



# Summer Food Service Program

## Sponsor Training 2019

*Food That's In When School Is Out!*

[www.health.mo.gov/sfsp](http://www.health.mo.gov/sfsp)

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**

Bureau of Community Food and Nutrition Assistance

888-435-1464





# Reimbursement Rates 2018

## Rural or Self-prep Sites

|                 |          |
|-----------------|----------|
| Breakfast       | \$2.2325 |
| Lunch or Supper | \$3.9225 |
| Supplement      | \$0.93   |

## Urban Vended Sites

|                 |          |
|-----------------|----------|
| Breakfast       | \$2.19   |
| Lunch or Supper | \$3.8575 |
| Supplement      | \$0.91   |



# Who Can Be a Sponsor?

- A public or private nonprofit school food authority
- A unit of local, county, municipal, state or federal government
- A public or private nonprofit college or university participating in the National Youth Sports and Upward Bound Programs
- A public or private nonprofit residential camp
- Any other type of private non-profit organizations (YMCA or Boys & Girls Club)





# Sponsor Responsibilities:

- Demonstrate Financial and Administrative Capability
- Exercise Management Control Over Sites
- Sign Written Agreements



# Non-Contractible Management Responsibilities:

**Sponsors MAY NOT delegate any of these responsibilities to FSMCs!**

- ✓ Attend DHSS Annual Training
- ✓ Locate and recruit eligible sites
- ✓ Conduct Pre-Operational visits of sites
- ✓ Monitor sites
- ✓ Prepare and submit claims for reimbursement
- ✓ Prepare program applications
- ✓ Assume official recordkeeping responsibility
- ✓ Training and monitoring administrative and site staff
- ✓ Enforcing Corrective Action
- ✓ Meal ordering
- ✓ Announcing availability of meals to the news media
- ✓ Conducting a non-profit meal service



# Pre-Operational Site Review Form



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 SUMMER FOOD SERVICE PROGRAM  
**PRE-OPERATIONAL SITE REVIEW**  
 Site Selection Worksheet

|   |  |     |                                   |      |          |
|---|--|-----|-----------------------------------|------|----------|
| Sponsor Name and Address  |  |     |                                   |      |          |
| Site Address  |  |     |                                   |      |          |
| Site Phone Number   |  |     | Person to contact for use of site |      |          |
| <b>Type of Site</b><br><input type="checkbox"/> Recreation Center <input type="checkbox"/> Open <input type="checkbox"/> Enrolled<br><input type="checkbox"/> Playground <input type="checkbox"/> School <input type="checkbox"/> Church<br><input type="checkbox"/> Residential Camp <input type="checkbox"/> Settlement House <input type="checkbox"/> Park<br><input type="checkbox"/> <input type="checkbox"/> Play-street <input type="checkbox"/> Other |  |     |                                   |      |          |
| Estimated number of participants the site could serve   |  |     |                                   |      |          |
| Estimated number of supervisory personnel needed to adequately control food service   |  |     |                                   |      |          |
| Does the site have:   |  | Yes | No                                | NA   | Comments |
| A shelter or alternate site for inclement weather?  |  |     |                                   |      |          |
| Hand washing facilities for the food handlers and participants?   |  |     |                                   |      |          |
| Adequate refrigeration for storage of meals?  |  |     |                                   |      |          |
| Adequate cooking facilities for preparation of meals, if applicable?  |  |     |                                   |      |          |
| A place to store prepared or delivered food to maintain appropriate food temperatures?  |  |     |                                   |      |          |
| Is another site needed in the area?   |  |     |                                   |      |          |
| Are present facilities adequate for an organized meal service?  |  |     |                                   |      |          |
| If no, explain  |  |     |                                   |      |          |
| What types of organized activities are planned at this site?  |  |     |                                   |      |          |
| Signature of Authorized Representative  |  |     |                                   | Date |          |





# SFSP Operation Guidelines – General Site Rules

- Meal services are for children aged 18 or younger; persons with disabilities over 18 who participate in school programs for people who are mentally or physically disabled
- All meals must be eaten onsite (congregate meals)
- Second meals may only be served after all children have received a first meal. Only 2% of second meal served may be reimbursed.
- Parents may assist their children in carrying or opening meal packages, but may not consume any part of the meal.



# Dates and Times of Operation

- Meals may only be served during the meals times approved by CFNA
- You can submit changes to meal service times, dates, and locations at any time online
- Submit the changes online prior to implementing
- Have a plan for meal service during inclement weather, including excessive heat (Heat Demonstration Project can only be used if approved)





# Excessive Heat Demonstration

Plan for extreme weather conditions to prepare for the health and safety of the children you serve. Sponsors may apply for the Excessive Heat Demonstration:

- For sponsors operating approved outdoor meal sites **without** temperature-controlled alternative sites may:
  - Operate as a non-congregate site on days when experiencing excessive heat
- Permitted only on days when the National Weather Service has issued a Heat Advisory, Excessive Heat Warning, or an Excessive Heat Watch for the area of the meal site.
- Application is available at [www.health.mo.gov/sfsp](http://www.health.mo.gov/sfsp) under Applications and Forms.



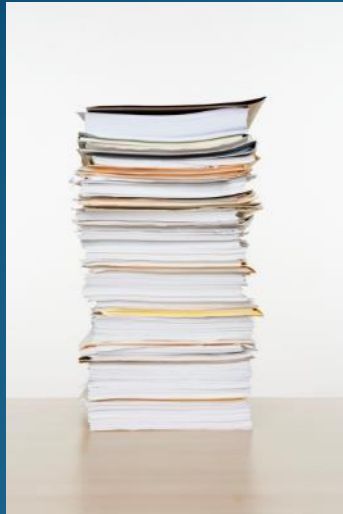
# Site Eligibility

- Open site
  - Restricted open site
- Closed enrolled site
- Residential & Nonresidential day camps
- Migrant sites





# Application



**New Applicants:** Full application packet available at [www.health.mo.gov/sfsp](http://www.health.mo.gov/sfsp) *Applications and Forms*

Due by May 15th or 30 days prior to the first day of operation!

**Returning Sponsors:** Complete the online application at:  
<https://dhsswebo4.dhss.mo.gov/cnp/Login.asp>

## Application Deadlines:

April 1<sup>st</sup>



May Commodities

May 1<sup>st</sup>



June Commodities

May 1<sup>st</sup>



June Advance





## Tools for Success:

- ❖ Use the New Applicant Checklist
- ❖ Use the Site Operation Checklist

To aid in the success of getting your sponsor and site applications completed and approved:

- All applications and forms are available online at [www.health.mo.gov/sfsp](http://www.health.mo.gov/sfsp) *Applications and Forms*
- Make sure all blanks are completed!



# Meal Site Reviews and Preparation:

**Pre-operational Site Review** – Required for new sites and sites that had significant Findings in prior years.

**1<sup>ST</sup> Week Site Review** – Must visit all sites at least once during 1<sup>st</sup> week of operation.

First week monitoring waiver may be requested, but does not guarantee approval:

## Certification

(56)  Yes  No I request a waiver for the first week of monitoring. I certify this site will be monitored within the first four weeks. (Only request this waiver if this site operated last year and is in good standing with the sponsor)

**4<sup>th</sup> Week Site Review** – Must review each site within the first 4 weeks of operation.

\*Conduct additional reviews and technical assistance as necessary.



# Let's Talk....

## Sponsor Application & Site Application

Once your application is approved online, be sure to log on to CNPWeb and verify that all of your sites are listed and that the information is correct!





# Types of Meal Preparation

**Self-prep** – Sponsor prepares their own meals on-site or at a central kitchen. The sponsor receives the higher reimbursement.

**Vended-** sponsor buys meals from a School Food Authority (SFA) or a Food Service Management Company (FSMC). This requires an agreement between the sponsor and the vendor. The sponsor receives the lower reimbursement if they are urban vended.

- School Food Authority- written agreement between the SFA and sponsor does not require the formal competitive purchasing procedures. (Attachment 1- Vended Sponsors Guide)
- Food Service Management Company- Competitive purchasing practices must be followed. DHSS must be present for bid openings exceeding \$150,000 ( See Vended Sponsors Guide)



# Budget – How to Calculate Your Potential Reimbursement

Estimated daily meals to be served  
 X # of days  
 X Reimbursement rate by meal type  
 = **Estimated SFSP reimbursement for budget**

| <u>Breakfast</u> | <u>Lunch</u> |                                      |
|------------------|--------------|--------------------------------------|
| 120              | 175          | Estimated meal count by meal         |
| 23               | 23           | # of days of operation               |
| \$2.2325         | \$3.9225     | Reimbursement rate by meal type      |
| \$6161.70        | \$15,788.06  | Potential reimbursement by meal      |
|                  | \$21,949.76  | <b>Total estimated reimbursement</b> |



# BMA

- BMA – Business Management Assessment.
- All DHSS contractors will be completing the BMA.
- Each sponsor must complete a BMA each year.
- Prior sponsors MUST submit a BMA when completing their online application renewal. Sponsors won't be able to submit a renewal until the BMA is complete.
- The BMA renewal can be completed at:

<https://health.mo.gov/atoz/bma/index.php>





# Sign and Return Your Contract...if you are a NEW Sponsor

When you receive the contract  
be sure to read it thoroughly.  
Then **SIGN IT** and return it  
to the address specified.



