

Welcome to the Summer Food Service Program (SFSP) Training

School Support Division

601-576-5000

mdek12.org



MISSISSIPPI
DEPARTMENT OF
EDUCATION

March 10, 2022



VISION

To create a world-class educational system that gives students the knowledge and skills to be successful in college and the workforce, and to flourish as parents and citizens



MISSION

To provide leadership through the development of policy and accountability systems so that all students are prepared to compete in the global community



1

ALL Students Proficient and Showing Growth in All Assessed Areas



2

EVERY Student Graduates from High School and is Ready for College and Career



3

EVERY Child Has Access to a High-Quality Early Childhood Program

EVERY School Has Effective Teachers and Leaders

4



EVERY Community Effectively Uses a World-Class Data System to Improve Student Outcomes

5



EVERY School and District is Rated “C” or Higher

6



SFSP Application & Agreement Process

mdek12.org

Chelsea Edwards

Program Specialist



MISSISSIPPI
DEPARTMENT OF
EDUCATION

March 1, 2022



Introduction to MARS SFSP Application

- Sponsors must enter the application in MARS before the deadline date of **May 16, 2022**.
- Incomplete applications will delay the approval of the sponsor.
- ***Don't wait!*** The State Agency has 30 days to approve a **complete** application.





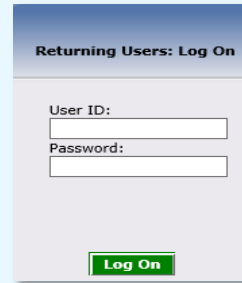
- Let's look at the SFSP Application Module in MARS

Accessing the System

Enter the URL
into your Web
Browser

<https://cnms.mdek12.org/prod/splash.aspx>

Log on using
your user ID
and password



Returning Users: Log On

User ID:

Password:

Click on the
SFSP Module





MISSISSIPPI
DEPARTMENT OF
EDUCATION

Returning Users: Log On

User ID:

Password:

Log On



CNP Xpress™

**Welcome to the
Mississippi
Production Site!**

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Summer Food Service Program

 MISSISSIPPI
DEPARTMENT OF
EDUCATION

Applications | Claims | Compliance | Reports | My Account | Search | Programs | Year | Help | Log Out

Programs

School Nutrition Programs	Accounting	Child and Adult Care Food Program
	Maintenance and Configuration	
Summer Food Service Program		



Make Sure you are in the Correct Program Year

Summer Food Service Program

MISSISSIPPI DEPARTMENT OF EDUCATION

Applications | Claims | Compliance | Reports | My Account | Search | Programs | Year | Help | Log Out

Select Year >

Year Select

Select Year **You are going to want Program Year 2021-2022 for Summer 2022**

- 2020 - 2021 < Selected
- 2019 - 2020
- 2018 - 2019
- 2017 - 2018
- 2016 - 2017
- 2015 - 2016
- 2014 - 2015
- 2013 - 2014
- 2012 - 2013

Select Applications



Summer Food Service Program

 MISSISSIPPI
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EDUCATION

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

A red arrow points to the 'Applications' link in the navigation menu.

Summer Food Service Program

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EDUCATION

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Program Year: 2015 - 2016

Item	Description
Application Packet	SFSP Applications Forms (Organization and Site)
Advance Requests	Request Organization's SFSP Advance(s) for the current year
Download Forms	Forms Available for Downloading



Summer Food Service Program

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet > Program Year: 2019 - 2020

2019 - 2020 Application Packet

Summertown School District

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: **Not Enrolled**

The Organization has not started in the current year (2020).
Click 'Enroll' to enroll for this year based on your prior year's information.



2015 - 2016 Application Packet

30018 Status: Active
EAST TENNESSEE HUMAN RESOURCE AGENCY
 DBA: SUITE D-100 9111 CROSS PARK DRIVE GARY W. HOLLOWAY
 No address on file for this year
 Type of Agency: Government Agency
 Type of SFSP Organization: Unit of Government

Packet Submitted Date:
 Packet Approved Date:
 Packet Original Approval Date:
 Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Error
Add	➔ Budget Detail		
Details	➔ Management Plan	Original	Pending Validation
Details	➔ Food Production Facility List (1)		
Details	➔ Checklist Summary (5)		
Details	Site Field Trip List		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	158	0	0	0	0	158

[Show Packet History](#)

2015 - 2016 Application Packet

30018 Status: Active
EAST TENNESSEE HUMAN RESOURCE AGENCY
DBA: SUITE D-100 9111 CROSS PARK DRIVE GARY W. HOLLOWAY
No address on file for this year
Type of Agency: Government Agency
Type of SFSP Organization: Unit of Government

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Error
Add	➔ Budget Detail		
Details	➔ Management Plan	Original	Pending Validation
Details	➔ Food Production Facility List (1)		
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Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	158	0	0	0	0	158

[Show Packet History](#)

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)



- This dashboard contains a series of forms necessary for SFSP enrollment
- The “Submit for Approval” button is enabled **ONLY** when all required forms have been completed correctly

2015 - 2016 Application Packet

30018 Status: Active
EAST TENNESSEE HUMAN RESOURCE AGENCY
DBA: SUITE D-100 9111 CROSS PARK DRIVE GARY W. HOLLOWAY
No address on file for this year
Type of Agency: Government Agency
Type of SFSP Organization: Unit of Government

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Error
Add	➔ Budget Detail		
Details	➔ Management Plan	Original	Pending Validation
Details	➔ Food Production Facility List (1)		
Details	➔ Checklist Summary (5)		
View	Site Field Trip List		
Details	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	158	0	0	0	0	158

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)

[Show Packet History](#)

- The Site Field Trip Section **CANNOT** be completed until after your application has been approved by the SA.

Order of Completion

Wondering what to do first? It makes a really big difference, actually!

Data from preceding forms populate to the succeeding form. For example:

- **Food Production Facilities** (A Central Kitchen or Vendor) pre-populate on the Site Application forms
- The **Budget** is based on the number of operating days and ADP from the Site Application Forms. MARS will essentially calculate your anticipated reimbursement, and you need that figure to build your budget.
- **Checklist** items are attachments to be submitted with the application and are determined based on answers provided in the application packet.

