________________________

Prospective Sponsor Name: _______________________________________________________________

Contact Person Name: _____________________________ Title: ________________________________
Phone Number: _____________________________ Alternate Phone Number: _______________________
E-mail: _____________________________________________________
Street Address: _______________________________________________________
City: _____________________________ Zip Code: ________ County: ____________________________

Official Interviewed: _____________________________ Title: ________________________________
Official Interviewed: _____________________________ Title: ________________________________
Official Interviewed: _____________________________ Title: ________________________________

Prospective Sponsor Information:

1. Indicate the Prospective Sponsor Type:
   - ☐ Public School District  ☐ Private RCCI
   - ☐ Private Nonprofit School  ☐ Private RCCI and Private School
   - ☐ Charter School  ☐ Public RCCI and Private
   - ☐ Public RCCI  ☐ Other: __________________________

2. What is the estimated student population? ________________ Grades: _________________________
   a. Free = ________
   b. Reduced = ________
   c. Meal services applying for: ☐ Breakfast  ☐ Lunch  ☐ Snacks

3. If RCCI, indicate the student population type:
   - ☐ Residential  ☐ Residential and day students  ☐ NA

4. Has the official interviewed attended State Agency training? ☐ Yes  ☐ No

5. If yes, has NSLP information been disseminated to other program staff? ☐ Yes  ☐ No
Prospective Sponsor Name: __________________________ Date: ______________________

6. If yes, on what date was training conducted? ________ Is an agenda available for review? ______
   Comments: _______________________________________________________________________

7. If no, describe the Prospective Sponsor’s training plans: ____________________________________
   __________________________________________________________________________________

8. Does the Prospective Sponsor currently operate a food service program?    ☐ Yes    ☐ No

9. If yes, indicate the meal services that are provided:
   ☐ Breakfast    ☐ Lunch    ☐ Snacks

10. Is the Prospective Sponsor on any other federally funded food service program? ☐ Yes ☐ No

11. If yes, name of program: ____________________ Length of time on program: __________________

12. Has the Prospective Sponsor or individual ever been terminated from another federally funded food
    program? ☐ Yes ☐ No

13. Have any of the Prospective Sponsor’s sites participated in the NSLP under another sponsorship?
    ☐ Yes ☐ No

14. If yes, which sites and under what sponsorship?____________________________________________

15. How many sites does the Prospective Sponsor wish to operate?
    ___________________________________________________________________________________

PROGRAM ADMINISTRATION:

Eligibility:

16. Does the Prospective Sponsor currently collect Free and Reduced-Price Meal Applications or IDFs?
    ☐ Applications    ☐ IDFs    ☐ None at this time

17. If forms are collected (apps, IDFs), are current IEGs being used?    ☐ Yes    ☐ No

18. If forms are collected (apps, IDFs), are the forms approved correctly?    ☐ Yes    ☐ No

19. Describe errors:
    ___________________________________________________________________________________
    ___________________________________________________________________________________
    ___________________________________________________________________________________

20. Who approves, or will approve and maintain applications, IDFs?
    ___________________________________________________________________________________

21. a. Does the Prospective Sponsor currently utilize Direct Certification?    ☐ Yes    ☐ No    ☐ NA

    b. Will the Prospective Sponsor utilize Direct Certification once approved?    ☐ Yes    ☐ No    ☐ NA
Prospective Sponsor Name: ____________________________ Date: __________________

**Meal Service:**

22. Do menus/production records indicate that all required components and portion sizes were served?
   - [ ] Yes
   - [ ] No
   - [ ] Not Available

23. When observing the lunch line, is there an accurate count by eligibility category at the point of service (POS)?
   - [ ] Yes
   - [ ] No
   - [ ] NA

24. Does the system prevent overt identification?
   - [ ] Yes
   - [ ] No
   - [ ] NA

25. Are the Prospective Sponsor’s meal count procedures implemented as approved?
   - [ ] Yes
   - [ ] No
   - [ ] NA

26. If no, describe the Prospective Sponsor’s meal service procedure and POS:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