**Complete and return all  
applicable attachments.**



# Making Changes!

- Notify CFNA of any site changes
  - Meal service times
  - Meal types
  - Increases or decreases in estimated attendance
  - Field trips
  - Site closings
  - Changes in personnel
- Make site changes online and submit into *Pending Approval* status
- Use the Site Information Sheet (CACFP 1001) form for new site openings and site location changes. Submit this form via fax or email.

Meals may not be claimed for a site until the site is approved!!



# Commodity Food Items

|                |            |
|----------------|------------|
| Green Beans    | 6/#10 Cans |
| Applesauce cup | 96/4.5 oz  |
| Diced Peaches  | 6/#10 Cans |







# Procurement: FSMC Bid Packets and Procedures available online at:

[www.health.mo.gov/sfsp](http://www.health.mo.gov/sfsp) Applications and Forms

## ❖ Micro-Purchase

Purchases between \$0-\$10,000

## ❖ Small Purchase

\$10,000-\$250,000

Sponsors are required to document the date, vendor consulted and quotes received (including verbal)

## ❖ Competitive Sealed Bids - Purchases over \$250,000

Preparing the Invitation For Bid (IFB)

Public announcement less than 14 days before bids are open

Publicly opening all bids

Submitting bid to State agency prior to accepting

Must have a bid bond





# Procurement: Schools

- ❖ If seeking a vendor, sponsors are encouraged to first consider their local School Food Authority (SFA) as a source for obtaining meal service.
- ❖ Sponsors that use local SFA facilities must enter into a written agreement with the school, but are not required to utilize the competitive bid procedures if the school itself does not obtain its meals from a FSMC.
- ❖ Sponsors cannot enter into an agreement with a SFA who uses a FSMC.



Training is one of the sponsor's major administrative responsibilities.

**• Sponsor Requirements:**

- Train all staff prior to operation of the program or any site
- Document with a sign-in sheet and list of topics covered
- Must submit proof of training prior to receiving an advance

**Tip for Success –**

**Use the Personnel Training Checklist!!!**





# Training Resources

SFSP Training resources can be found at:

[www.health.mo.gov/sfsp](http://www.health.mo.gov/sfsp)

Applications and Forms





# Civil Rights Training

➤ Required Annually  
Available for you and all your staff online!

[www.health.mo.gov/sfsp](http://www.health.mo.gov/sfsp)

**AND JUSTICE FOR ALL**

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mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1420 Independence Avenue, SW  
Washington, D.C. 20250-6410

fax:  
(202) 895-7442; or  
email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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correo:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1420 Independence Avenue, SW  
Washington, D.C. 20250-6410

fax:  
(202) 895-7442; o  
correo electrónico:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta institución ofrece igualdad de oportunidades.

Display the “And Justice For All” poster in a prominent place at all sites!



# Definitions

## Civil Rights

“The nonpolitical rights of a citizen; the rights of personal liberty guaranteed to U.S. citizens by the 13<sup>th</sup> and 14<sup>th</sup> Amendments to the U.S. Constitution and by acts of Congress.”

## Discrimination

“The act of distinguishing one person from others, either intentionally, by neglect, or by the effect of actions or lack of actions based on their protected classes.”







# Protected Classes

The United States Department of Agriculture (USDA) statutes and regulations prohibit discrimination in Child Nutrition Programs based on:

- Race
- Color
- National Origin
- Age
- Sex
- Disability





# Civil Rights Legislation

- **Title VI -- Civil Rights Act of 1964**  
*Prohibits discrimination based on race, color, and national origin*
- **Title IX of Education Amendments of 1972**  
*Prohibits discrimination based on sex under any education program or activity that is receiving federal financial assistance*
- **Section 504 of the Rehabilitation Act of 1973**  
*Prohibits discrimination based on disability*
- **Age Discrimination Act of 1975**  
*Age*
- **Americans with Disabilities Act (ADA) of 1990**  
*Prohibits discrimination based on disability*
- **USDA Regulation 7 CFR Part 16, Equal Opportunity for Religious Organizations**
- **FNS Instruction 113-1**

<http://www.fns.usda.gov/cr/crregulation.htm>

# Civil Rights Requirements

- I. Public Notification
- II. Data Collection and Reporting
- III. Compliance Reviews
- IV. Complaints Procedure
- V. Civil Rights Training of Staff
- VI. Reasonable Accommodation
- VII. Limited English Proficiency



USDA United States Department of Agriculture

## AND JUSTICE FOR ALL

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mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

fax:  
(202) 696-7442; or

email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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Form 015-1-0004 Public Notice October 2010

Más información al Formulario 015-1-0004 October October 2010





# Meal Service Requirements





# Allowable Meal Combinations

| Breakfast Only       | Lunch Only          |
|----------------------|---------------------|
| Supper Only          | Snack Only          |
| Breakfast and Lunch  | Breakfast and Snack |
| Breakfast and Supper | Lunch and Snack     |
| Supper and Snack     | Two Snacks          |

**\*Camps or migrant site sponsors may serve up to three meals (including snacks) per day with CFNA approval.**



# Meal Service Rules!

- Must serve the same meal to all children at the site.
- Meals must be eaten onsite – congregate meals.
- Meals must have all food components required.
- Second meals may not be served until all children receive first meals.
- Must abide by local sanitation codes.
- Have a plan for inclement weather.
- Serve meals during advertised (and CFNA approved) meal times.
- Vended meals delivered to meal sites may not be delivered sooner than 1 hour.
- Infant meals – CFNA must approve service of meals to infants (0-11 months) at a site. Infant meals served must comply with CACFP infant meal pattern requirements.
- Meal service to children aged 1-6 years – sponsors must receive prior approval from CFNA in order to adjust meal portion sizes for younger children. Smaller portion sizes will require following the CACFP meal pattern.





## Sponsors may allow children to take one food item off-site .

- Only one item is allowed
- May take a fruit, vegetable, or grain item off-site to eat later
- No perishable foods (food safety issue)
- Only from the child's own plate or the share table





## Four Components in Menu Planning

SFSP nutritional guidelines help assure that children are provided healthy foods that meet their growing needs. The four components below are used to plan meals and snacks. Additional foods may be served to provide additional nutrients. Specific food information resources can be found in *The Food Buying Guide* and *Creditable Food Guide*.

- \*Breakfast must contain the milk, grains/breads and vegetable/fruit components.
- \*Lunch and Supper meals must contain all four components, including two different servings of vegetable/fruit.
- \*Snacks must contain at least two different food components.

|   |   |
|---|---|
| <p style="text-align: center;"><b>Meat/Meat Alternates</b></p> <p>Lean meat, poultry, fish, cheese, eggs, cooked dry beans or peas, nuts and seeds, nut and seed butters, alternate protein products, yogurt (creditable at lunch, supper and snack only).</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• Required at lunch and supper as main dish.</li> <li>• Minimum creditable amount is ¼ oz.</li> <li>• Nuts/seeds/butters can meet only ½ of meat requirement at meals, therefore another meat/meat alternate must be served; meets full requirement at snacks.</li> <li>• No more than two different meat items are creditable at one meal.</li> <li>• Lunch meat/cold cuts, including but not limited to hot dogs, polish sausage, little smokies, and sausage – <i>recommend to limit to no more than one time per week.</i></li> </ul> | <p style="text-align: center;"><b>Milk</b></p> <p>Pasteurized fluid milk, unflavored or flavored.</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• Fluid milk is required for breakfast, lunch and supper. Fluid milk may be served as one of two choices at snack.</li> <li>• Milk <u>must be served</u> as a beverage at lunch and supper.</li> <li>• Milk <u>may be served as a beverage served on cereal, or used for some of both at breakfast and snack.</u></li> </ul>   |
| <p style="text-align: center;"><b>Vegetable/Fruit/Juice</b></p> <p>Fruits and vegetables.</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• One serving required at breakfast.</li> <li>• Two different kinds required at lunch &amp; supper.</li> <li>• Only 100% full strength fruit or vegetable juice is creditable.</li> <li>• Minimum creditable amount - 1/8 cup.</li> <li>• Dried beans and peas cannot count <u>as both fruit and vegetable and meat at one meal.</u></li> <li>• Juice cannot be served with milk for snacks.</li> <li>• Only one vegetable/fruit creditable for snacks.</li> </ul> <p>(Example – Cannot serve orange juice with apple wedges.)</p>   | <p style="text-align: center;"><b>Grains/Breads</b></p> <p>Whole grain or enriched bread, grains, cereal, crackers, pasta.</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• Required at breakfast, lunch, and supper.</li> <li>• Minimum creditable amount is ¼ serving.</li> <li>• Ready-to-eat cereal at breakfast and snack only.</li> <li>• Grain-based chips are creditable only two times a week and only at lunch, snack or supper.</li> <li>• Sweet type breads and grains including but not limited to: coffee cake, doughnuts, sweet rolls, muffins, cereal/granola bars, and pop-tarts are creditable for breakfast and snack only, and <i>it is recommended these are limited to no more than two times per week at snack.</i></li> </ul> |

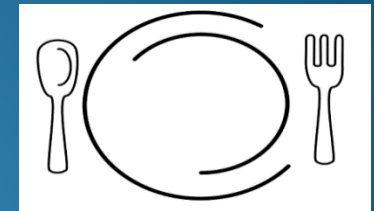


# Meal Pattern Requirements

## Breakfast

For a breakfast to be a reimbursable meal, it must contain:

- One serving (8 ounces or ½ pint) of milk. It may be fat-free (skim), low-fat, or whole;
- One serving of a vegetable, fruit, or full strength juice;
- One serving of grain or bread; and
- A meat or meat alternate may also be served, but is optional



## Lunch and Supper

For a lunch or supper to be considered a reimbursable meal, it must contain:

- One serving (8 ounces or ½ pint) of milk. It may be fat-free (skim), low-fat, or whole;
- Two or more servings of vegetables and/or fruits, or 100% juice;
- One serving of a grain or bread; and
- One serving of meat or meat alternate.