In a nutshell: The Food Production Facilities must be completed **BEFORE** the site applications, and the Budget and Checklist Summary must be completed **AFTER** the site applications.

Correct Order to Complete Forms

20

1

**Organization
Application**

2

**Management
Plan**

3

**Food
Production
Facility (*if
applicable*)**

this only
applies to
sponsors
with FSMC
or Satellite
Sites.

4

**Site
Applications**

5

**Budget and
Checklist
Summary**

Action	Form Name
View Modify	1 → Sponsor Application
Add	5 → Budget Detail
Details	2 → Management Plan
Details	3 → Food Production Facility List (1)
Details	5 → Checklist Summary (5)
Details	Site Field Trip List
View	Application Packet Notes for Sponsor
Details	Attachment List

Site Applications	Approved	Pending	Return for Correction	De
Summer Food Service Program	0	158	0	

[< Back](#) [Submit for Approval](#) [With](#)

[Show Packet History](#)

Take Note!

2015 - 2016 Application Packet

30018 Status: Active
EAST TENNESSEE HUMAN RESOURCE AGENCY
DBA: SUITE D-100 9111 CROSS PARK DRIVE GARY W. HOLLOWAY
No address on file for this year
Type of Agency: Government Agency
Type of SFSP Organization: Unit of Government

Packet Submitted Date:
Packet Approved Date:
Packet Original Approval Date:
Packet Status: Not Submitted

Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Error
	➔ Budget Detail		
Details	➔ Management Plan	Original	Pending Validation
Details	➔ Food Production Facility List (1)		
Details	➔ Checklist Summary (5)		
Details	Site Field Trip List		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	158	0	0	0	0	158

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)

[Show Packet History](#)

MARS can be very confusing, because you may think you need to complete your budget after you do your sponsor/ organization application...

WRONG!

Your Budget should be one of the last things you do!

Organization Application

Step 1

Contains Basic Info Regarding Sponsor

Action	Form Name	Latest Version	Status
Modify	✓ Organization Application	Rev. 1	Submitted
View Revise	✓ Budget Detail	Original	Approved
Details	✓ Management Plan	Rev. 1	Approved
Details	✓ Food Production Facility List (2)		
Details	✓ Checklist Summary (3)		
Details	➔ Site Field Trip List (7)		
View	Application Packet Notes for Organization (2)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	1	7	0	0	0	0	8

Organization Application 25

Organization Type

1. Type of Agency: Private Non Profit Organization

2. Type of SFSP Organization: Private Nonprofit

Physical Address

3. Address Line 1:

Address Line 2:

4. City:

5. State: Zip: [USPS Zip Code Lookup](#)

6. County:

Mailing Address

Same as the Physical Address

7. Address Line 1:


Address Line 2:

8. City:

9. State: Zip: [USPS Zip Code Lookup](#)

10. County:

Summer Food Service Contact (i.e., School Food Service Administrator, Program Director)

	Salutation	First Name	M.I.	Last Name
11. Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Date of Birth:	<input type="text"/>	(mm/dd/yyyy)		
13. Email Address: 	<input type="text"/>			
14. Phone:	<input type="text"/>	Ext: <input type="text"/>	Fax: <input type="text"/>	<input type="text"/>

- Some of the information may have pre-populated from last year's application
- Review and correct this data
- Enter all other fields

Certification

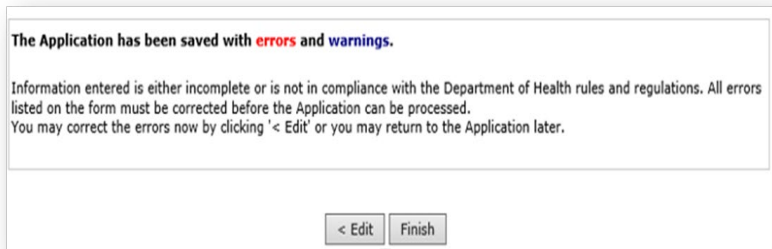
50. I hereby certify that neither the Organization nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the state agency any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The state agency may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Organization, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the state agency. In accordance with Federal law and U.S. Department of Agriculture policy, this Organization does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Created By: YBacon1 on: 3/7/2016 11:34:53 AM Modified By: YBacon1 on: 3/7/2016 11:34:53 AM





If errors exist, the system will display an error message.

You can correct the errors now (by clicking Edit) or return later (by clicking Finish).

Errors in red must be fixed to submit the app

Warnings in Blue are informational – you can submit your app with warnings

Code	Error Description
201110	Physical Address - Address must be completed. Address line 2 may be blank.
201111	Mailing Address - Address must be completed. Address line 2 may be blank.
201120	Summer Food Service Program Contact - Contact must be completed. Ext and Fax may be blank.
201136	Authorized Representative contact information must be completed.
201150	Claims Contact - Contact must be completed.
201173	Food Service Contact - Contact must be completed.
201170	Monitoring Contact - Contact must be completed.

Code	Warning Description
201225	General Questions - Please add supporting documentation to the Free and Reduced Price Policy Statement checklist item. Attach to the checklist item a listing of the publicly funded programs in which the Sponsor, and its principals, have participated in the past seven years and currently participate in.

Management Plan

Step 2

Click on “Details” for Management Plan



Action	Form Name	Latest Version	Status
View Modify	✔ Organization Application	Rev. 1	Submitted
View Revise	✔ Budget Detail	Original	Approved
Details	➔ Management Plan	Rev. 2	Pending Validation
Details	✔ Food Production Facility List (2)		
Details	✔ Checklist Summary (3)		
Details	➔ Site Field Trip List (7)		
View	Application Packet Notes for Organization (2)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	1	7	0	0	0	0	8

[Show Packet History](#)

Click “Add Management Plan”

Version	Status	Approved Date
No management plan for this year.		
<input data-bbox="722 452 852 500" type="button" value=" < Back "/> <input data-bbox="861 452 1176 500" type="button" value=" Add Management Plan "/>		



Management Plan Version: Original

Board Chairman/School Superintendent
(Required for Private Non-profit Organizations)

Name: Salutation First Name Last Name

Date of Birth: (mm/dd/yyyy)

Title:

Email Address:

Phone: Ext: Fax:

Home Address

Address Line 1:

Address Line 2:

City:

State: TN Zip: [USPS Zip Code Lookup](#)

Administrative Staff

Name: Position title:

Has this person attended the mandatory SFSP training provided by TDHS this program year? Yes No

If this is a returning Sponsor, is this person performing the same function in SFSP as last year? Yes No N/A

- On this form you will indicate the number of staff that you have by type, and when they were trained on required topics
- When completed, click the Save button. Correct errors if any exist

Food Production Facilities

Step 3 – IF APPLICABLE!!!!

