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