

SED Use Only

LEA Code: _____

Rural _____ Urban _____

NEW YORK STATE EDUCATION DEPARTMENT
Summer Food Service Program
New Site Information Sheet: Camp Sites

1. Sponsor Name: _____
2. Legal Name of Meal Service Site (as recognized by local municipality ie; local tax collector/treasurer's office): _____
3. Meal Service Site Address (as recognized by local municipality):
Street Number and Name: _____
City: _____ State: _____ Zip Code: _____
4. The Physical Location of this site is: Public Non-Profit For-Profit **
**For-profit sites are only eligible when the site is properly procured and operated by the non-profit sponsoring organization. Additionally, the DOH camp permit must be issued to the recognized SFSP sponsor.
5. Does the sponsor provide the camp programming? Yes No
If no: Is the organization providing the camp programming non-profit? Yes No
6. County the site is located in: _____
7. Nearest Public School **District** the site is located in: _____
8. How was the need for a site at this location determined: _____
9. Is this site a licensed day care center that receives funds from the Child & Adult Care Food Program (CACFP)? Yes No
Name of Child Care Center: _____
New York State Department of Health Agreement Number: _____
10. Type of program(s) children are enrolled in, check all that apply:
Residential Camp Non-Residential Camp Other State Recognized Program List Program(s): _____
For a Non-Residential Camp, what are the daily hours of operation: Start Time: _____ End Time: _____
11. **Enter anticipated Camp Eligibility.** Final eligibility/enrollment figures for sessions starting on or before July 19th are due by July 24th and sessions starting on or after July 20th are due 5 calendar days after the session start date.

Session Start Date	Session End Date	Number of Enrolled Residential Campers	Number of Eligible Residential Campers	Number of Enrolled Day Campers	Number of Eligible Day Campers	Number of Staff Children	Number of Eligible Staff Children

First meal that will be served on each session date: _____

Last meal that will be served on each session date: _____

12. Describe the organized and supervised system for serving meals to attending children:

13. Does the site have a public water supply? Yes No
If no: explain the sites testing procedure and how often the site is required to complete testing: _____
14. Is this site an indoor or outdoor site? Indoor Outdoor
If this is an outdoor site, where will meals be served in inclement weather? Provide the address and name of the location:

15. **Method of meal preparation (check one):**
Self-Prep (meals are prepared on site and served only at this site)
Sat-Prep (meals are prepared on site and served at this site and other sites)
Satellite (meals are not prepared at the site)

16. Indicate how meals are obtained/procured:

- Purchased from a School Food Authority
- Competitively Procured
- Purchased from University Campus Dining
- Sponsor Prepares Meals

Sat-Prep and Satellite sites only complete 17-20

- 17. Name of food preparation kitchen location: _____
- 18. Address of food preparation kitchen location: _____
- 19. County of food preparation kitchen location: _____
- 20. Describe arrangements for the delivery and holding of meals, how and where meals are stored, including excess meals, and the procedure to be used to communicate adjustments in the number of meals delivered when variations in the site's average daily participation occur (attach additional sheet if necessary): _____

- 21. Where will required documents be maintained and readily available for State, Federal, or other regulatory authorized officials review?

- 22. Check days meals will be served: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
- 23. Does the sponsor plan to implement Jewish Dietary Law at this site? Yes No
If yes, which option will be implemented (Refer to FNS instruction 738-13, Attachment 5 in the NYSED Attachments Manual)? _____
- 24. Is there shift feeding? Yes No If yes, number of shifts: _____
- 25. Do you feed (check all that apply):
 - Program Adults: Amount charged for each meal: _____ not charged for meals and paid with Non-SFSP funds
 - Non-program Adults: Amount charged for each meal: _____ not charged for meals and paid with Non-SFSP funds
 - Children not eligible: Amount charged for each meal: _____ not charged for meals and paid with Non-SFSP funds
- 26. Will you be serving a six ounce portion of milk? Yes No If yes, how many? _____
- 27. During the period of time in which meals are being served, what is the maximum number of children the site can accommodate? _____
- 28. Please indicate the meals you will be serving, along with other information requested. If over the course of the summer the meals or meal service times change, or if the actual number of children served exceeds the estimate, please update CNMS to reflect these changes.

Type of meal to be served	Meal Service Time Begin	Meal Service Time End	Menu Option	Offer vs. Serve (Yes/No)	Flexible Off-site Consumption (Yes/No)	Number of Points of Service	(✓) meals Residential Campers Will Be Eating	(✓) meals Day Campers Will Be Eating	(✓) meals Staff Children will be Eating
Breakfast									
AM Snack			Snack	N/A					
Lunch									
PM Snack			Snack	N/A					
Supper									
4 th Meal Supplement			Snack	N/A					

I CERTIFY this site will operate a non-profit food service; the site has been visited and has the capability and facilities for the meal service planned for the number of children anticipated to be served; that all eligible children will be served meals free of charge; that the information on this form is true and correct; that the sponsor is aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and federal criminal statutes; and that this program will be available to all children regardless of race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

(Print)Authorized Official/SFSP Contact/Designated Representative (Signature) Title Date
Department Approval _____ Date _____