Many organizations make the mistake of completing this form when it is NOT applicable to them.

Which Orgs Need to Complete it?


- FSMCs
- Orgs that have any Satellite Sites and food is produced in a central kitchen (this would be the food production facility).

Which Orgs SHOULD NOT Complete it?

36

IF ALL YOUR SITES ARE **SELF PREP SITES** AND YOU DO NOT HAVE A FSMC, YOU DO NOT NEED TO COMPLETE THE FOOD PRODUCTION FACILITY SECTION!

Click “Details” to add a Food Production Facility



Action	Form Name	Latest Version	Status
View Modify	✔ Organization Application	Rev. 1	Submitted
View Revise	✔ Budget Detail	Original	Approved
Details	✔ Management Plan	Rev. 1	Approved
Details	✔ Food Production Facility List (2)		
Details	✔ Checklist Summary (3)		
Details	➔ Site Field Trip List (7)		
View	Application Packet Notes for Organization (2)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	1	7	0	0	0	0	8

Summer Food Service Program

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet > Food Production Facility List >

Food Production Facilities

3100032547 Status: Active
ON TRACK COMMUNITY DEV. CORP.
DBA:
612 Sunflower Ave Ext Bldg 4
612 Sunflower Ave Ext Bldg 4
Indianola, MS 38751-1234
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Facility Name	Status	Approved Date
On Track Comm dev Corp	Approved	03/04/2016
Mary's Kitchen	Approved	03/04/2016

< Back **Add Facility**

- To complete a Food Production Facility form, click the “Add Facility” button
- Must identify all food preparation facilities that will be used by any of your Satellite sites
- Add as many as you need until they are all listed.



Food Production Facility Information

1. Food Preparation Type:
2. Facility Name:

Facility Address

3. Address Line 1:
 Address Line 2:
4. City:
5. State: Zip: [USPS Zip Code Lookup](#)

Facility Contact

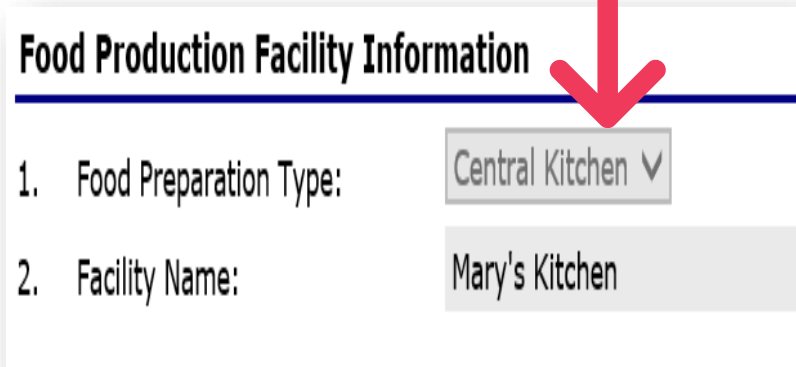
6. Name: Salutation First Name Last Name
7. Email Address:
8. Phone: Ext: Fax:
9. Title:

Vended Facility Information

10. If vended by a School Food Authority (SFA) or another SFSP Organization, enter SFA/Organization name. If vended by an entity other than an SFA or another SFSP Organization, enter the entity's name.
11. If meals will be vended, indicate whether the Organization is using MDE-provided contract (Two-page agreement), approved alternate form or is exempt from competitive bidding and will use a simple written agreement.
- I will be using the State's Contract Template (2-page agreement)
- I am exempt from competitive bidding and will use a simple written agreement
- I have received state approval to use an alternate form
12. Is the Organization extending the Food Service Management Company (FSMC) contract for which it went out for bid?

Facility Type

40



Food Production Facility Information

1. Food Preparation Type:

2. Facility Name:

For Question #1 :

- If Prepared on-site, select **Central Kitchen**
- If Received from a Vendor, select **Vended**
- When completed, click the save button
- Correct errors if any exist

- Multiple facilities can be added
- Once facilities are entered, they will display as selection options on the Site Application Forms
- Food Production Facilities must be entered prior to completing the Site Applications

Site Applications

Step 4 – Complete a Site Application for every site that will be operating

Click Link to See Your Site List

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet > Program Year: 2015 - 2016

2015 - 2016 Application Packet

3100032547 Status: Active Packet Submitted Date: 03/07/2016
ON TRACK COMMUNITY DEV. CORP. Packet Approved Date: 03/07/2016
DBA: Packet Original Approval Date: 03/04/2016
612 Sunflower Ave Ext Bldg 4 Packet Status: Approved
612 Sunflower Ave Ext Bldg 4
Indianola, MS 38751-1234
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Annual Audit form has not been submitted for this Organization's prior fiscal year.

Action	Form Name	Latest Version	Status
View Modify	✓ Organization Application	Rev. 1	Submitted
View Revise	✓ Budget Detail	Original	Approved
Details	➔ Management Plan	Rev. 2	Pending Validation
Details	✓ Food Production Facility List (2)		
Details	✓ Checklist Summary (3)		
Details	➔ Site Field Trip List (7)		
View	Application Packet Notes for Organization (2)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	1	7	0	0	0	0	8



DO NOT Create Duplicate Sites!

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- Review your site list to see if any missing.
- If sites are missing, DO NOT CREATE DUPLICATES!
- You may need to contact your PS for help.

CAUTION!

2020 - 2021 Application Packet - SFSP Site List

10007 Status: Active

Theo...

Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit

Approved Site List

Action	Site ID / Site Name	Site Type	BRK	AM	LUN	PM	SUP	Version / Status
View Modify Admin	➔ 0010	Open				X	X	Original / Not Submitted
View Modify Admin	➔ 0012	Open				X	X	Original / Not Submitted
View Modify Admin	➔ 0055	Open				X	X	Original / Not Submitted
View Modify Admin	➔ 0120	Open					X	Original / Not Submitted
View Modify Admin	➔ 0036	Open				X	X	Original / Not Submitted
View Modify Admin	➔ 0056	Open				X	X	Original / Not Submitted
View Modify Admin	➔ 0127	Open				X	X	Original / Not Submitted
View Modify Admin	➔ 0111	Open				X	X	Original / Not Submitted

[Add Site Application](#)

Total Sites Enrolled: 8

The system lists the approved sites from last year

Check to see if any sites are missing, if sites are missing, click “add site application” at the bottom

Searching for Lost Sites 46

2020 - 2021 SFSP Available Site(s)

00067 Status: Active
SCHOOL DIST
DBA: _____ Street
Type of Agency: Educational Institution
Type of SFSP Organization: School Food Authority

Site	Site Status
0003 - School P	Inactive
0004 - Housing Authority	Inactive

Add New Site

< Back



DO NOT CLICK THIS BUTTON!!!!!!

You will be redirected to a page with a list of additional sites. If you see the missing site, you can click to add it to your application. **If you DON'T see the missing site, you need to contact your PS.** We can add your missing sites.

You should NEVER manually type in site information. If you get to that point, contact your PS.

Modify Site Information 47

2020 - 2021 Application Packet - SFSP Site

10007 Status: Active

Theo...
Type of Agency: Private (non Profit) Organization
Type of SFSP Organization: Private Nonprofit

Action	Site ID / Site Name	Site Type	BRK
View Modify	0010	Open	
View Modify Admin	0012	Open	
View Modify Admin	0055	Open	
View Modify Admin	0120	Open	
View Modify Admin	0036	Open	
View Modify Admin	0056	Open	
View Modify Admin	0127	Open	
View Modify Admin	0111	Open	

Add Site Application

Total Sites Enrolled: 8

- Once we have all our sites listed, we can start to edit the information for the current PY.
- Click the **Modify** link next to a site to start the application

- Address information will pre-populate from last year's application
- Review and correct this data, and enter all other fields

[show changes](#)

SFSP Site Application
For School Year: 2015 - 2016

30018	Status: Active	0001	Status: Active
EAST TENNESSEE HUMAN RESOURCE AGENCY		ALCOA ELEMENTARY	
DBA: SUITE D-100 9111 CROSS PARK DRIVE GARY W. HOLLOWAY		No address on file for this year	
No address on file for this year			
Type of Agency: Government Agency			
Type of SFSP Organization: Unit of Government			

Version: Original

Site Physical Address

1. Address Line 1:
- Address Line 2:
2. City:
3. State: Zip: [USPS Zip Code Lookup](#)
4. County:
5. Nearest cross street:

Sponsor Contact for this Site

- Questions B7 & L7
- There is currently no waiver in place for OVS. You must apply for one.
- **SO NOBODY SHOULD BE DOING OVS WITHOUT APPROVAL.**

B5. Meal Service Method: Self-Prep - Prepares on site

B6. Menu Planning Option: SFSP Menu Pattern

B7. Will this meal utilize offer vs. serve? Yes No

B8. Average Daily Participation (non-camp only): 600

B9. Maximum number of meals that may be served (state use only): 650

B10. Indicate your plan for the receipt and storage of meals before serving to children:

Breakfast

B1. Meal Serving Dates (non-camp only): Same as the Site Start: 06/17/2016 End: 07/19/2016

B2. Enter the number of days the meal will be served each month: Same as the Site

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	10	14	0	0

B3. Days served: Mon-Fri Sun Mon Tue Wed Thu Fri Sat

B4. Meal Times: Start: 7 AM :00 End: 7 AM :20

B5. Meal Service Method: Satellite Site - Receives meals (Central Kitchen)

B6. Menu Planning Option: SFSP Menu Pattern

B7. Average Daily Participation (non-camp only): 20

B8. Maximum number of meals that may be served (state use only):

B9. Will this meal utilize offer vs. serve? Yes No

B10. Indicate your plan for the receipt and storage of meals before serving to children:

- Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.
- Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

Number of days entered affect anticipated Budget reimbursement amounts and when a claim can be submitted

Breakfast

- B1. Meal Serving Dates (non-camp only): Same as the Site Start: 06/17/2016 End: 07/19/2016
- B2. Enter the number of days the meal will be served each month: Same as the Site
- | OCT
2015 | NOV
2015 | DEC
2015 | JAN
2016 | FEB
2016 | MAR
2016 | APR
2016 | MAY
2016 | JUN
2016 | JUL
2016 | AUG
2016 | SEP
2016 |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 10 | 14 | 0 | 0 |
- B3. Days served: Mon-Fri Sun Mon Tue Wed Thu Fri Sat
- B4. Meal Times: Start: 7 AM :00 End: 7 AM :20
- B5. Meal Service Method: Satellite Site - Receives meals (Central Kitchen)
- B6. Menu Planning Option: SFSP Menu Pattern
- B7. Average Daily Participation (non-camp only): 20
- B8. Maximum number of meals that may be served (state use only):
- B9. Will this meal utilize offer vs. serve? Yes No
- B10. Indicate your plan for the receipt and storage of meals before serving to children:
- Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.
 - Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

Average Daily Participation (ADP) affects anticipated Budget reimbursement amounts and claim edits

Breakfast

B1. Meal Serving Dates (non-camp only): Same as the Site Start: 06/17/2016 End: 07/19/2016

B2. Enter the number of days the meal will be served each month: Same as the Site

OCT 2015	NOV 2015	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016
0	0	0	0	0	0	0	0	10	14	0	0

B3. Days served: Mon-Fri Sun Mon Tue Wed Thu Fri Sat

B4. Meal Times: Start: 7 AM :00 End: 7 AM :20

B5. Meal Service Method: Satellite Site - Receives meals (Central Kitchen)

B6. Menu Planning Option: SFSP Menu Pattern

B7. Average Daily Participation (non-camp only): 20

B8. Maximum number of meals that may be served (state use only):

B9. Will this meal utilize offer vs. serve? Yes No

B10. Indicate your plan for the receipt and storage of meals before serving to children:

- Appropriate holding equipment is not available. Meals will be delivered no earlier than one hour prior to the beginning of meal service.
- Appropriate holding equipment is available at site to maintain meals at appropriate temperatures until service.