## Snack

For a snack to be a reimbursable meal, it must contain two of the four components listed below.

- One serving (8 ounces or ½ pint) of milk. It may be fat-free (skim), low-fat, or whole;
- Two or more servings of vegetables and/or fruits, or 100% \*juice;
- One serving of a grain or bread; and
- One serving of meat or meat alternate.

\*Juice may not be served when milk is served as the only other component of a snack.





# FOOD CHART!

|                          |  |                                     |
|--------------------------|--|-------------------------------------|
| <b>Breakfast</b>         | Fluid Milk   | 1 cup (8 fluid ounces) <sup>1</sup> |
|                          | Juice or Fruit or Vegetable  | ½ cup                               |
|                          | Bread, or  | 1 slice                             |
|                          | Cold Dry Cereal, or  | ¾ cup or 1 ounce <sup>2</sup>       |
|                          | Combread, Biscuits, Rolls, Muffins, etc., or                           | 1 serving                           |
|                          | Cooked Cereal or Cereal Grains   | ½ cup                               |
|                          | Pasta, Cooked Noodles  | ½ cup                               |
| <b>Lunch or Supper</b>   | Fluid Milk   | 1 cup (8 fluid ounces) <sup>3</sup> |
|                          | Meat, Poultry, Fish, Cheese, or  | 2 ounces                            |
|                          | Egg, or  | 1 large egg                         |
|                          | Cooked Dry Beans, Peas, or   | ½ cup                               |
|                          | Peanut Butter or other Nut Butters,                                    | 4 tablespoons                       |
|                          | Peanuts, Soy nuts, Tree Nuts or  | 1 ounce = 50% <sup>4</sup>          |
|                          | Yogurt, plain or sweetened, flavored                                   | 8 ounces or 1 cup                   |
|                          | Vegetables and/or Fruits (must serve at least two different varieties) | ¾ cup total <sup>5</sup>            |
| Grains/Breads            | 1 serving/1 slice  |                                     |
| <b>Snack<sup>6</sup></b> | Fluid Milk   | 1 cup (8 fluid ounces) <sup>1</sup> |
|                          | Juice or Fruit or Vegetable  | ¾ cup                               |
|                          | Meat or Meat Alternate   | 1 ounce                             |
|                          | Grains/Bread   | 1 serving                           |

1. Serve as a beverage, or on cereal, or use part of it for each purpose.
2. Either volume (cup) or weight (ounces), whichever is less.
3. Must be served as a beverage.
4. No more than 50% of the requirement can be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate to fulfill the requirement.
5. Serve two or more kinds. Full-strength juice may be counted to meet not more than one-half of this requirement.
6. Serve two food items. Each food item must be from a different food component. Juice may not be served when milk is served as the only other component.

Note: All grain/bread items must be enriched or whole-grain, made from enriched or whole-grain meal or flour, or if it is a cereal, the product must be whole grain, enriched, or fortified. Bran and germ are credited the same as enriched or whole-grain meal or flour.



# Common Milk Measurements

| Required Serving Size per Meal | Container Size  | Number of Servings per Container |
|--------------------------------|-----------------|----------------------------------|
| 8 ounces (oz.)                 | Half-pint (8oz) | 1                                |
| 8 ounces (oz.)                 | Gallon jug      | 16                               |

## Milk Purchasing Tip:



If you purchase half-pints, you are purchasing 1 for 1. For every meal you claim, you must have purchased and served a half-pint of milk in order for it to be a creditable meal.



# Milk Purchasing Calculation Example:

If your claim is a total of 1,527 breakfasts and lunches, then your required milk purchase is as follows:

## For gallons:

$1,527 \times 8 \text{ ounces} = 12,216 \text{ ounces of milk needed total}$

There are 128 ounces of milk per gallon.

$12,216 \text{ divided by } 128 = 95.4 \text{ gallons of milk needed.}$

## For half-pints:

$1,527(\text{meals claimed}) = 1,527 \text{ half-pints (8 oz)}$





# Meal Pattern Substitutions

- ❖ Meal pattern substitutions must be made when a condition recognized as a “disability” is documented by a recognized medical authority.
- ❖ A disability is defined as a physical or mental impairment which substantially limits one of more “major life activities.”
- ❖ Meal sites participating in the SFSP are required to make substitutions or modifications to the meal pattern for a participant with a disability that restricts his/her diet.
- ❖ Non disability substitutions:
  - May be made on a case by case basis at the discretion of the sponsor.
  - Schools may offer non-dairy milk substitutions: must be nutritionally equivalent to cow’s milk.



# Processed Food Documentation – CN labels & PFS

**Child Nutrition (CN) Label Documentation or a Product Formulation Statement is *REQUIRED* for Processed Foods – These labels tells how a product contributes to the Meal Pattern Requirements that we cannot determine for ourselves.**

*A sample CN logo:*

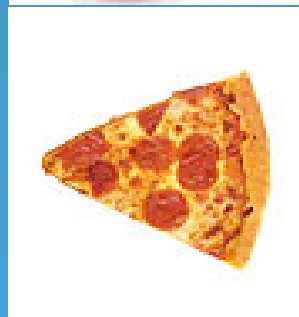
CN

XXXXXX\*

This 2.31 oz fully cooked Beef Patty with Textured Soy Flour provides  
 CN 2.00 oz equivalent meat/meat alternate for the Child Nutrition Meal CN  
 Pattern Requirements. (Use of this logo and statement authorized by  
 the Food and Nutrition Service, USDA XX-XX\*\*)

CN

\* CN identification number  
 \*\* Month & Year of approval



## Product Formulation Statement (PFS) – Approved Example:

**XYZ Burrito Factory (Manufacturer's Letterhead)**  
 Effective Date: August 23, 2015 Product No. 9999  
 Total weight of precooked product: 4.00  
 Total of raw meat: 0.650 oz.  
 Percent of fat of raw meat: Not to exceed 30%  
 Weight of dry Volume Per Package (VPP): 0.094 oz.  
 Weight of liquid used to hydrate VPP: 0.176 oz.  
 Percent of Protein in dry VPP: 52%  
 Weight of raw meat and hydrated VPP: 0.920  
 Type of VPP used: XX Flour: \_\_\_\_\_ Isolate: \_\_\_\_\_  
 Weight of other ingredients: 1.005 oz.  
 Weight of pinto beans: 0.325 oz. Factored Wt 0.503  
 Weight of cheese: none  
 Weight of cooked meat with VPP: 0.64 oz.  
 Total weight of filling: 2.25 oz.  
 Total weight of enriched flour tortilla: 1.75 oz. 1.59 serving  
 I certify the above information is true and correct and that the product (ready for serving) contributes 1.14 ounces of equivalent meat/meat alternate toward the meal pattern when prepared according to direction. I understand that the above named product will be used as a meal component for which Federal reimbursement will be claimed, and that records are available to support the information indicated above. The VPP used conforms to Food and Nutrition Service regulations. This product formulation will supersede all previously issued sheets.

**SUGGESTED BID SPECIFICATIONS:** \_\_\_\_\_ cases – Red Chill Beef, Bean and Chicken Burrito, 4.00 oz. Each, unfried, packed 3/24 count. Must meet 1.00 ounces of meat/meat/alternate and 1.50 bread servings.

\_\_\_\_\_  
 James Smith Director of Manufacturing  
 James Smith Title  
 XYZ Burrito Factory August 23, 2015



# Offer VS Serve (OVS)

- ✓ Must have CFNA approval to use OVS.
- ✓ School sponsors may choose to use either the NSLP and SBP meal pattern requirement and its OVS pattern OR the SFSP meal pattern requirements and its OVS pattern.
- ✓ All other sponsors approved to use OVS must follow the SFSP OVS pattern.
- ✓ All required food and food components, in the required serving size, must be offered.





# Offer VS Serve (OVS) cont'd

## Breakfast

The meal pattern for breakfast consists of 3 food components:

- One serving of fruit/vegetable,
- One serving of bread/grains,
- One serving of fluid milk.

However, for OVS, four different **food items** must be offered.

- A child must take three of the four food items and by turn, may only decline one food item.
- The fourth food item can be a fruit/vegetable, bread/bread alternate, or meat/meat alternate.
- All of the food items must be different from each other. For example, 2 slices of toast would not qualify as 2 different items.
- All of the components must meet the minimum required serving amounts.



# Offer VS Serve (OVS) cont'd

## Lunch and Supper

The meal pattern for lunch and supper consist of four food components:

- One serving of meat/meat alternate,
- Two different items of fruit/vegetable,
- One serving of bread/grain,
- One serving of fluid milk.

For OVS at lunch and supper:

- All of the components must meet the minimum required serving amounts for at least 5 food items.
- All of the food items must be different from each other.
- A child must take at least 3 different food **components**.

If a site runs out of a food component, all meals after that point must be disallowed if the site is unable to offer children a complete reimbursable meal.



## Offer VS Serve (OVS) cont'd

What about snack?

**NOPE!!!**

OVS cannot be used with snack services.





# OVS & Combination Foods

➤ **Combination Foods:** A combination food is a single serving of food that contains 2 or more of the required meal components. Combination foods served as an entrée or main dish may be **credited as the meat/meat alternate plus a maximum of 2 of the required meal components (3 total)** if amounts of each are sufficient to meet the meal pattern requirements.



➤ Lunch must contain all 4 components (but 5 items because 2 different Fruit/Vegetables must be offered). A child must take **3 of the 4 components.**



➤ Breakfast must contain 4 items to be reimbursable on OVS. A child may only decline one of the 4.

➤ Combination foods **may not be declined for breakfast** because a child may only decline one of the 4 required items.

➤ Combination foods containing 3 food items may not be declined during lunch or supper because a child may only decline 2 food items.



# Let's Try It

Meal offered consists of:







# Is This Meal Creditable?

Child chooses:







# Let's Try a Different Menu

Meal consists of:





# Is This Meal Creditable ?

Child chooses:







# Let's Try It Again

Meal consists of:

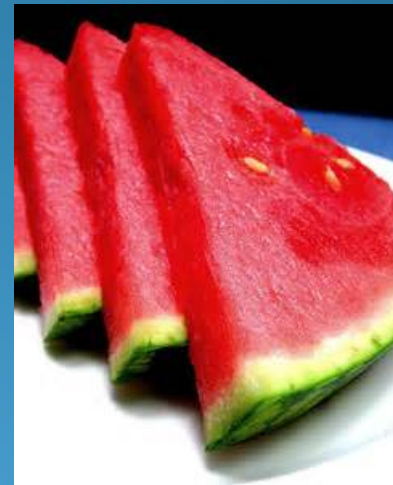






# Is This Meal Creditable ?

Child chooses:





# Is This Meal Creditable?

Meal consists of:

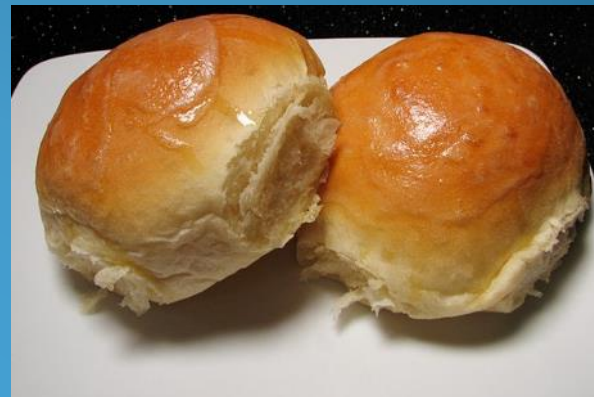






# Is This Meal Creditable?

Child Chooses:







# Is This Meal Creditable?

Meal consists of:





# Is This Meal Creditable?

Child chooses:







# Is This Meal Creditable?

Meal consists of:







# Is This Meal Creditable?

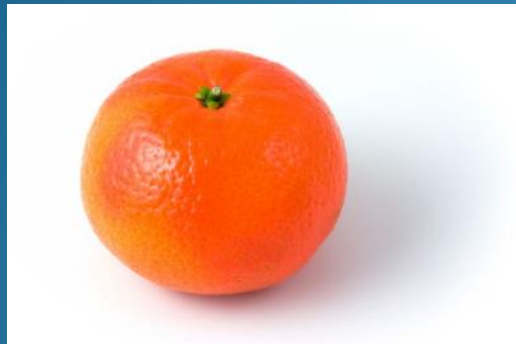
Child chooses:





# Is This Meal Creditable?

Meal consists of:





# Is This Meal Creditable?

Child chooses:

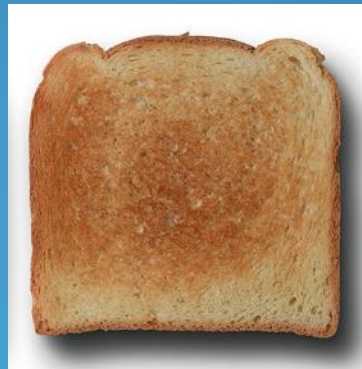






# Is This Meal Creditable?

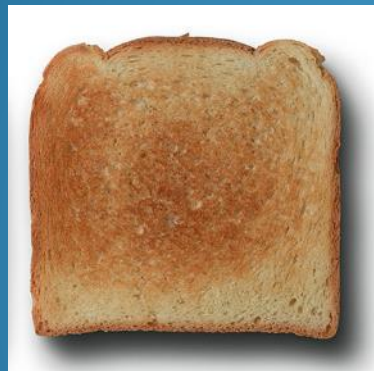
Meal consists of:





# Is This Meal Creditable?

Child chooses:







# Let's get FRESH! Farm to Summer!

Serve locally sourced foods to create a positive impact:

- ❖ Increased participation
- ❖ Consumption of healthier foods
- ❖ Support of local economies
- ❖ Improved meal quality and appeal
- ❖ Organize gardening activities at your local community garden
- ❖ Taste test with local produce at your meal sites
- ❖ Take field trips to farmer's markets or local farms
- ❖ Host farmer visits to your summer meal sites



For more information visit:

[www.fns.usda.gov/farm-to-school/farm-summer](http://www.fns.usda.gov/farm-to-school/farm-summer)





# Menu Template



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 SUMMER FOOD SERVICE PROGRAM  
 MENU – MEAL TEMPLATE

|  |               |                |                  |                 |               |             |
|--|---------------|----------------|------------------|-----------------|---------------|-------------|
| <b>Name of Sponsor</b>                         |               |                |                  |                 |               |             |
| <b>Name of Site</b>                            |               |                |                  | <b>Week of</b>  |               | <b>Year</b> |
| <b>Breakfast</b>                               | <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> |             |
| Meat/Meat Alternate                            |               |                |                  |                 |               |             |
| Fruit or Vegetable                             |               |                |                  |                 |               |             |
| Grain/Bread                                    |               |                |                  |                 |               |             |
| Fluid Milk                                     |               |                |                  |                 |               |             |
| Other Foods                                    |               |                |                  |                 |               |             |
| <b>Snack</b><br><i>Serve 2 of 4 components</i> |               |                |                  |                 |               |             |
| Meat / Meat Alternate                          |               |                |                  |                 |               |             |
| Fruit and/or Vegetable                         |               |                |                  |                 |               |             |
| Grain/Bread                                    |               |                |                  |                 |               |             |
| Fluid Milk                                     |               |                |                  |                 |               |             |
| Other foods                                    |               |                |                  |                 |               |             |
| <b>Lunch</b>                                   |               |                |                  |                 |               |             |
| Meat/ Meat Alternate                           |               |                |                  |                 |               |             |
| <b>Fruit and/or Vegetable 2 servings</b>       |               |                |                  |                 |               |             |
| Grain/Bread                                    |               |                |                  |                 |               |             |
| Fluid Milk                                     |               |                |                  |                 |               |             |
| Other Foods                                    |               |                |                  |                 |               |             |



# Point of Service Meal Counts (POS)

- ❖ Staff must be trained on correct completion of Meal Count Forms.
- ❖ Meal Count Forms must be completed at the Point of Service!
- ❖ POS means at the time the child receives the meal.
- ❖ The staff member conducting the meal count should be at the end of the serving line to ensure each child receives a complete meal.
  - A tray count is not an acceptable meal count.
- ❖ Meal counts must be consolidated either weekly or monthly.



# Daily Meal Count



Available online:  
[Health.mo.gov/sfsp](http://Health.mo.gov/sfsp)  
 Applications and Forms



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 SUMMER FOOD SERVICE PROGRAM  
**DAILY MEAL COUNT FORM**  
 (Instructions on second page)

|                    |                                 |                       |                                   |        |                  |
|--------------------|---------------------------------|-----------------------|-----------------------------------|--------|------------------|
| Name of Site:      |                                 |                       |                                   |        | Date:            |
| Meal: (circle one) | A.M. Snack                      | Lunch                 | P.M. Snack                        | Supper | Site Supervisor: |
| Breakfast          |                                 |                       |                                   |        |                  |
| Delivery Time:     | Total Meals Delivered/Prepared: | Delivery Temperature: | Meal Service Time:<br>Begin: End: |        |                  |

