

**South Carolina Department of Education  
Summer Food Service Program for Children (SFSP)  
SITE INFORMATION SHEET**

**Instructions:** Complete in duplicate for each feeding site which will be administered by the applicant. Attach one copy to the Sponsor Application for Participation Form. Retain a copy for your file. If more space is needed, continue on a plain sheet of paper, numbering each item and attach to the Site Application. A Site Information Application must be submitted and approved before meals served at the site are eligible for reimbursement.

<b>1. Site Number:</b>		<b>2. Site Location:</b>	<input type="checkbox"/> Rural <input type="checkbox"/> Urban
<b>3. Name of Sponsor:</b>			
<b>4. Name of Site:</b>			
<b>5. Site Address (street, city, state, &amp; ZIP)</b>		<b>6. County:</b>	
<b>7. Name of Site Supervisor:</b>		<b>8. Site Telephone:</b>	

<b>9. Site Type (Choose only one):</b>												
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Open Site</td> <td><input type="checkbox"/> Migrant Site</td> </tr> <tr> <td><input type="checkbox"/> Restricted Open</td> <td><input type="checkbox"/> Residential Camp</td> </tr> <tr> <td><input type="checkbox"/> Closed Enrolled Site</td> <td><input type="checkbox"/> Non-Residential Camp</td> </tr> <tr> <td><input type="checkbox"/> Home Site</td> <td><input type="checkbox"/> NYSP</td> </tr> <tr> <td><input type="checkbox"/> For-Profit Site (Open Site)</td> <td><input type="checkbox"/> Homeless Site</td> </tr> <tr> <td><input type="checkbox"/> Licensed Day Care Center (Non-Profit)</td> <td><input type="checkbox"/> Summer School (Open Site)</td> </tr> </table>	<input type="checkbox"/> Open Site	<input type="checkbox"/> Migrant Site	<input type="checkbox"/> Restricted Open	<input type="checkbox"/> Residential Camp	<input type="checkbox"/> Closed Enrolled Site	<input type="checkbox"/> Non-Residential Camp	<input type="checkbox"/> Home Site	<input type="checkbox"/> NYSP	<input type="checkbox"/> For-Profit Site (Open Site)	<input type="checkbox"/> Homeless Site	<input type="checkbox"/> Licensed Day Care Center (Non-Profit)	<input type="checkbox"/> Summer School (Open Site)
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<p>If the answer for site type is other than Closed Enrolled or Residential and Non-Residential Camp, please check one of the following documents that the local areas from which the site draws its attendance are areas in which poor economic conditions exist, as defined by the program regulations.</p> <p><input type="checkbox"/> Documentation from public or nonprofit private schools located near the site. Provide a copy of area eligibility. Name of School: _____ Percentage of Free/Reduce: _____%</p> <p><input type="checkbox"/> Documentation from departments of welfare, education, or zoning commissions.</p> <p><input type="checkbox"/> Documentation from organization determined by SCDE as a migrant organization.</p> <p><input type="checkbox"/> Census Tract Information</p> <p>Documentation attached or indicate the year the above documentation was submitted: _____</p>												
<p>If the answer for site type is Closed Enrolled or Residential and Non-Residential Camp:</p> <p>a. Attach a copy of the form that is or will be used to document each enrolled child's eligibility for reduce-price school meals.</p> <p>b. For camps only, indicate the number of children eligible for reduced-price meals and the total number of children participating at this site for each session. (If this information is unavailable at this time, it must be provided to the SCDOE prior to the submission of the Claim for Reimbursement for each session.)</p> <p>Total No. of Children Participating: (Estimate) _____</p> <p>Total No. of Eligible Children Participating: (Estimate) _____</p>												
<p>Did this site participate in any prior year's Summer Food Service Program?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If yes, list name of sponsor and year of participation: _____</p>												

<b>10. Indicate other USDA programs in which the site participates:</b>	
<input type="checkbox"/> None	<input type="checkbox"/> Child and Adult Care Food Program
<input type="checkbox"/> National School Lunch Program	<input type="checkbox"/> Food Distribution
<input type="checkbox"/> School Breakfast Program	<input type="checkbox"/> Special Milk Program
<b>11. Is there regularly scheduled, organized activity at the site?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a list of activities is required. Please list below or attach a schedule of daily activities.	
<b>12. Is this site a Child Care Center, Group Home or Family Home?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it <input type="checkbox"/> Licensed or <input type="checkbox"/> Licensed Exempt
<b>13. Does the system use 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?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14. Does the site have the necessary staff and facilities so that the meal service is organized and properly supervised?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15. Leftover meals are handled by:</b>	<input type="checkbox"/> Discarding <input type="checkbox"/> Storing <input type="checkbox"/> Return to Central Kitchen
<b>16. What method is used at the facilities for holding meals at proper temperatures?</b>	
<input type="checkbox"/> Delivered within one hour of meal service <input type="checkbox"/> Prepared onsite and held at proper temperature <input type="checkbox"/> Stored properly and at the proper temperature	
<b>17. Sites can adjust meal deliveries by:</b>	
<input type="checkbox"/> Calling a request into the sponsor	<input type="checkbox"/> Writing a request to the sponsor
<input type="checkbox"/> Faxing a request into the sponsor	<input type="checkbox"/> Emailing the sponsor
<b>18. Is Offer vs Serve requested for this site?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>19. Program regulations require that the sponsor conduct a pre-approval visit to the site, before SCDE will approve the site for participation. Has the sponsor conducted a pre-approval visit to this site?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No  Date: _____

<b>20. Operating Dates</b>					
Begin Date (First Date SFSP meals to be served at site): ___/___/___					
End Date (Last Date SFSP meals to be served at site): ___/___/___					
<b>21. Total number of operating days each month:</b> <i>Exclude weekends and holidays if you will not serve meals on those days.</i>	May	June	July	August	Total

<b>22. Meal Service Information:</b> 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.														
Meal Type	Preparation Method	Begin Time	End Time	Days Meals Served								Estimated Number to be served (ADA)	Estimated Number of Eligible (Camps Only)	CAP (SCDE use only)
				M	T	W	TH	F	S	SU				
Breakfast	<input type="checkbox"/> Self- Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> SU				
AM Snack	<input type="checkbox"/> Self- Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> SU				
Lunch	<input type="checkbox"/> Self- Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> SU				
PM Snack	<input type="checkbox"/> Self- Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> SU				
Supper	<input type="checkbox"/> Self- Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> TH	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> SU				

<b>23.</b> If Central kitchen meal type was chosen, list the name of the central kitchen preparing the food.	
<b>24.</b> How many children can eat at this site at one time?	<b>25.</b> How many staff members supervise the meal service?

<b>26.</b> 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.)
<b>27.</b> If this is an outdoor site, where will meals be served during inclement weather? Please provide the address and procedures for alternate meal service.