Maximum number of meals approved by the State is used as an edit on the claim

Budget

Step 5.1

Click “Add” to begin Budget



Action	Form Name	Latest Version	Status
View Modify	➔ Sponsor Application	Original	Error
Add	➔ Budget Detail		
Details	➔ Management Plan	Original	Pending Validation
Details	➔ Food Production Facility List (1)		
Details	➔ Checklist Summary (5)		
Details	Site Field Trip List		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	158	0	0	0	0	158

[< Back](#) [Submit for Approval](#) [Withdraw Packet](#)

[Show Packet History](#)

**Budgets Must be completed after all
Site Application Forms are completed.**

MARS will calculate anticipated reimbursement based on Site Application information;

You will only be required to provide your anticipated expenses.

You Will Enter Nothing Here! It's Pre-populated!



Operating Reimbursement			
Meal	Sites	Total Meals	Total
Breakfast	2	149,100	\$322,056.00
Lunch	2	149,100	\$560,616.00
Snack	0	0	\$0.00
Supper	0	0	\$0.00
Sub Total			\$882,672.00

Administrative Reimbursement			
Meal	Sites	Total Meals	Total
Breakfast	2	149,100	\$32,056.50
Lunch	2	149,100	\$58,521.75
Snack	0	0	\$0.00
Supper	0	0	\$0.00
Sub Total			\$90,578.25



Enter Projected Budget for Costs

Projected Operating Costs

Total Labor Costs (Salaries, Wages, Taxes and Benefits)	\$	<input type="text" value="14,000.00"/>
Total Food Expenses	\$	<input type="text" value="15,000.00"/>
Facilities and Space (Educational Facilities only)	\$	<input type="text" value="0.00"/>
Supplies	\$	<input type="text" value="500.00"/>
Rental Equipment	\$	<input type="text" value="0.00"/>
Purchased Services	\$	<input type="text" value="0.00"/>
Media Costs	\$	<input type="text" value="35.00"/>
Contracting Organization Cost	\$	<input type="text" value="0.00"/>
Other <input type="text"/>	\$	<input type="text" value="0.00"/>
Indirect Cost <input type="text" value="10.00"/> %	\$	<input type="text" value="0.00"/>
Total Operating Costs		\$29,535.00

Projected Administrative Costs

Total Labor Costs (Salaries, Wages, Taxes and Benefits)	\$	<input type="text" value="3,000.00"/>
Facilities and Space	\$	<input type="text" value="0.00"/>
Supplies	\$	<input type="text" value="0.00"/>
Rental Equipment	\$	<input type="text" value="0.00"/>
Purchased Services	\$	<input type="text" value="0.00"/>
Financial Costs	\$	<input type="text" value="0.00"/>
Media Costs	\$	<input type="text" value="0.00"/>
Contracting Organization Cost	\$	<input type="text" value="0.00"/>
Other <input type="text"/>	\$	<input type="text" value="0.00"/>
Indirect Cost <input type="text" value="0.00"/> %	\$	<input type="text" value="0.00"/>
Total Administrative Costs		\$3,000.00

Other Funding Sources 59

Cost Reimbursement Summary

Total SFSP Costs		\$32,535.00
Total SFSP Reimbursement		\$33,015.75
Excess SFSP revenue amount from the prior program year or previous participation in SFSP	\$	<input type="text" value="0.00"/>
Amount from other funding resources (e.g. grant, donations)	\$	<input type="text" value="0.00"/>
Other funding resources	<input type="text"/>	
Balance		\$480.75

Misc.

Identify how excess funds will be used:

- Used to improve the meal service or other aspects of the SFSP
- Kept for next year's SFSP operations
- Pay for allowable costs of the other child nutrition programs

Is there a rental agreement, lease, or contract associated for any of the non-food costs listed above? Yes No

Certification

I certify that the information on this form, and supporting documents, is true and correct and that I will immediately report to the Department of Health any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Department of Health may verify information; and the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Created By: sponsoruser on: 3/16/2016 11:11:17 AM

- Enter SFSP revenue from the prior program year
- Enter any amounts from other funding resources
- Answer questions on miscellaneous funding
- When completed, click the save button
- Correct errors if any exist



Checklist Summary

Step 5.2

Upload Checklist Documents 61

Applications | Claims | Compliance | Reports | My Account | Search | Year | Help | Log Out

Applications > Application Packet > Program Year: 2015 - 2016

2015 - 2016 Application Packet

3100032547 Status: Active Packet Submitted Date: 03/07/2016
ON TRACK COMMUNITY DEV. CORP. Packet Approved Date: 03/07/2016
DBA: Packet Original Approval Date: 03/04/2016
612 Sunflower Ave Ext Bldg 4 Packet Status: Approved
612 Sunflower Ave Ext Bldg 4
Indianola, MS 38751-1234
Type of Agency: Private Non Profit Organization
Type of SFSP Organization: Private Nonprofit



Annual Audit form has not been submitted for this Organization's prior fiscal year.

Action	Form Name	Latest Version	Status
View Modify	✓ Organization Application	Rev. 1	Submitted
View Revise	✓ Budget Detail	Original	Approved
Details	✗ Management Plan	Rev. 2	Pending Validation
Details	✓ Food Production Facility List (2)		
Details	✓ Checklist Summary (3)		
Details	✗ Site Field Trip List (7)		
View	Application Packet Notes for Organization (2)		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	1	7	0	0	0	0	8

- Based on answers within the application, the system will identify if supplemental information must be submitted with the packet
- Click the “Details” link to view your list of required documents to attach to the application

System will tell you what documents you need to attach

Required Forms/Documents to send to MDE	Document Submitted to MDE	Date Submitted to MDE	Document on File w/MDE	Status	Status Date	Last Updated By
Board Minutes	 <input checked="" type="checkbox"/>	<input type="text" value="03/01/2016"/>	<input checked="" type="checkbox"/>	Approved	03/04/2016	YBacon1
Copy of FSMC Contract(s)	 <input checked="" type="checkbox"/>	<input type="text" value="03/01/2016"/>	<input checked="" type="checkbox"/>	Approved	03/04/2016	YBacon1

Action	Checklist Item	Comment	Attachment Date/Time
View Modify	Copy of FSMC Contract(s)		3/4/2016 6:48:13 AM

- Failing to complete the checklist summary is a common reason why Orgs are unable to submit their applications
- Remember, the system will NOT let you submit the application if it is not complete.
- If you cannot submit, check the Checklist Summary first, then call your PS to troubleshoot.

