

ILLINOIS STATE BOARD OF EDUCATION

Nutrition Programs Division
100 North First Street, W-270
Springfield, Illinois 62777-0001

**SUMMER FOOD SERVICE PROGRAM
SPONSOR PRE-OPERATIONAL SITE REVIEW FORM**

(To be completed by sponsoring organizations)

SPONSOR	DATE OF REVIEW
SITE NAME	SITE NUMBER (If Available)
CONTACT PERSON	NAME OF SITE SUPERVISOR
PROJECTED PARTICIPATION	PROJECTED START/END DATE

GENERAL SITE INFORMATION

TYPE OF SITE (Check (✓) appropriate box)

- School
 Church
 Housing
 Indoor Center
 Park
 Other (specify) _____

ALTERNATE WEATHER SITE, if applicable (Name and address): _____

NUMBER OF ROOMS TO BE USED FOR MEAL SERVICE: _____

MEAL PREPARATION (Check (✓) appropriate box)

- On-site
 Satellite
 VENDED:
 Hot
 Cold

EQUIPMENT (Record number of unit(s) available)

- 1a. SINK**
 Hand
 3 Bin
 2 Bin

If 2 bin sink or less, record how the washing, rinsing, and sanitizing process will be completed below.

1b. Tables/Seating (Record the number of tables by type)

- _____ 6 foot long (10 seats)
 _____ 8 foot long (12 seats)
 _____ 6 foot round (10 seats)
 _____ Other: _____

1c. Total number of chairs/seats

1d. Refrigeration (Record the number of units by type)

- _____ Single domestic 18 cu. ft. (50 meals)
 _____ Single section commercial reach in 20-25 cu. ft. (50 meals)
 _____ Double section commercial reach-in 40-50 cu. ft. (100 meals)
 _____ Double section commercial reach-in 50-60 cu. ft. (200 meals)
 _____ Triple section commercial reach-in 60-75 cu. ft. (300 meals)
 _____ Walk-in 64 sq. ft. (8' x 8') (300 meals)
 _____ N/A

1e. Total number of meals

Instructions

(COMPLETE FORM IN ITS ENTIRETY)

Type of Site

Check the type of site.

Record the name and address of the alternative weather site. (Leave blank if this site is indoors.)

Record the number of rooms at the site to be used to serve meals.

Check the type of meal preparation to be used.

Equipment

Equipment must be in working order or capable of repair prior to the start date of the program

Select "N/A" if the type of equipment listed below is not available or does not apply.

1a. Record the number of sinks by type at the site. If less than a three-bin sink, record how the three-step sanitation process will be completed.

1b. Record the number of tables by size available for meal service.

1c. Total the number of chairs/seats available. (The number of seats available is found in parenthesis by each type.)

This total will be used in question 4 to calculate the maximum number of meals the site may be approved to serve.

1d. Record the number of refrigeration units by type.

1e. Total the number of meals available. (The number of meals available is found in parenthesis by each type.)

This total will be used in question 4 to calculate the maximum number of meals the site may be approved to serve.

1f. Record the number of ranges by type.

1g. Total the number of meals available. (The number of meals available is recorded in parenthesis by each type.)

This total will be used in question 4 to calculate the maximum number of meals the site may be approved to serve.

1h. Record the number of other equipment by type.

Sanitation

2a. Answer *yes* or *no*, is the site clean? If no, record the Corrective Action Plan in the space provided below.

2b. Answer *yes* or *no*, is there evidence of vermin/pest at the site? If no, record the Corrective Action Plan in the space provided below.

2c. Answer *yes* or *no*, have provisions been made for garbage disposal? If no, record the Corrective Action Plan in the space provided below.

Approval

3. Answer *yes* or *no*, can the site be approved to serve children? If no, record Corrective Action Plan in the space provided below.

4. Determine the maximum number of meals that can be served at the site.

- How much seating is available in question 1c? Example: 2 - 6 foot tables with 50 extra chairs (10 x 2 + 50 = 70 seats)
- How much refrigeration is available in question 1e? Example: 1 - Single domestic (50 meals)
- How much hot cooking capability is available in question 1g? Example: 1 - A 36 inch commercial with four burners (100 meals)
- Maximum number of meals the site may be approved to serve is the lesser of 1c, 1e, or 1g.

Example: The site would be approved for a maximum of 50 meals based on 1e as the lesser of the three numbers.

5. Fill in date of Pre-Operational Visit.

6. A signature is required from the person conducting the review.