

CHILD AND ADULT CARE FOOD PROGRAM SITE NOTIFICATION

Instructions: This notification is to be used when a sponsor operates a site at a location which they do not own and there is no other affiliation between the sponsor/site and location except the site it is located there (i.e. site located in a school).

This notification serves to inform an agency/school that the following sponsor will be operating a child care program which will be participating in the Child and Adult Care Food Program at the location indicated below.

SPONSOR NAME: Freestore Foodbank						IRN 148858	
SITE NAME:							
SITE ADDRESS:							
Number of Children Enrolled:				Age Range:			
Months Operating (circle): Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec							
The following meals will be served at this location: (check all that apply)							
Meals		Begin Time		End Time			
☐ Breakfast							
☐ Am Snack							
☐ Lunch							
☐ PM Snack							
☒ Supper							
☐ Evening Snack							
The child care program located at this site: (check all that apply)							
☐ Has their own food service license							
☐ Has a food service license exemption							
☐ Is having food provided by a vendor who has the appropriate food service license							
☐ Has a current Health Inspection Report (the child care program is in school building but is not receiving meals from school food service or using the school kitchen)							
Food for meals/snacks will be obtained for this site in the following manner:							
☒ Self-prep/sponsor program will purchase ☐ From outside vendor ☐ From site location							
The sponsor/site plans to use some or all of the kitchen facilities at this location: ☒ Yes ☐ No							
If this site is located in a school, has the Food Service Director been notified? ☐ Yes ☐ No							
The following agency will be responsible for cleaning up the food serving area and eating area that was used:							
The following agency will be responsible for the oversight and operation of the child care activities (not food program) taking place at this location:							

By signing this document, the *location agency Food Service Director* acknowledges that they have been informed that a child care program will be operating at the address noted above.

LOCATION AGENCY	CACFP SPONSOR
Agency Name:	Agency Name: Freestore Foodbank
Name Authorized Food Service Director:	Name Authorized Representative:
Signature:	Signature:
Title:	Title:
Phone:	Phone:
Date:	Date: