MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)

SITE INFORMATION SHEET (Please TYPE or PRINT clearly)

1. Name of Sponsor: Dept. of Human Services	2. Name of Site:	
3. Street Address of Site (where children are fed). Include street, city, state & **ZIP code**:		4. County:
5. Site Supervisor's Name:	6. Site Supervisor's Position:	7. Site Supervisor's Email address:
8. Site Supervisor's Telephone Number: ( ) - Ext.	9. Site Supervisor's Fax Number: ( ) - Ext.	

10. a. Site Location:

☐ Rural
☒ Urban

Areas considered urban include Kansas City, St. Louis, Columbia, Jefferson City, Joplin, Springfield and St. Joseph. All others are considered rural.

10. b. **Urban sites and sponsors with more than one site:** Describe the geographical boundaries served and attach a map with the boundaries marked. If boundaries overlap, include a brief statement indicating the necessity for each site.

11. Site Type (choose only one):

☒ Open Site Using School Data

Percentage of Students Eligible for Free or Reduced Price Meals: _____%

School Name _____ District Name _____

☐ Open Site Using Census Tract Data (Contact MDHSS—BCFNA for assistance 888-435-1464)

☐ Migrant Site Using Migrant Organization Information (Mail in documentation to MDHSS—BCFNA)

☐ Enrolled Site (Income Eligibility Forms must be collected)

Projected # Enrolled in SFSP: _____

Projected # Eligible for Free or Reduced-price Meals _____

☐ Camp—(Income Eligibility Forms are Required)

☐ National Youth Sports Program that meets income eligibility guidelines of the U.S. Dept. of Health and Human Services (DHHS)

12. Is there regularly scheduled, organized activity at the site? ☐ Yes ☐ No

*If **Yes** a list of the activities is required. Please list below or attach a schedule of daily activities.*

13. Is this site a Child Care Center, Group Home, or Family Home? ☐ Yes ☒ No If yes, is it ☐ Licensed or ☐ Licensed Exempt

14. Does the system used to serve meals to children at the site ensure that each child receives a complete meal, and that meals are counted at the point of service?

☒ Yes ☐ No

15. Does the site have the necessary staff and facilities so that the meal service is organized and properly supervised?

☒ Yes ☐ No

16. Leftover meals are handled by:

☐ Discarding ☒ Storing ☐ Returning to central kitchen

17. What method is used at the facilities for holding meals at proper temperatures?

- ☒ Delivered within one hour of meal service
- ☐ Prepared onsite and held at proper temperature
- ☒ Stored properly and at the proper temperature

18. Sites can adjust meal deliveries by:

- ☒ Calling a request into the sponsor
- ☐ Writing a request to the sponsor
- ☐ Faxing a request into the sponsor
- ☐ E-mailing a request to the sponsor
- ☐ All methods are used

19. Is Offer vs Serve requested for this site? ☐ Yes ☒ No

20. Program regulations require that the sponsor conduct a pre-approval visit to the site, before the Missouri Department of Health and Senior Services will approve the site for participation. Has the sponsor conducted a pre-approval visit to this site? (The application will not be processed until a site visit is completed)

☒ Yes ☐ No Date of site visit: _____

21. Operating Dates

Begin Date (First date SFSP meals to be served at site): ____/____/____

End Date (Last date SFSP meals to be served at site): ____/____/____

20. Total number of operating days each month: *Exclude weekends and holidays if you will not serve meals on those days.*	May	June	July	August	September	TOTAL

21. Meal Service Information:

Note: *You may choose a combination of two meals or one meal and one snack per day, with the exception of lunch and supper on the same day. Meals should be served within the normal timeframes.*

Meal Type	Preparation Method	Begin Time	End Time	Days Meals Served							Estimated Number to be served (ADP)	Estimated Number Eligible (Camps Only)	**CAP (MDHSS use only)**
				M	T	W	T	F	S	S			
Breakfast	☐ Self-Prep ☒ Vended ☐ Central Kitchen			☐	☐	☐	☐	☐	☐	☐			
AM Snack	☐ Self-Prep ☐ Vended ☐ Central Kitchen			☐	☐	☐	☐	☐	☐	☐			
Lunch	☐ Self-Prep ☒ Vended ☐ Central Kitchen			☐	☐	☐	☐	☐	☐	☐			
PM Snack	☐ Self-Prep ☐ Vended ☐ Central Kitchen			☐	☐	☐	☐	☐	☐	☐			
Supper	☐ Self-Prep ☒ Vended ☐ Central Kitchen			☐	☐	☐	☐	☐	☐	☐			

22. If Central Kitchen Meal Type was chosen, list the name of the Central Kitchen preparing the food.

23. ☐ Meal Time Waiver is requested.

Select this option if you are not a residential camp and you will be serving more than two meal types throughout the duration of your operating dates but will not be serving more than two meals on any given day. (Example: Weeks 1-3 will site will serve breakfast and lunch. Weeks 4-6 will serve lunch and snack)

24. How many children can eat at this site at one time? _____

25. How many staff members supervise the meal service? _____

26.Please list any holidays the site will not be serving or any specific dates during the dates of operation when the site will not be in operation. (i.e., July 4 or Every other Friday beginning mm/dd/yyyy.)

27.If this is an outdoor site, where will meals be served during inclement weather?
Please provide the address and procedures for alternate meal service.

28. For Residential and Day Camps Only (use additional sheets if necessary)

Session	Begin Date	End Date
1		
2		
3		
4		
5		

29. For Field Trips and Off Site Meals Only (use additional sheets if necessary)

Field Trip	Date	Meal (Breakfast, Lunch, AM or PM Snack)
1		
2		
3		
4		
5		

30. Comments

☐ Yes ☐ No This site operated last year and is in good standing with the sponsor. I request waiver for the first week monitoring. I certify this site will be monitored within the first four weeks.

☐ I certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Authorized Sponsor Representative	Title	Date
Melinda Cobran	Program Manager	3/10/14

MDHSS USE ONLY BELOW THIS LINE

Approval Signature of MDHSS—BCFNA Representative	Title	Date