### First Meals Served to Children:

|    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |
|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| 1  | 16 | 31 | 46 | 61 | 76 | 91  | 106 | 121 | 136 | 151 | 166 | 181 | 196 | 211 | 226 | 241 | 256 | 271 | 286 | 301 | 316 | 331 | 346 | 361 | 376 | 391 | 406 | 421 | 436 |
| 2  | 17 | 32 | 47 | 62 | 77 | 92  | 107 | 122 | 137 | 152 | 167 | 182 | 197 | 212 | 227 | 242 | 257 | 272 | 287 | 302 | 317 | 332 | 347 | 362 | 377 | 392 | 407 | 422 | 437 |
| 3  | 18 | 33 | 48 | 63 | 78 | 93  | 108 | 123 | 138 | 153 | 168 | 183 | 198 | 213 | 228 | 243 | 258 | 273 | 288 | 303 | 318 | 333 | 348 | 363 | 378 | 393 | 408 | 423 | 438 |
| 4  | 19 | 34 | 49 | 64 | 79 | 94  | 109 | 124 | 139 | 154 | 169 | 184 | 199 | 214 | 229 | 244 | 259 | 274 | 289 | 304 | 319 | 334 | 349 | 364 | 379 | 394 | 409 | 424 | 439 |
| 5  | 20 | 35 | 50 | 65 | 80 | 95  | 110 | 125 | 140 | 155 | 170 | 185 | 200 | 215 | 230 | 245 | 260 | 275 | 290 | 305 | 320 | 335 | 350 | 365 | 380 | 395 | 410 | 425 | 440 |
| 6  | 21 | 36 | 51 | 66 | 81 | 96  | 111 | 126 | 141 | 156 | 171 | 186 | 201 | 216 | 231 | 246 | 261 | 276 | 291 | 306 | 321 | 336 | 351 | 366 | 381 | 396 | 411 | 426 | 441 |
| 7  | 22 | 37 | 52 | 67 | 82 | 97  | 112 | 127 | 142 | 157 | 172 | 187 | 202 | 217 | 232 | 247 | 262 | 277 | 292 | 307 | 322 | 337 | 352 | 367 | 382 | 397 | 412 | 427 | 442 |
| 8  | 23 | 38 | 53 | 68 | 83 | 98  | 113 | 128 | 143 | 158 | 173 | 188 | 203 | 218 | 233 | 248 | 263 | 278 | 293 | 308 | 323 | 338 | 353 | 368 | 383 | 398 | 413 | 428 | 443 |
| 9  | 24 | 39 | 54 | 69 | 84 | 99  | 114 | 129 | 144 | 159 | 174 | 189 | 204 | 219 | 234 | 249 | 264 | 279 | 294 | 309 | 324 | 339 | 354 | 369 | 384 | 399 | 414 | 429 | 444 |
| 10 | 25 | 40 | 55 | 70 | 85 | 100 | 115 | 130 | 145 | 160 | 175 | 190 | 205 | 220 | 235 | 250 | 265 | 280 | 295 | 310 | 325 | 340 | 355 | 370 | 385 | 400 | 415 | 430 | 445 |
| 11 | 26 | 41 | 56 | 71 | 86 | 101 | 116 | 131 | 146 | 161 | 176 | 191 | 206 | 221 | 236 | 251 | 266 | 281 | 296 | 311 | 326 | 341 | 356 | 371 | 386 | 401 | 416 | 431 | 446 |
| 12 | 27 | 42 | 57 | 72 | 87 | 102 | 117 | 132 | 147 | 162 | 177 | 192 | 207 | 222 | 237 | 252 | 267 | 282 | 297 | 312 | 327 | 342 | 357 | 372 | 387 | 402 | 417 | 432 | 447 |
| 13 | 28 | 43 | 58 | 73 | 88 | 103 | 118 | 133 | 148 | 163 | 178 | 193 | 208 | 223 | 238 | 253 | 268 | 283 | 298 | 313 | 328 | 343 | 358 | 373 | 388 | 403 | 418 | 433 | 448 |
| 14 | 29 | 44 | 59 | 74 | 89 | 104 | 119 | 134 | 149 | 164 | 179 | 194 | 209 | 224 | 239 | 254 | 269 | 284 | 299 | 314 | 329 | 344 | 359 | 374 | 389 | 404 | 419 | 434 | 449 |
| 15 | 30 | 45 | 60 | 75 | 90 | 105 | 120 | 135 | 150 | 165 | 180 | 195 | 210 | 225 | 240 | 255 | 270 | 285 | 300 | 315 | 330 | 345 | 360 | 375 | 390 | 405 | 420 | 435 | 450 |

(Continue counting on back of form if needed)

**Total First Meals Served to Children** \_\_\_\_\_

### Complete Second Meals Served to Children:

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

**Total Second Meals Served to Children** \_\_\_\_\_

### Meals Served to Program Adults:

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

**Total Meals Served to Program Adults** \_\_\_\_\_

### Meals Served to Non-Program Adults:

|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|

**Total Meals Served to Non-Program Adults** \_\_\_\_\_

**Total Meals Served** \_\_\_\_\_  
**Total Damaged Meals** \_\_\_\_\_

**Total Leftover Meals** \_\_\_\_\_  
**Income from Adult Meals** \_\_\_\_\_

|                              |       |
|------------------------------|-------|
| Site Supervisor's Signature: | Date: |
|------------------------------|-------|





# Meal Count Consolidation Form



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 SUMMER FOOD SERVICE PROGRAM  
 WEEKLY CONSOLIDATED MEAL COUNT

|                                    |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |
|------------------------------------|--------|-------|-------|---------|-------|-------|-----------|-------|-------|----------|-------|-------|----------|-------|-------|---------------|-------|-------|
| Site Name and Address:             |        |       |       |         |       |       |           |       |       |          |       |       | Week of: |       |       |               |       |       |
|                                    | Monday |       |       | Tuesday |       |       | Wednesday |       |       | Thursday |       |       | Friday   |       |       | Weekly Totals |       |       |
|                                    | Brfst  | Lunch | Snack | Brfst   | Lunch | Snack | Brfst     | Lunch | Snack | Brfst    | Lunch | Snack | Brfst    | Lunch | Snack | Brfst         | Lunch | Snack |
| Number of Meals Ordered            |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |
| Meals Received or Prepared         |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |
| Meals Leftover from Previous Day   |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |
| First Meals Served to Children     |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |
| Second Meals Served to Children    |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |
| <b>Total Meals Served</b>          |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |
| Meals Served to Program Adults     |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |
| Meals Served to Non-Program Adults |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |
| Total Damaged/Incomplete Meals     |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |
| Total Meals Leftover               |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |
| Income from Adult Meals            |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |
| Comments                           |        |       |       |         |       |       |           |       |       |          |       |       |          |       |       |               |       |       |



# Site Meal Count Consolidation Form

| Missouri<br><b>DHSS</b><br>Department of Health<br>and Senior Services |                 | MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES<br>BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE<br>SUMMER FOOD SERVICE PROGRAM<br><b>SITE MEAL COUNT CONSOLIDATION FORM</b> |                 |                 |                    |                 |                 | Completed by:<br><input type="checkbox"/> Sponsor<br><input type="checkbox"/> DHSS Reviewer |   |
|--|-----------------|--|-----------------|-----------------|--------------------|-----------------|-----------------|---|---|
| <b>Sponsor Name:</b>   |                 |  |                 |                 |                    |                 |                 |   |   |
| <b>Site Name:</b>  |                 |  |                 |                 | <b>Month/Year:</b> |                 |                 |   |   |
| Date   | Breakfast       |  | Lunch           |                 | Supper             |                 | Snack           |   |   |
|  | Child 1st Meals | Child 2nd Meals  | Child 1st Meals | Child 2nd Meals | Child 1st Meals    | Child 2nd Meals | Child 1st Meals | Child 2nd Meals   |   |
| 1  |                 |  |                 |                 |                    |                 |                 |   |   |
| 2  |                 |  |                 |                 |                    |                 |                 |   |   |
| 3  |                 |  |                 |                 |                    |                 |                 |   |   |
| 4  |                 |  |                 |                 |                    |                 |                 |   |   |
| 5  |                 |  |                 |                 |                    |                 |                 |   |   |
| 6  |                 |  |                 |                 |                    |                 |                 |   |   |
| 7  |                 |  |                 |                 |                    |                 |                 |   |   |
| 8  |                 |  |                 |                 |                    |                 |                 |   |   |
| 9  |                 |  |                 |                 |                    |                 |                 |   |   |
| 10   |                 |  |                 |                 |                    |                 |                 |   |   |
| 11   |                 |  |                 |                 |                    |                 |                 |   |   |
| 12   |                 |  |                 |                 |                    |                 |                 |   |   |
| 13   |                 |  |                 |                 |                    |                 |                 |   |   |
| 14   |                 |  |                 |                 |                    |                 |                 |   |   |
| 15   |                 |  |                 |                 |                    |                 |                 |   |   |
| 16   |                 |  |                 |                 |                    |                 |                 |   |   |
| 17   |                 |  |                 |                 |                    |                 |                 |   |   |
| 18   |                 |  |                 |                 |                    |                 |                 |   |   |
| 19   |                 |  |                 |                 |                    |                 |                 |   |   |
| 20   |                 |  |                 |                 |                    |                 |                 |   |   |
| 21   |                 |  |                 |                 |                    |                 |                 |   |   |
| 22   |                 |  |                 |                 |                    |                 |                 |   |   |
| 23   |                 |  |                 |                 |                    |                 |                 |   |   |
| 24   |                 |  |                 |                 |                    |                 |                 |   |   |
| 25   |                 |  |                 |                 |                    |                 |                 |   |   |
| 26   |                 |  |                 |                 |                    |                 |                 |   |   |
| 27   |                 |  |                 |                 |                    |                 |                 |   |   |
| 28   |                 |  |                 |                 |                    |                 |                 |   |   |
| 29   |                 |  |                 |                 |                    |                 |                 |   |   |
| 30   |                 |  |                 |                 |                    |                 |                 |   |   |
| <b>Site Totals</b>   | 0               | 0  | 0               | 0               | 0                  | 0               | 0               | 0   | 0 |



# Non-Reimbursable Meals

- Meals not served as a complete unit
- Meal patterns or types not approved by CFNA
- Meals served at sites not approved by CFNA
- Meals consumed off-site, except for CFNA approved field trips
- More than one meal served to a child at a time (not referencing second meals)
- Second meals in excess of 2% of the number of first meals served by type
- Meals served outside of approved timeframes or approved dates of operation
- Meals served to ineligible children in camps (income eligibility guidelines)
- Meals that are spoiled or damaged
- Meals in excess of the sites approved level of meal service
- Meals that were not served
- Meals served to anyone other than eligible children