Submission

Final Step

Conduct a Visual Check! 65



Forms requiring completion and/or contain errors display a red arrow.



Forms that are completed and error-free display a green checkmark

“Submit for Approval” only Enabled When All Forms Complete

View Modify	✓ Budget Detail	Rev. 1	Pending Approval
Details	✓ Management Plan	Rev. 1	Pending Approval
Details	Food Production Facility List		
Details	Site Field Trip List		
Details	✓ Checklist Summary (5)		
View	Application Packet Notes for Sponsor		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	28	0	0	0	0	28



Packet Status Change to “Submitted for Approval”

67

2015 - 2016 Application Packet

3100032547 Status: Active

ON TRACK COMMUNITY DEV. CORP.

DBA:

612 Sunflower Ave Ext Bldg 4

612 Sunflower Ave Ext Bldg 4

Indianola, MS 38751-1234

Type of Agency: Private Non Profit Organization

Type of SFSP Organization: Private Nonprofit

Packet Submitted Date: 03/16/2016

Packet Approved Date:

Packet Original Approval Date: 03/04/2016

Packet Status: Submitted for Approval

Annual Audit form has not been submitted for this Organization's prior fiscal year.



Action	Form Name	Latest Version	Status
View	✔ Organization Application	Rev. 1	Submitted
View	✔ Budget Detail	Rev. 1	Pending Approval
Details	✔ Management Plan	Rev. 2	Pending Approval
Details	✔ Food Production Facility List (2)		
Details	✔ Checklist Summary (3)		



Forms are Now View Only, Pending SA Review



SA Review

- The State Agency will notify Sponsors within **15 days** if their application is incomplete and provide technical assistance to help complete the application process.
- **Remember!** If your application is **not approved** the meals served are **not reimbursable**.



- The **SA will review** the Sponsor's submission; during this time, the Application Packet is view-only to the organization
- The SA will either **approve the entire packet or return** some/all packet components to the Organization for additional work
- An **email is sent** by the system to the Organization's SFSP Program Contact when the packet is Returned, Approved, or Denied by the State
- The SA will enter comments viewable at the top of the application packet item screen **requesting data correction or additional** information

Field Trips

Field Trips can only be added after Packet is approved by the SA.

Click “Details” then “Create New Field Trip”



Details	✓	Management Plan	Original	Approved
Details	✓	Food Production Facility List (1)		
View Revise	✓	Budget Detail	Original	Approved
Details		Site Field Trip List		
Details	✓	Checklist Summary (6)		
Details		Application Packet Notes (3)		
View		Application Packet Notes for Sponsor (3)		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	1	0	0	0	0	0	1

Trip Details

1. Trip Date:

Specific Date

Date Range Start Date: End Date:

Multiple Dates

2. Status of Site:

3. Affected Meal Type(s):

- Breakfast
- AM Snack
- Lunch
- PM Snack
- Supper

4. Number of Children Attending Field Trip:

5. Name of Field Trip Destination:

- When completed, click the “Save” button.
- Correct errors if any exist



That's It!
Any
Questions?



Chelsea Edwards

Program Specialist

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mdek12.org



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Sponsors, Monitors & Site's Supervisors Responsibilities



Mary Burks

Division of School Support, Director

mdek12.org



MISSISSIPPI
DEPARTMENT OF
EDUCATION

March 1, 2022



Summer Training 2022

SFSP regulation - 7 CFR 225 and Guidance Manuals.



- Pre-Approval Visits
- Number and type of meals
- Time restrictions for meal service
- Mealtime requirements
- Duration of the meal service
- Staffing Duties

Sponsor and Site Eligibility



Sponsor & Site Eligibility

IN THE SUMMER FOOD SERVICE PROGRAM

Sponsors are eligible organizations that assume total responsibility for the administration of the SFSP. Sites are the locations where meals are served to children in a supervised setting. For sites to be eligible sites, they must serve children in low-income areas or serve specific groups of low-income children.

Who can sponsor the SFSP?

- Public or private non-profit school food authorities
- Public or private non-profit colleges or universities
- Public or private non-profit residential summer camps
- Unit of local, county, municipal, state or federal government
- Any other type of private non-profit organization

All sponsors must be tax exempt and demonstrate the administrative and financial ability to manage a food service effectively. Most sponsors must provide a year round public service to the area in which they intend to provide the SFSP.

Specific Eligibility Requirements for Sponsors

To be deemed eligible, sponsors must:

Demonstrate Financial and Administrative Capability – All sponsors must submit a budget with the SFSP application annually and accept final financial and administrative responsibility for all sites.

Not Be Seriously Deficient – Applicants must not have been declared seriously deficient or terminated from the SFSP or any other Child Nutrition Program. If the State Agency determines a sponsor has taken corrective action to permanently correct the deficiencies and/or the debt has been paid, the Sponsor may be approved to participate once again.

Serve Low-Income Children – Sponsors must agree to provide regularly scheduled meal service for children in designated low-income areas or they must agree to serve low-income children (except camp).

Conduct a Non-profit Food Service – The food service operation must be for the benefit of participating children and all the Program reimbursement funds are used solely for the operation or improvement of the food service.

Provide Year-round Service – Sponsors must provide a year-round public service to the area in which they intend to provide the SFSP. Exceptions may be granted for sponsors of residential camps, migrant sites, and in certain other limited circumstances.

Exercise Management Control Over Sites – Sponsors must demonstrate in their applications that they will exercise management control over the meal service at all of their sites. This means that the sponsor is responsible for maintaining contact with meal service staff, ensuring that they are trained, and will monitor the sites throughout program participation. For sites not legally affiliated with the sponsor's organization, the sponsor should enter into an agreement with the site official.

