

Joy Hofmeister
State Superintendent of Public Instruction
OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS (CNP)
2018 SUMMER FOOD SERVICE PROGRAM (SFSP)

Site Information Sheet

1. Name of School Food Authority (SFA): Tulsa Public Schools

County/District: Tulsa S-72-02

Mailing Address: 8934 E Latimer St

City: Tulsa State: OK Zip: 74115

Telephone Number: 918-833-9575 or 918-833-8679

2. Name of Organization Operating the Site: _____

Name of Contact Person (Site Supervisor): _____

Physical Address by Site: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Cell Number: _____ Fax Number: _____

E-Mail Address: _____

3. Site Personnel: Provide the following information for all site personnel who will be responsible for implementing the SFSP at this site. At least one staff member must be entered.

Title of Position (Ex: Site Supervisor, Assistant)	Number of Staff in this Position	Hours on SFSP	Total Days	Source of Payment V/O*

*V = Volunteer; O = Other Funds

SUMMER FOOD SERVICE PROGRAM

Site Information Sheet (continued)

Site Agreement Number: S-72-02

4. a. Type of Site:

- School
- State, local, municipal, county government
- Indian Tribe
- Non and residential camp
- National Youth Sports Program (NYSP) sponsor
- Nonprofit organization
- Other (specify):

b. Explain what activities will be offered at this site: (Ex: Basketball camp, summer school, VBS)

c. What Tulsa Public School is this site nearest to? _____

5. Operational Data: ***(Child Nutrition Services will be closed July 4th)***

a. Period of operation: Beginning Date: _____ Ending Date: _____

b. Number of operating days:

June _____ July _____ August _____

c. Will site serve meals on July 4th? Yes No

d. What other day(s) will site not be in operation? _____

e. Total Operating Days: _____

Meal Types:

Report estimated number of children to be served daily by meal type. *NOTE:* Only two meal services a day will be available for service.

Meal Type	Average Daily Participation	Meal Service Times	
		Beginning of Meal Service	Ending of Meal Service
Breakfast			
Lunch			

2018 SUMMER FOOD SERVICE PROGRAM

Sponsor/Site Agreement

Site Agreement Number: S-72-02

Name of Site: _____

Name of Site Supervisor (Please Print): _____

Site Address: _____

Site Telephone #: _____ Cell: _____ Email: _____

The Person named above agrees to:

1. Order **only one meal** for each child for each meal service.
2. Count the meals as they are received.
3. Check the meals to be sure you have received all the menu items and that none of the items are damaged or spoiled. Sign the delivery ticket and record the time meals received at your site.
4. Take the temperature of one milk and any refrigerated cold food item (ex. meats, cheese, yogurt) and record on the daily delivery ticket. This food must be counted as a **damaged meal** on the Daily Meal Count form.
5. Put up the approved nondiscrimination poster.
6. Ensure trained supervision is provided during the meal service. Send in all "Training Certification" forms for newly trained personnel at your site along with your other **DAILY PAPERWORK**.
7. Clean the site tables before and after meal service.
8. Have children wash their hands before eating.
9. Serve the meal only during the assigned and approved time period.
10. Report any change in feeding times and/or location to your Monitor or Sponsor immediately (ex. field trips).
11. Enforce that meals are eaten at the approved site.
12. Serve the meal components as a unit.
13. Use the daily meal count form to record meals as they are given out.
14. Carry-over extra meals daily and adjust daily meal counts to minimize food waste.
15. Submit original meal count forms and copies of delivery tickets on a daily basis.
16. Please make sure **ALL** paperwork is completed in **INK**, signed and sent in on time.
Check over for accuracy!

The Site Supervisor named above agrees to be financially liable for meals which are not eligible for reimbursement due to violations of any of the above-mentioned requirements.

Signature of Site Supervisor: _____ Date: _____

Complete and Return

By: Friday, April 20, 2018

To: Sheila Russell or Kurt Stillman

Tulsa Public Schools

Child Nutrition Services

8934 E. Latimer St.

Tulsa, Ok 74115

Delivery location at your site: _____