# Food Production Record



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 SUMMER FOOD SERVICE PROGRAM  
 FOOD PRODUCTION RECORD

Sponsor:

Site Name:

Date:

### Breakfast

| A               | B               | C            | D                                   | E                        | x | F                             | = | G                       | H                      |
|-----------------|-----------------|--------------|-------------------------------------|--------------------------|---|-------------------------------|---|-------------------------|------------------------|
| Food Components | Food Items Used | Serving Size | Purchase Units (lb, Can size, etc.) | Servings Per Purch. Unit |   | Number of Purchase Units Used |   | Total Servings Prepared | Number of Meals Served |
| Milk            |                 |              |                                     |                          |   |                               |   |                         |                        |
| Meat/Alternate  |                 |              |                                     |                          |   |                               |   |                         |                        |
| Fruit/Vegetable |                 |              |                                     |                          |   |                               |   |                         |                        |
| Grain/Bread     |                 |              |                                     |                          |   |                               |   |                         |                        |
| Optional Foods  |                 |              |                                     |                          |   |                               |   |                         |                        |

### Lunch/Supper

| A               | B               | C            | D                                   | E                        | x | F                             | = | G                       | H                      |
|-----------------|-----------------|--------------|-------------------------------------|--------------------------|---|-------------------------------|---|-------------------------|------------------------|
| Food Components | Food Items Used | Serving Size | Purchase Units (lb, Can size, etc.) | Servings Per Purch. Unit |   | Number of Purchase Units Used |   | Total Servings Prepared | Number of Meals Served |
| Milk            |                 |              |                                     |                          |   |                               |   |                         |                        |
| Meat/Alternate  |                 |              |                                     |                          |   |                               |   |                         |                        |
| Fruit/Vegetable |                 |              |                                     |                          |   |                               |   |                         |                        |
| Fruit/Vegetable |                 |              |                                     |                          |   |                               |   |                         |                        |
| Grain/Bread     |                 |              |                                     |                          |   |                               |   |                         |                        |
| Optional Foods  |                 |              |                                     |                          |   |                               |   |                         |                        |

### Snack (Serve at least Two of the Four Components)

| A               | B               | C            | D                                   | E                        | x | F                             | = | G                       | H                      |
|-----------------|-----------------|--------------|-------------------------------------|--------------------------|---|-------------------------------|---|-------------------------|------------------------|
| Food Components | Food Items Used | Serving Size | Purchase Units (lb, Can size, etc.) | Servings Per Purch. Unit |   | Number of Purchase Units Used |   | Total Servings Prepared | Number of Meals Served |
| Milk            |                 |              |                                     |                          |   |                               |   |                         |                        |
| Meat/Alternate  |                 |              |                                     |                          |   |                               |   |                         |                        |
| Fruit/Vegetable |                 |              |                                     |                          |   |                               |   |                         |                        |
| Grain/Bread     |                 |              |                                     |                          |   |                               |   |                         |                        |
| Optional Foods  |                 |              |                                     |                          |   |                               |   |                         |                        |

At a minimum, columns B, D, F, and H must be completed.



# Non-profit Food Service

- Maintain documentation of all program income and expenses
- All program expenses must be allowable, properly identified, and properly documented
- Excess program funds:
  - Improve the meal service or other aspects of the current SFSP meal service
  - Apply toward next year's SFSP
  - Apply toward other Child Nutrition Programs







# Unallowable Costs:

- ✓ Bad debts
- ✓ Repayment of over-claim and other Federal debts
- ✓ Fines or penalties for non-compliance with Federal, State or local laws
- ✓ Entertainment and fundraising
- ✓ Rental cost for periods beyond the close-out date of SFSP operations
- ✓ Costs for excess meals - such as meals served to non-program adults
- ✓ Expenditures for non-creditable foods
- ✓ Costs of meals served in violation of program requirements such as meals served outside approved serving times
- ✓ Vended: Cost of meals delivered by a FSMC to a non-approved site, or meals delivered outside contract delivery times, spoiled meals, meals that do not meet the requirements, meals in excess of the approved cap



# Network Access and Claims

- Must have SFSP user ID and password to enter a claim
- SFSP Access Form available at [www.health.mo.gov/sfsp](http://www.health.mo.gov/sfsp)  
Complete and send to CFNA via fax: 573-526-3679
- Limited to 2 users per program
- If there is a change in user, CFNA must be notified immediately



- ✓ The claiming website and claiming instructions are available at [www.health.mo.gov/sfsp](http://www.health.mo.gov/sfsp)
- ✓ Claims MUST be submitted within 60 days after the last day of the month

## Claim Deadlines

|          | June Claim   | July Claim   | August Claim |
|----------|--------------|--------------|--------------|
| Original | August 29    | September 29 | October 30   |
| Revised  | September 28 | October 29   | November 29  |



# Sanitation!

- ❑ Sponsors must adhere to all applicable State and local sanitation laws
- ❑ There may be some programs that are exceptions – such as those that do not prepare food onsite
- ❑ Staff should follow safe food handling practices
  - Cooking and reheating temps
  - Cooling procedures
  - Hot and cold holding
  - Cross-contamination
  - Personal hygiene
  - Handwashing practices
  - Food storage practices

## Local and State Sanitarians

Are tasked with making sanitation inspections at meal prep and storage locations, and meal service sites throughout the state. Your cooperation and team approach with your local sanitarian ensures safe meals are provided!





# Monitoring Your Sites

## Monitors Must...

- Participate in annual training from the sponsor and have a clear understanding of Program requirements
- Ensure sites operate according to Program guidelines
- Carry a supply of all necessary forms during site visits and reviews
- Provide training and technical assistance for site personnel when needed
- Spend enough time at each site to ensure proper Program operations including:
  1. Site Visits – ensure the food service is operating smoothly and any apparent problems are immediately resolved
  2. Site Reviews – determine if the site is meeting all Program requirements. Must observe a complete meal service from beginning to end, ensuring proper delivery and/or preparation of meals, meal service, and clean up after the meal service.

# Monitor Site Review Form - Self Prep



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM  
MONITOR SITE REVIEW FORM (For Self-Preparation Sites)

1<sup>st</sup> Week Review       4<sup>th</sup> Week Review

|                                      |                                    |                                   |   |
|--------------------------------------|------------------------------------|-----------------------------------|---|
| Name of Sponsor                      |                                    | Name of Site                      |   |
| Date of Review                       |                                    | Site Supervisor                   |   |
| Time of Arrival                      |                                    | Time of Departure                 |   |
| Dates of Site Operation              |                                    | Beginning Date                    | Ending Date   |
| Type of Site                         | <input type="checkbox"/> Open      | <input type="checkbox"/> Enrolled | <input type="checkbox"/> Camp <input type="checkbox"/> Migrant <input type="checkbox"/> Other |
| Meal Service Reviewed                | <input type="checkbox"/> Breakfast | <input type="checkbox"/> Lunch    | <input type="checkbox"/> Supper <input type="checkbox"/> Snack                                |
| Approved Average Daily Participation |                                    |                                   |   |
| _____ Breakfast                      |                                    | _____ Lunch                       | _____ Supper    _____ Snack   |

| Day of Visit                          | Breakfast | Lunch/Supper | Snack | Comments |
|---------------------------------------|-----------|--------------|-------|----------|
| Number of Meals Prepared              |           |              |       |          |
| Number of First Meals Served          |           |              |       |          |
| Number of Second Meals Served         |           |              |       |          |
| Number of Meals To Program Adults     |           |              |       |          |
| Number of Meals to Non-Program Adults |           |              |       |          |
| Number of Meals Leftover              |           |              |       |          |

| Food Items Served | Quantity Prepared | Servings Per Unit | Total Amount Available | Amount Needed | Comments |
|-------------------|-------------------|-------------------|------------------------|---------------|----------|
|                   |                   |                   |                        |               |          |
|                   |                   |                   |                        |               |          |
|                   |                   |                   |                        |               |          |
|                   |                   |                   |                        |               |          |
|                   |                   |                   |                        |               |          |

|   | Yes | No | NA | Comments |
|---|-----|----|----|----------|
| Does the meal served meet meal pattern requirements?                                      |     |    |    |          |
| Production records are maintained that show the amount of food prepared? Vended only      |     |    |    |          |
| Foods Served are creditable?  |     |    |    |          |
| Food is prepared, handled and served in a sanitary manner?                                |     |    |    |          |
| Food preparer(s) maintain good personal hygiene and wash hands prior to the meal service? |     |    |    |          |
| Facilities are clean and free from rodents and insects?                                   |     |    |    |          |

|   | Yes | No | NA | Comments |
|---|-----|----|----|----------|
| Are meals served as a unit?   |     |    |    |          |
| Are meals consumed by participants on-site?   |     |    |    |          |
| Are meals planned and prepared with one meal per participant in mind?   |     |    |    |          |
| Are more meals served as seconds than the 2% limit?   |     |    |    |          |
| Are accurate counts taken of meals served?  |     |    |    |          |
| Is required health department certification available for inspection?   |     |    |    |          |
| Is an inventory record being kept?  |     |    |    |          |
| Are receiving reports and purchase invoices kept?   |     |    |    |          |
| Does staffing pattern correspond to that listed on approved application?  |     |    |    |          |
| Has the site supervisor attended training?  |     |    |    |          |
| Are records of adult meals kept?  |     |    |    |          |
| Is there documentation of participants eligible for free or reduced-price meals available if applicable?            |     |    |    |          |
| Is there a non-discrimination poster, provided by the sponsor, on display in a prominent place?                     |     |    |    |          |
| Are meals served to all attending participants regardless of race, color, national origin, age, sex, or disability? |     |    |    |          |