27. Is the Food Based Traditional menu planning option is being used?  [ ] Yes  [ ] No

28. Is OVS being implemented?  [ ] Yes  [ ] No  [ ] NA

29. If yes, is OVS implemented correctly?  [ ] Yes  [ ] No  [ ] NA

30. Is an “And Justice for All” poster displayed?  [ ] Yes  [ ] No  [ ] NA

31. Is potable water available free of charge?  [ ] Yes  [ ] No  [ ] NA

**Meal Counting and Claiming:**

32. What system is used to count meals at the POS?
   - [ ] Rosters
   - [ ] Computerized
   - [ ] Other: ____________________________

33. Who is responsible for the counting of the meal eligibility? ____________________________

34. Is there a second party check of meals counted?  [ ] Yes  [ ] No  [ ] NA

35. Are meals being counted at POS?  [ ] Yes  [ ] No  [ ] NA

36. Are Edit Checks being conducted?  [ ] Yes  [ ] No  [ ] NA

**Facilities:**

37. How are meals being prepared? (check all that are applicable)
   - [ ] On-site Self Prep
   - [ ] Self Prep Satellite
   - [ ] Vended by: [ ] LEA  [ ] FSMC  [ ] Caterer/Vendor

38. Have the prospective sites been inspected by the local Health Department?  [ ] Yes  [ ] No
Facilities (continued):

39. If yes, were there any findings/deficiencies?  □ Yes  □ No  □ NA

40. If yes, did the Prospective Sponsor correct deficiencies?  □ Yes  □ No  □ NA

41. Is the most recent food safety inspection report (health inspection) posted in the food service area for public viewing?  □ Yes  □ No  □ NA

42. Comments:

__________________________________________________________________________
__________________________________________________________________________

43. Complete the appropriate section:

Refer to the Self Prep (pages 5-6) or Vended (page 7) Facility Attachments

General:

44. Will the prototype On-Site Review form (document # 37a) be used for lunch service?  □ Yes  □ No  □ NA

45. Will the prototype On-Site Review form (document # 37b) be used for snack service?  □ Yes  □ No  □ NA

46. Does the Prospective Sponsor’s site personnel foresee any difficulties in implementing the NSLP?  □ Yes  □ No

47. If yes, list the concerns below:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Comments/Recommendations:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
Prospective Sponsor Name: _________________________________ Date: ____________________

**SELF-PREP FACILITY:**

1. Is the prototype Production Record being used? □ Yes □ No
2. Is it complete? □ Yes □ No
3. If “No”, list missing information: ____________________________________________________

4. Does the Prospective Sponsor have an adequate procedure for documenting Production Records? □ Yes □ No
5. If “No,” explain: ____________________________________________________________________
6. Is a menu available? □ Yes □ No
7. Is the menu adequate? □ Yes □ No
8. If “No,” explain: ____________________________________________________________________

9. Has the menu been approved by the State Agency for approval? □ Yes □ No
10. Is the prospective sponsor using the standardized recipes approved by the State Agency? □ Yes □ No
11. How and where does the Prospective Sponsor plan to purchase the food components? ___________________________________________________________________

12. How many self preparation sites (kitchens) does the Prospective Sponsor plan to operate? _______

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

1. Site Name: ____________________________________________
   Projected number of meals served: ________________________
   List kitchen equipment: ________________________________
   Describe sink (s): ____________________________________
   Does the site have a current DOH operating permit? □ Yes □ No
   Does the site have a current DOH inspection for review? □ Yes □ No
   List any deficiencies found during DOH inspections: ___________________________________________________________________
   Refrigeration Temperature: ________________________ Freezer Temperature: _________________
   Is kitchen adequate? □ Yes □ No
   If “No,” please explain: ___________________________________________________________________