Conduct Pre-Operational Visits – Prior to approval, sponsors must visit new sites and sites that had operational problems the previous year.

Sign Written Agreements – Approved sponsors must sign a permanent written agreement with the State Agency.

Sponsor Responsibilities

At a minimum, sponsors will:

- Attend the State Agency training
- Locate and recruit eligible sites
- Hire, train and supervise staff/volunteers
- Competitively procure food/supplies to prepare meals or hire a vendor for meal preparation
- Monitor all sites for compliance
- Prepare claims for reimbursement
- Maintain records for 3 years, plus the current year

Types of Sites & Eligibility

Sponsors may operate the SFSP at one or more sites, for any period during the summer months as long as the site and meal services have been approved by OCN prior to the start of the site operating. Sponsors may have different site types that serve different meals. When more than one sponsor operates in a community, the sponsors should work together to ensure needs are met without duplicating services. OCN can assist sponsors in determining the appropriate site type and related eligibility documentation.

Open Sites

Meals are made available to all children in the area on a first-come, first-serve basis. Open sites must be located within the attendance area of a school that has 50% or more of its children eligible for free and reduced price meals (i.e. School Data) or within a census tract that qualifies. Schools with academic summer school are required to be open to the community.

Restricted Open Sites

Operates much like an open site, but there is a need to restrict or limit meal participation for reasons of space, security, safety, or control determined after the site opens. Sponsors must make it publicly known that the site offers free meals to children, but it will be limited for the reasons noted above. Determining the eligibility of the site is the same as a regular open site.

Closed Enrolled Sites

Meals are made available to only the enrolled group of children attending the site, as opposed to the community at large. Many times, this site type is selected because the site is offering programs geared toward a specific group of children. Closed enrolled sites may be eligible based on area just like an open or restricted open site OR it may be located outside of an eligible area, but then at least 50% of the children enrolled must be considered to be low-income. When not area eligible, sponsors are required to keep enrollment records and participant eligibility documentation each month to verify that at least 50% of the children are eligible.

Camp Sites

Camps can be residential or nonresidential day camps that offer regularly scheduled food service as part of an organized program for enrolled children. Unlike open, restricted open, and closed enrolled sites, sponsors of both residential and nonresidential camps do not have to establish area eligibility. However, they must collect and maintain participant eligibility documentation. Camps are only reimbursed for those enrolled children who meet the free and/or reduced-price eligibility standards.

Migrant Sites

These sites can operate like area-eligible open or restricted open sites and are reimbursed for meals served to all attending children. Migrant status is confirmed annually by having the Sponsor submit information obtained from a migrant organization that certifies that the site serves a majority of children of migrant workers.

Participant Eligibility for Closed Enrolled and Camp Sites

There are a variety of ways to determine participant eligibility for Closed Enrolled and Camp Sites. Some methods depend on the Program being offered. In most cases, participant eligibility is determined through Household Applications collected from the families OR by obtaining documentation from a school district participating in the National School Lunch Program (NSLP).

Meals Eligible for Reimbursement: breakfast, lunch, supper, and snack. Open, Restricted Open, and Closed Enrolled Sites can choose to serve up to 2 meal services per day in any combination other than lunch and supper on the same day. Camps and migrant sites may serve up to 3 meal services per day.

Determining Eligibility Using School and Census Data

Sponsors may use free and reduced data from elementary, middle or high schools to qualify SFSP sites. The site must be located within the attendance area of a school that has at least 50% of its children eligible for free and reduced price meals.

If not located within an eligible attendance area, sponsors may look at census data to see if the potential site(s) fall within a tract that qualifies. The USDA Capacity Builder Mapping Tool can assist sponsors in making eligibility determinations and locating eligible areas within their community. <https://www.fns.usda.gov/capacity-builder>

This institution is an equal opportunity provider. Updated January 2020.





being
responsibility
having a duty
cont

Sponsor's Responsibilities

At a minimum, Sponsors will:

- Attend the State Agency training
- Locate and recruit eligible sites
- Hire, train and supervise staff/volunteers
- Competitively procure food/supplies to prepare meals or hire a vendor for meal preparation
- Monitor all sites for compliance
- Prepare claims for reimbursement
- Maintain records for 3 years, plus the current year



Pre-Operational visit by SA 83



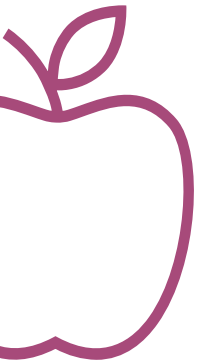
- New Sponsors
- All applicant sponsors that had operational problems noted in the prior year, or New organization, the State Agency has determined need for a pre-approval visit: and
- All sites which the State agency has determined need a pre-approval visit

- Sponsor may serve one or two meals a day at open, restricted open, and enrolled sites.
- With State agency approval, camps may serve up to three meals including snacks each day.





Sites Types



- **Open Site**
- **Restricted Open Sites**
- **Closed Enrolled Sites**
 - Residential or Nonresidential Camp
 - NYSP Sites
 - Migrant or Homeless Sites
 - Upward Bound Sites



- **Open Site** - means a site where meals are available to all children in the area and is located in an area where at least 50 percent of the children are from households that would be eligible for free or reduced-price school meals under the National School Lunch Program and the School Breakfast Program, as determined in accordance with paragraph (a) of the definition of Areas in which poor economic conditions exist.

Definitions of Program Site Types



- **Restricted open site** means a site which is **initially open to a broad community** participation, but the sponsor restricts or limits attendance for reasons of security, safety or control. Site eligibility for a restricted open site shall be documented in accordance with paragraph (a) of the definition of areas in which poor economic conditions exist.



Restricted Open

- Initially open to community as an open site
- Must restrict or limit the meal site's attendance for reasons of space, security, safety, or control
- Sponsors must publicize that the site is open on a first-come, first serve to all children
- 50 percent free and reduced area



- **Closed enrolled** site means a site which is open only to enrolled children, as opposed to the community at large, and in which at least **50** percent of the enrolled children at the site are eligible for free or reduced-price school meals under the National School Lunch Program and the School Breakfast Program, as determined by approval of applications in accordance with 225.15(f).