**Beneficiary Data**

Indicate the number of participants in attendance who are of Hispanic, Latino or Spanish origin

Indicate the number of participants in attendance in each racial category (count individuals in one or more categories).

|                                   |       |                           |   |       |
|-----------------------------------|-------|---------------------------|---|-------|
| American Indian or Alaskan Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | White |
| _____                             | _____ | _____                     | _____                                     | _____ |

**Corrective Action Plan:**

No Findings

Findings:

Follow-up:

N/A

Follow-up Plan/Corrective Action Taken


Corrective Action Taken by Sponsor following Sanitation

Inspection

The monitor conducted an  Announced Site Review  Unannounced Site Review

|                              |      |
|------------------------------|------|
| Signature of Sponsor/Monitor | Date |
| Site Supervisor Signature    | Date |

# Monitor Site Review Form - Vended


**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**  
**BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE**  
**SUMMER FOOD SERVICE PROGRAM**  
**MONITOR SITE REVIEW FORM (For Vended Sites)**

1<sup>st</sup> Week Review       4<sup>th</sup> Week Review

|  |  |                   |  |
|--|--|-------------------|--|
| Name of Sponsor  |  | Name of Site      |  |
| Date of Review   |  | Site Supervisor   |  |
| Time of Arrival  |  | Time of Departure |  |
| Beginning Date   |  | Ending Date       |  |
| Type of Site <input type="checkbox"/> Open <input type="checkbox"/> Enrolled <input type="checkbox"/> Camp <input type="checkbox"/> Migrant <input type="checkbox"/> Other |  |                   |  |
| Meal Service Reviewed <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack                     |  |                   |  |
| Approved Average Daily Participation   |  |                   |  |
| _____ Breakfast  |  | _____ Lunch       |  |
| _____ Snack  |  | _____ Supper      |  |
| _____ Snack  |  | _____ Snack       |  |

| Day of Visit                          | Breakfast | Lunch/Supper | Snack | Comments |
|---------------------------------------|-----------|--------------|-------|----------|
| Number of Meals Delivered             |           |              |       |          |
| Time Meals Delivered                  |           |              |       |          |
| Number of First Meals Served          |           |              |       |          |
| Number of Second Meals Served         |           |              |       |          |
| Number of Meals To Program Adults     |           |              |       |          |
| Number of Meals to Non-Program Adults |           |              |       |          |
| Number of Meals Leftover              |           |              |       |          |
| Number of Incomplete Damaged Meals    |           |              |       |          |

|   | Yes | No | NA | Comments |
|---|-----|----|----|----------|
| Meals are served within the approved time frame?  |     |    |    |          |
| Does the meal served meet meal pattern requirements?                                      |     |    |    |          |
| Are adequate quantities of all food components served?                                    |     |    |    |          |
| Foods served are creditable?  |     |    |    |          |
| Food is prepared, handled and served in a sanitary manner?                                |     |    |    |          |
| Do food handlers maintain good personal hygiene and wash hands prior to the meal service? |     |    |    |          |
| Facilities are clean and free from rodents and insects?                                   |     |    |    |          |
| Are the meals counted before signing the delivery receipt?                                |     |    |    |          |
| Are food temperatures taken when meals are delivered?                                     |     |    |    |          |
| Are meals checked for quality and completeness?   |     |    |    |          |
| Is there proper sanitation/storage available for delivered meals?                         |     |    |    |          |
| Are meals stored at safe temperatures?  |     |    |    |          |
| Are there provisions for storing or returning excess meals?                               |     |    |    |          |
| Is the meal delivery schedule followed?   |     |    |    |          |
| Is the site supervisor following procedures established to make meal order adjustments?   |     |    |    |          |
| Are meals served as a unit?   |     |    |    |          |

|   | Yes | No | NA | Comments |
|---|-----|----|----|----------|
| Are meals consumed by participants on-site?   |     |    |    |          |
| Are meals ordered with one meal per participant in mind?  |     |    |    |          |
| Are more meals served as seconds than the 2% limit?   |     |    |    |          |
| Are accurate counts taken of meals served?  |     |    |    |          |
| Does the site staffing pattern correspond to that listed on the approved application?                                   |     |    |    |          |
| Has the site supervisor attended training?  |     |    |    |          |
| Are records of adult meals kept?  |     |    |    |          |
| Is there documentation of participants eligible for free or reduced-price meals available if applicable?                |     |    |    |          |
| Is there a non-discrimination ("And Justice for All") poster, provided by the sponsor, on display in a prominent place? |     |    |    |          |
| Are meals served to all attending participants regardless of race, color, national origin, age, sex, or disability?     |     |    |    |          |

**Beneficiary Data**

Indicate the number of participants in attendance who are of Hispanic, Latino or Spanish origin

| American Indian or Alaskan Native | Asian | Black or African American | Native Hawaiian or other Pacific Islander | White |
|-----------------------------------|-------|---------------------------|---|-------|
| _____                             | _____ | _____                     | _____                                     | _____ |

**Corrective Action Plan:**

No Findings  
 Findings:

Follow-up:  
 N/A  
 Follow-up Plan/Corrective Action Taken  
 Corrective Action Taken by Sponsor following Sanitation  
 Inspection

The monitor conducted an  Announced Site Review  Unannounced Site Review

|                              |      |
|------------------------------|------|
| Signature of Sponsor Monitor | Date |
| Site Supervisor Signature    | Date |





# Monitoring Checklist – Your guide for success!

Use the monitoring checklist to prepare you for a CFNA review.

And remember...binders are your friends!



# Common Findings





# Corrective Action Plan (CAP)

If there are findings a CAP will be required.

**Site Reviews:** Sponsors will have the opportunity to correct these findings onsite and a copy of the Site Visit Findings Form will be left with the Sponsor. If the main sponsor contact is not present at the review, then an email detailing the review, along with a report indicating findings, will be mailed to the sponsor. A CAP form will be sent if there are findings at a review. The sponsor will need to address each finding on this form and return by the due date stated. The CFNA Nutritionist will review the CAP.

**Sponsors Reviews:** After the sponsor review, a letter will be sent to the sponsor with a report detailing compliance/non-compliance. If there are findings, a CAP will be requested, with the form accompanying the report. The sponsor will use the CAP form to address each finding. The CAP is due back to CFNA within 60 days from the date of the letter. The CFNA Nutritionist will review the CAP.





# Appeal Procedures

- What can be appealed?
- State provides certified written notice of adverse actions.
- Sponsor must request an appeal in writing within 14 days.



# Tips for Success

- Serve quality meals.
- Keep sound financial records.
- Ensure access to the program.
- Include activities at your meal sites.
- Highlight the program.





# Newsletter

Share your successes with us throughout the year by sending stories and pictures to [sfsp@health.mo.gov](mailto:sfsp@health.mo.gov)

Outstanding Outreach

Magnificent Menus

Greatest Growth

Spectacular Staff

Perfectly Partnered





# Requesting Advances

Advances are payments that may be received before the SFSP begins, to pay for administrative and operating costs that are incurred before the program starts.

- Must sign and return a fully executed contract with DHSS for SFSP prior to receiving any advance funds.
- Must be in good standing with Missouri Food and Nutrition Programs.
- Cannot miss a payment for Missouri Food and Nutrition Programs debt deadline from a previous SFSP operational year.
- Debt Repayment – In the event of an overpayment, a repayment schedule will be defined and deductions from future claims will be made. If no future claims are made or able to be made, the sponsor will remit the full amount of overpayment within 30 days of receipt of notice.

**\*If a second or third advance is requested, the sponsor must provide accurate attendance information to CFNA by June 20<sup>th</sup> for the second advance and by July 21<sup>st</sup> for the third advance (CFR Section 225.9).**



# Requesting Advances cont'd

Returning sponsors are eligible to request an advance. The sponsor application on CNPWeb has a section used to request an advance.

| Advances   |                         |                          |                          |                        |                          |                      |
|--|-------------------------|--------------------------|--------------------------|------------------------|--------------------------|----------------------|
| (52) <input type="radio"/> Yes <input checked="" type="radio"/> No Does the applicant organization elect to receive advance payments?                |                         |                          |                          |                        |                          |                      |
| If <b>Yes</b> , which month(s) is/are advance payment(s) requested? The organization must operate the SFSP 10 or more days in the month(s) selected: |                         |                          |                          |                        |                          |                      |
|  | Month                   | Operating Advance        | Requested Amount         | Administrative Advance | Requested Amount         |                      |
|  | (A)                     | (B)                      | (C)                      | (D)                    | (E)                      |                      |
| (53)   | June 1 <sup>st</sup>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>   | <input type="checkbox"/> | <input type="text"/> |
| (54)   | July 15 <sup>th</sup>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>   | <input type="checkbox"/> | <input type="text"/> |
| (55)   | August 15 <sup>th</sup> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/>   |                          |                      |



# RESOURCES

## Start with us!!

**Need program, menu, activity, or outreach ideas for your SFSP?**

*Let us help you with your search!*

**Start Here**



**Missouri Department of Health and Senior Services SFSP**

<http://health.mo.gov/sfsp>

- Access to online claims filing
- GIS map
- Downloadable copies of Missouri SFSP forms
- Link to information on other Missouri nutrition programs and activities



**USDA – SFSP**

<https://www.fns.usda.gov/sfsp/summer-food-service-program>

USDA's main webpage for SFSP

**USDA – Summer Meals Newsletter**

<http://www.fns.usda.gov/sfsp/summer-meal-newsletters>

Every month, USDA's Food and Nutrition Service creates two newsletters highlighting new resources available to assist with expansion of the Summer Meal Programs, including the Summer Food Service Program (SFS) and the Seamless Summer Option (SSO) of the National School Lunch Program (NSLP).

