SUMMER FOOD SERVICE PROGRAM  
PREOPERATIONAL SITE VISIT (SPONSOR)

INSTRUCTIONS:
One copy of this form must be completed for all problem sites and new sites prior to operation of the program and retained in the sponsor’s file.

NAME OF SPONSOR: ________________________________________________________________

SITE NAME: _____________________________________________________________________

SITE ADDRESS: ___________________________________________________________________

SITE TELEPHONE: ______________ PERSON TO CONTACT FOR USE OF SITE ____________

Describe procedure used to determine eligibility of site: ________________________________

TYPE OF SITE: Recreation Center __________ Park ___________ School _____________
Residential Camp __________ Church __________ Playground ____________
Other __________________________

Estimated number of children the site could serve: ___________  Estimated number of needy children in area: ______________________

Age range of children site will serve: ____________________  *Number of hours children will be on site: ______________________

Estimated number of supervisory personnel needed to adequately control the food service: ____________________________

Is another site needed in this area?  □ Yes  □ No

Are the present facilities adequate for an organized meal service? □ Yes □ No

If no, comment: _________________________________________________________________

DOES SITE HAVE:  

Shelter (inclement weather)  □ Yes □ No  Adequate refrigeration  □ Yes □ No
Cooking facilities (if applicable) □ Yes □ No  Access to telephone  □ Yes □ No
Place to store records at site □ Yes □ No  Adequate storage for prepared or delivered foods □ Yes □ No

What types of organized activities are possible or planned at this site? _____________________________________________

I CERTIFY THE SITE LISTED ABOVE WAS VISITED PRIOR TO OPERATION OF THE PROGRAM AND THE ABOVE INFORMATION IS CORRECT.

______________________________________________________________________________

Sponsor Representative Signature __________________________ Date ____________________

(Note: State, local, municipal, or county government sponsors can only provide food service at sites which they directly operate.)

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*If pre-school age (birth-5 years) children are on site more than 4 hours, the site must be licensed by the Department of Human Resources.
SPONSOR/SITE AGREEMENT
FOR THE SUMMER FOOD SERVICE PROGRAM

Name of site: ________________________________________________________________

Address of site: _____________________________________________________________

Site Supervisor/Administering Official: __________________________________________

Telephone: ____________________________

The person named above agrees to:

1. Serve meals to all needy children 18 years of age and under (or persons 19 and over
who are mentally or physically disabled and participating in a public or private nonprofit
school program for the mentally or physically disabled).

2. Serve meals which meet the minimum meal pattern requirements.

3. Provide adequate supervision during the meal service.

4. Maintain and submit promptly such reports and records that the sponsor requires.

5. Report to the sponsor any changes in the number of meals required as attendance
fluctuates.

6. Report any other problems regarding the meal services.

7. Comply with civil rights laws and regulations.

8. Attend sponsor training sessions.

_________________________________________  ________________________________
Site Supervisor/Administering Official’s Signature                           Date

_________________________________________  ________________________________
Sponsor Representative’s Signature                                         Date