



SFSP Site Information Sheet-FLIPANY

***Attention: Effective June 2022, all sites are required by FDACS to maintain a 1:25 staff-to-student ratio during all meal services. Failure to adhere to this policy, places sites at risk and in violation of required participant guidelines.**

Site Information:

Site Name _____

Physical Address _____

City _____ State _____ Zip _____ County _____

Phone Number _____

Meal Service Information:

Guidelines: (1) Sites are only allowed to receive up to 2 meal types per day i.e. Breakfast/Lunch, Lunch/Snack, etc. (2) Meal service times can be no less than 30 minutes and no more than 2 hours in length. (3) A one-hour time gap is required between meal services. (4) Sites requesting Breakfast and/or Lunch must have access to proper refrigeration. Coolers are not an acceptable alternative.

Breakfast Service

1. What are the meal service dates? Start Date _____ End Date _____

2. What are the meal service times? Start Time: _____ End Time: _____

3. Check all days of the week meals are served and claimed for reimbursement.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

4. Is this site closed any date in between the start date and end date (i.e. Juneteenth, 4th of July, etc.)

5. What is the Average Daily Attendance (ADA) for this meal service? _____

AM Snack Service

1. What are the meal service dates? Start Date _____ End Date _____

2. What are the meal service times? Start Time: _____ End Time: _____

3. Check all days of the week meals are served and claimed for reimbursement.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

4. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July, etc.)

5. What is the Average Daily Attendance (ADA) for this meal service? _____

Lunch Service

1. Requested Meal Temperature:

Hot Lunch Cold Lunch

2. What are the meal service dates? Start Date _____ End Date _____

3. What are the meal service times? Start Time: _____ End Time: _____

4. Check all days of the week meals are served and claimed for reimbursement.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July, etc.)

6. What is the Average Daily Attendance (ADA) for this meal service? _____

PM Snack Service

1. What are the meal service dates? Start Date _____ End Date _____

2. What are the meal service times? Start Time: _____ End Time: _____

3. Check all days of the week meals are served and claimed for reimbursement.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

4. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July, etc.)

5. What is the Average Daily Attendance (ADA) for this meal service? _____

Supper Service

1. Requested Meal Temperature:

Hot Supper Cold Supper

2. What are the meal service dates? Start Date _____ End Date _____

3. What are the meal service times? Start Time: _____ End Time: _____
4. Check all days of the week meals are served and claimed for reimbursement.
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
5. Is this site closed any date in between the start date and end date (i.e. Memorial Day, 4th of July, etc.)

6. What is the Average Daily Attendance (ADA) for this meal service? _____

Participant Information:

1. Please choose a site type for the meal service location:

<input type="checkbox"/> Apartment Complex	<input type="checkbox"/> Boys & Girls Club	<input type="checkbox"/> Church	<input type="checkbox"/> Upward Bound
<input type="checkbox"/> Day Care (5+)	<input type="checkbox"/> Farmers Market	<input type="checkbox"/> Homeless	<input type="checkbox"/> Hotel
<input type="checkbox"/> School	<input type="checkbox"/> Library	<input type="checkbox"/> Special Needs	<input type="checkbox"/> Migrant
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> WIC	<input type="checkbox"/> YMCA	<input type="checkbox"/> Recreation
<input type="checkbox"/> HUD (Housing and Urban Development)	<input type="checkbox"/> Rural Development (RD)		
<input type="checkbox"/> National Park Service	<input type="checkbox"/> CROP (College Reach Out Program)		
<input type="checkbox"/> NYSP (National Youth Sports Program)	<input type="checkbox"/> Police Athletic League		
2. What are the ages of the children to be served? _____
3. How will the children be served?

<input type="checkbox"/> All children will be served at one time	<input type="checkbox"/> Children will be served in small groups, adhering to 1:25 ratio
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4. Is this a For-Profit Site?
 Yes No
 If yes, please request a For-Profit Certificate Form from your sponsor.
5. Is this a Residential or Non-Residential Camp Site?
 Yes No
 If yes, please request a hearing procedures form template from your sponsor.
6. If you currently operate the Child and Adult Care Food Program (CACFP), will you ensure the children will not be claimed on CACFP and SFSP?

Yes No N/A

7. If this is a Migrant Site, do you certify that the local migrant coordinator has been contacted to verify the location is a migrant site.

Yes No N/A

8. If this is a School Site, will special permissions or instructions be required to access the meal service location?

Yes No N/A

If yes, please provide a brief description below:

9. Eligibility Information

Check Applicable:

Open Open Restricted Closed Enrolled

a. If Open Restricted, please explain:

***Note: "Closed Enrolled" sites must submit a completed Household Income form for each child participating in and/or receiving meals at your specific site. Individual site/child eligibility criteria will be established prior to start of meal service.**

"Open" and "Open Restricted" sites are required to provide a meal to children walking in from the community during approved meal times, without giving preference to those enrolled in the program, on a first come first served basis.

10. Is this site area eligible? **(To be filled out by the Sponsor)**

Yes No

a. If yes, please indicate documentation type below:

October Data Census Tract Other (attach supporting documentation)

i. If October Data,

School Number: _____

School Name: _____

Economically Needy Percentage: _____

School Year Eligibility Established: _____

ii. If Census Tract,

Census Tract Number: _____

Block Group Number: _____

School Year Eligibility Established: _____

b. If no, please indicate how the income eligibility form requirement is being met:

Collected On File Other

11. Will the site participate in any field trips where meals will be transported and counted at the Point of Service (POS) off site?

Yes No N/A

If yes, please complete the provided Field Trip form to include dates, times, addresses, and approximately how many children will attend. **Form must be returned and submitted in the provided Excel format.**

a. If yes, will the site be closed during field trips?

Yes No

***Note: Sites listed as "Open" or "Open-Restricted" are required to remain open on field trip days in accordance to FDACS policy. If unable to remain open, site cannot request meals for offsite consumption.**

12. Does this site operate more than one Point of Service?

Yes No

a. If yes, please complete the provided Multiple Points of Service (MPOS) Form and provide a detailed description of the locations/meal service areas and meal counting procedures to your Sponsor.

13. What arrangements have been made for food service during inclement weather (rain, excessive heat, etc.)?

14. As a site, I agree to refrigerate or store leftover meals for the next day of service OR to discard any leftovers as instructed. I Agree

15. What is your earliest delivery time? ***Sites must allot at least one-hour prior to meal service time for delivery, more if applicable.**

16. Does your site have overnight refrigeration available (for next day breakfast, cold lunches or early field trip departures)? _____

17. Does your site have access to heating equipment such as an oven or warmer?

Yes No N/A

a. If no, are you requesting equipment be provided by FLIPANY?

Yes No

***NOTE: Equipment is available on a first come, first available basis. Once all equipment has been assigned, sites will be required to identify an alternative on their own or modify the requested meal type to support the available resources on hand.**

Officials (**These officials must have attended a sponsor training and MUST be ON-SITE during meal service**) Please do not include regional office staff who will not be involved in daily operation at the site. Should these individuals change, you are responsible for notifying FLIPANY immediately:

Site Supervisor

Position/Job Title _____

Name _____

Email _____

Phone Number (mobile preferred) _____

Alternate Site Supervisor

Position/Job Title _____

Name _____

Email _____

Phone Number (mobile preferred) _____

Signature of Authorized Representative

Date