**USDA – Farm to Summer**

<https://www.fns.usda.gov/farm-to-school-farm-summer>

**Missouri Department of Agriculture – DOA**

<http://agriculture.mo.gov>

Find your local Farmer's Market! In the Popular Services section, select "Find a Seller or Market" then select Farmer's Market Map.

**Team Nutrition – Summer Food, Summer Moves**

<https://www.fns.usda.gov/teamnutrition/food-summer-moves>

Summer Food, Summer Moves is a fun, hands-on resource kit designed to get kids and families excited about healthy eating and physical activity during the summer months. The kit is designed for use by summer meal site operators.

**USDA Summer Meals Webinar Series**

<https://www.fns.usda.gov/sfsp/2013-summer-meals-webinars>

**The US Government's official web portal for nutrition information**

<http://www.nutrition.gov>

Provides easy online access to government information on food and human nutrition.

**Food and Nutrition Information Center (FNIC)**

<http://fnic.nal.usda.gov> USDA's National Agriculture Library USDA program participants may borrow summer food service reference materials, videos and training materials are free of charge. Information on recipes, meal planning, and food safety. Sample nutrition education is also available.

**Institute for Child Nutrition (ICN)**

<http://www.nfarr.org> Click on Resource Center, order or download many food service resources.

**The University of Missouri Extension**

<http://umcach.missouri.edu/hes/food.htm>

- Food & Fitness at Missouri Families
- Food Safety
- Nutriteach – teacher resources;
- Food & Nutrition Guides
- Food Power- elementary school curriculum

**Media-Smart Youth: Eat, Think, and Be Active**

<http://www.michdinh.gov/mry>

An interactive after-school education program for young people ages 11 to 13. It is designed to help teach them about the complex media world around them, and how it can affect their health—especially in the areas of nutrition and physical activity. Site provides a Facilitator's Guide, lessons, and other program materials.

**Choose My Plate**

<http://www.choosemyplate.gov>

MyPlate offers ideas and tips to help create a healthy eating style that meets the needs of every age group.

**Let's Move Campaign**

<http://www.letsmove.gov>

Access free on-line tools and resources pertaining to nutrition and physical activity to create healthier environments for children.

**Federal Food Safety Information**

<http://www.foodsafety.gov>

Gateway to food safety information provided by government agencies

**No Kid Hungry: Center For Best Practices**

<http://bestpractices.nokidhungry.org/files-summer-meals-kids>

This site offers sponsors many different resources and to clicks to include information regarding grants, promotion and outreach materials, and shared best practices across the nation.

**What's Cooking? USDA Mixing Bowl**

<http://www.whatscooking.fns.usda.gov>

Searchable database of approximately 1,000 healthy, household sized recipes from FDD's fact sheets and recipe book, the SNAP-Ed Recipe Finder, MyPlate.gov, and Child Nutrition Division (CND) and large quantity sized recipes from CND

**Midwest Dairy Council**

<http://www.midwestdairy.com>

Promotion - June Dairy Month, June Dairy Month Communications Toolkit

[www.health.mo.gov/sfsp](http://www.health.mo.gov/sfsp)





# At-Risk, Afterschool Program

Many SFSP sites are well positioned to transition to the At-Risk Afterschool Program when school begins. Both organizations and communities benefit when meals are offered to children in eligible communities year-round!

- ❖ Program Eligibility
- ❖ Organization Eligibility
- ❖ Area Eligibility
- ❖ Participant Eligibility
- ❖ Licensing, Health and Safety Requirements





# Questions?





# *We are finished! Thank you!*

You help make Missouri's future bright  
by nourishing our children with the  
*"Food That's in When School is Out."*



## Missouri SFSP

[health.mo.gov/sfsp](http://health.mo.gov/sfsp)





# Closed Enrolled Sites

Closed Enrolled sites are defined as a site which is open only to enrolled children, as opposed to the community at large and in which at least 50% of the enrolled children at the site are eligible for free or reduced-price school meals under the NSLP and the SBP as determined by approval of applications in accordance with 225.15(f).

- Income Eligibility Forms
- Reimbursed for all children in attendance when at least 50% are eligible for free or reduced-price meals.





# Documentation for Enrolled Sites

- **Income Eligibility Form (IEF)**
- **School Documentation**
  - You may request a list by name and eligibility status of enrolled children for free and reduced-price meals from schools where the children receive school lunch. Parental consent forms are not required to provide this information to SFSP sponsors.
  - Obtain eligibility on District letterhead.
  - Participation in Head Start or Early Head Start can be used to document eligibility. All children enrolled in Head Start are eligible for free and reduced-price meals.



# Camps

Camps are defined as residential summer camps and nonresidential day camps which offer a regularly scheduled food service as part of an organized program for enrolled children. Nonresidential camp sites shall offer a continuous schedule of organized cultural or recreational programs for enrolled children between meal services.

- Reimbursed ONLY for children meeting free or reduced-price school meals.
- Income Eligibility Forms (IEF) must be completed.





# Income Eligibility Form (IEF)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
SUMMER FOOD SERVICE PROGRAM  
**INCOME ELIGIBILITY FORM**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the program

**PART 1 CHILDREN ENROLLED IN THE PROGRAM**

Complete information below for children enrolled at the camp/site. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number. **In certain cases, foster children are eligible for free meals regardless of household income. If foster children live in your household, please contact the camp or site sponsor for more information.**

| NAME (first and last) | BIRTH DATE | FOSTER CHILD | SNAP CASE NUMBER | TEMPORARY ASSISTANCE CASE NUMBER |
|-----------------------|------------|--------------|------------------|----------------------------------|
|                       |            |              |                  |                                  |
|                       |            |              |                  |                                  |
|                       |            |              |                  |                                  |

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household including the children listed in Part 1. Indicate source and amount of current income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months.

| INCOME BASED ON (CHECK ONE) | YEARLY      | MONTHLY                         | 2 X A MONTH                           | EVERY 2 WEEKS | WEEKLY |
|-----------------------------|-------------|---------------------------------|---------------------------------------|---------------|--------|
| HOUSEHOLD MEMBERS           | GROSS WAGES | WELFARE, CHILD SUPPORT, ALIMONY | PENSIONS, RETIREMENT, SOCIAL SECURITY | OTHER         |        |
|                             |             |                                 |                                       |               |        |
|                             |             |                                 |                                       |               |        |
|                             |             |                                 |                                       |               |        |

**PART 3 PARTICIPANT'S ETHNIC AND RACIAL INFORMATION (Optional)**

Hispanic or Latino:  YES  NO

Race:

|                                  |       |                           |   |       |
|----------------------------------|-------|---------------------------|---|-------|
| AMERICAN INDIAN OR ALASKA NATIVE | ASIAN | BLACK OR AFRICAN AMERICAN | NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | WHITE |
|----------------------------------|-------|---------------------------|---|-------|

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct and true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

|                                  |                        |              |
|----------------------------------|------------------------|--------------|
| SIGNATURE OF ADULT FAMILY MEMBER | SOCIAL SECURITY NUMBER | DATE         |
| PRINTED NAME OF ADULT            | ADDRESS                | PHONE NUMBER |

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance (TA) Program case number for your household or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

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|  |         |                              |      |       |             |               |        |                   |                      |
|--|---------|------------------------------|------|-------|-------------|---------------|--------|-------------------|----------------------|
| TOTAL HOUSEHOLD SIZE:  | INCOME: | INCOME BASED ON (CHECK ONE): | YEAR | MONTH | 2 X A MONTH | EVERY 2 WEEKS | WEEKLY | SNAP (Food Stamp) | TEMPORARY ASSISTANCE |
|  |         |                              |      |       |             |               |        |                   |                      |
| Eligibility Determination: <input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible |         |                              |      |       |             |               |        |                   |                      |
| SIGNATURE OF CENTER REPRESENTATIVE   |         |                              |      |       |             |               |        | DATE              |                      |



# IEFs

- ✓ Automatic Eligibility
  - Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF)
- ✓ Foster Children
- ✓ Maintain Income Eligibility Forms (IEF) on file
- ✓ IEF must be completed by the parent
- ✓ Parent must sign and date IEF and include SSN if income reported





## IEFs cont'd

- ✓ Sponsor representative must determine eligibility, then sign and date IEF.
- ✓ IEF is effective from the first day of the month it is signed.
- ✓ IEF is effective for one year.





# Migrant Sites

- ✓ May be located in areas that qualify as free and reduced-price eligible or not.
- ✓ Must serve primarily children of migrant families, may serve to other children as well.
- ✓ Reimbursed for all children served.
- ✓ Eligibility Documentation:
  - Migrant organization certifies that the site serves migrant children
  - If other children are served, the migrant organization certifies that the site primarily serves migrant children.



# Questions?

We are done!

