

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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate refrigeration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooking facilities (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Access to telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No
Place to store records at site	<input type="checkbox"/> Yes <input type="checkbox"/> No	Adequate storage for prepared or delivered foods	<input type="checkbox"/> Yes <input type="checkbox"/> 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