____________________________________________________________________________________
Prospective Sponsor Name: ___________________________ Date: ___________________

SELF-PREP FACILITY (continued):

2. Site Name: ____________________________________________
   Projected number of meals served: _______________________
   List kitchen equipment: _________________________________
   Describe sink(s): ______________________________________
   Does the site have a current DOH operating permit? ☐ Yes ☐ No
   Does the site have a current DOH inspection for review? ☐ Yes ☐ No
   List any deficiencies found during DOH inspections: _______________________
   Refrigeration Temperature: ___________ Freezer Temperature: ___________
   Is kitchen adequate? ☐ Yes ☐ No
   If “No,” please explain:
   ___________________________________________________________
   ___________________________________________________________

3. Site Name: ____________________________________________
   Projected number of meals served: _______________________
   List kitchen equipment: _________________________________
   Describe sink(s): ______________________________________
   Does the site have a current DOH operating permit? ☐ Yes ☐ No
   Does the site have a current DOH inspection for review? ☐ Yes ☐ No
   List any deficiencies found during DOH inspections: _______________________
   Refrigeration Temperature: ___________ Freezer Temperature: ___________
   Is kitchen adequate? ☐ Yes ☐ No
   If “No,” please explain:
   ___________________________________________________________
   ___________________________________________________________

4. Site Name: ____________________________________________
   Projected number of meals served: _______________________
   List kitchen equipment: _________________________________
   Describe sink(s): ______________________________________
   Does the site have a current DOH operating permit? ☐ Yes ☐ No
   Does the site have a current DOH inspection for review? ☐ Yes ☐ No
   List any deficiencies found during DOH inspections: _______________________
   Refrigeration Temperature: ___________ Freezer Temperature: ___________
   Is kitchen adequate? ☐ Yes ☐ No
   If “No,” please explain:
   ___________________________________________________________
Prospective Sponsor Name: ____________________________ Date: __________________

**VENDED FACILITY:**

1. Who does the Prospective Sponsor have an agreement with?
   - Local Education Authority (LEA): Name: ____________________________
   - Food Service Management Company (FSMC): Name: ____________________________
   - Caterer/Vendor: Name: _________________________________________________________

2. Does the Prospective Sponsor have an adequate procedure for collecting delivery receipts and invoices?
   - Yes  □ No  □

3. If “No,” explain: ________________________________________________________________

4. Has the schedule of bid dates been submitted?  □ Yes  □ No

5. If “No,” explain: ________________________________________________________________

6. Is the prototype Vended Production Record being used?  □ Yes  □ No

7. Is it complete?  □ Yes  □ No

8. If “No,” list missing information: __________________________________________________

9. Does the Prospective Sponsor have an adequate procedure for documenting Production Records?
   - Yes  □ No

10. If “No,” explain: ________________________________________________________________

11. Is a menu available?  □ Yes  □ No

12. Is the menu adequate?  □ Yes  □ No

13. If “No,” explain: ________________________________________________________________

14. Has the menu been approved by the State Agency?  □ Yes  □ No

15. How many vended sites does the Prospective Sponsor plan to operate? ____________________________

16. If possible, visit all proposed feeding sites. List each site visited below and answer the following questions:

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Projected number of meals served</th>
<th>Is this site adequate?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes  □ No</td>
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<td></td>
<td></td>
<td>□ Yes  □ No</td>
</tr>
</tbody>
</table>
Prospective Sponsor Name: _________________________________ Date: __________________________

I acknowledge that I, the prospective sponsor, am required to provide the SA the documents listed above completely, accurately, and prior to my approval to operate on the NSLP.

__________________________________________  __________________________
Reviewer’s Signature                      Date

__________________________________________  __________________________
Prospective Sponsor’s Signature            Date

After these sites have been approved to participate in the National School Lunch Program, you will be assigned to the following NSLP Program Representative:

Program Representative: ________________________________