- Area Eligibility
- School data is the most commonly used data to establish free meals.
- In order for a site to be determined area eligible, school data must indicate that the proposed meal site is located in a school attendance area where at least 50 percent of the children are eligible for free or reduced-price school meals.

- What is closed enrolled site?
- Closed enrolled sites **serve meals only to enrolled children or an identified group of children**, as opposed to the community at large.



- Required meal applications
- For closed enrolled sites, the projected number of children enrolled and the projected number of children eligible for free and reduced price meals for each of these sites.
- At least 50 percent of the enrolled children at the site must be eligible for free or reduced-price school meals.



- Accredited summer schools do not qualify as closed enrolled sites and should obtain reimbursement for meals under the NSLP, unless they are also open to the community for the meal service and are in an area where at least 50% or more of the children qualify for free or reduced-price meals.

Under the regulations [7 CFR 225.16(b)] - two meals for open, restricted open, and enrolled sites.

- Sponsors may serve one or two meals a day at open, restricted open, and enrolled sites
- **Lunch and supper on the same day is not allowed.**



- Breakfast only
- Lunch only
- Lunch and Snack
- Breakfast and Lunch
- Breakfast and Supper



Time restrictions for meal service



- Three hours must elapse between breakfast lunch & snack
- Four hours must elapse between lunch and supper
- Time begins at the beginning of one meal service and the beginning of another
- The service of supper shall begin no later than 7 p.m.

- The duration of the meal service shall be limited to **two hours** for **lunch** or **supper** and one hour for all other meals.



Organization requirement for approving Application

- New sponsors
- New sites
- Experienced significant operational problems in the prior year



- Demonstrate Financial and Administrative Capability
- Not be Seriously Deficient
- Serve Low-Income Children
- Conduct a Nonprofit Food Service

Sponsor's Responsibilities

10
0

- Take part in the State Agency's (SA) training
- Hire, train, and supervise all SFSP staff and volunteers
- Provide overall management and supervision of the SFSP
- Select sites
- Submit application/agreement to the State Agency
- Monitor all sites each summer in accordance with the USDA Federal requirements

Sponsor's Responsibilities

- Prepare (verify accuracy of supporting records) claims for reimbursement
- Ensure that the sites are sustainable
- Maintain all program documents for 3 years, plus the current year



Sponsor's Responsibilities

- Coordinate and conduct outreach efforts
- Arrange for food preparation or delivery
- Ensure that monitoring requirements are met
- Notify SA of changes in operations

Sponsor's Responsibilities

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3

- Adjust meal orders
- Submit reimbursement vouchers
- Ensure civil rights compliance
- Handle all negotiations with vendors (if any/all sites are vended)

- Delegate outreach responsibilities
- Maintain all program documents for 3 years plus current
- Ensure site information is current and correct
- Ensure that site supervisors know if meals are self-prep or vended and that they know the menu

Monitors' Responsibilities

Monitors are the eyes and ears of the SFSP. They provide valuable feedback regarding site operations by visiting the sites regularly and observing meal service. They are critical to the successful operations of the SFSP sites.

USDA recommends no less than 1 monitor for every 15 to 20 sites to meet Program monitoring requirements for urban areas. More may be needed for rural areas depending on the geographical area to be covered.

Monitors should:

- Ensure that site personnel maintain records
- Ensure the Program operates in accordance with requirements
- Visit all sites within the 1st week of food service operations

Monitors' Responsibilities

- Review all sites food service operations within the 1st 4 weeks of the program
- Prepare reports of visits and reviews
- Report unresolved or critical issues to the director
- Revisit sites as necessary



- For any problems encountered, suggest corrective action
- Ensure corrective action is implemented
- Conduct on-site training as necessary



Site Supervisor Responsibilities

- Attend sponsor training
- Properly implement civil rights
- Remain at the site for the whole meal service
- Inform Director/Assistant Director of field trips
- Inform Director/Assistant Director of any changes to meal service



Site Supervisor Responsibilities

- Serve meals
- Clean up after meal service
- Keep site safe and sanitized
- Comply with local health and safety standards to ensure the safety of the food



Site Supervisor Responsibilities

- Receive and account for delivered meals (if vended site)
- Plan and organize daily activities including nutrition education
- During inclement weather, arrange alternate food service sites



- Take accurate point of service meal counts (unless the State Agency has approved an alternate system that provides accurate meal counts)







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Site Visits And Reviews/Food Safety Inspections

Jimmy May

NSLP Program Specialist

mdek12.org



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EDUCATION

March 1, 2022





Different Type of Site Visits / Inspections

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7

What	When	Where	Who
Pre-Operational Visit	Prior to Operations	New sites; sites with prior issues	Sponsor
First Week Visit	1 st week of operation	All sites	Sponsor
Site Review	1 st four weeks of operation	All sites	Sponsor
Health Inspection	Sponsor must Request inspection prior to operation *(current permits are acceptable)	First year, non-school sites	MS State Dept. of Health

Visits & Reviews: Pre-Op Visits

Pre-operational Visits, 7 CFR 225.15(d)

- Sponsors should record the date of the Pre-Operational Site Visit for each site with the name and title of the staff member that conducted the site visit
- School sponsors are strongly encouraged to conduct Pre-operational Site Visits of all new non-school sites and sites that had Operational issues in the previous year





Pre-Operational Visit Form

SUMMER FOOD SERVICE PROGRAM

Sample Pre-Operational Visit Form

Site name: _____ Site number: _____

Site address: _____

Site telephone number: _____

Person to contact for use of site: _____

Type of site (check appropriate type):

<input type="checkbox"/> Recreation center	<input type="checkbox"/> Residential camp	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Other
<input type="checkbox"/> School	<input type="checkbox"/> Play street	<input type="checkbox"/> Libraries	
<input type="checkbox"/> Church	<input type="checkbox"/> Playground	<input type="checkbox"/> Rural Development (RD)/Housing and Urban Development (HUD)	
<input type="checkbox"/> Park	<input type="checkbox"/> Settlement house		

Estimated number of children the site could serve: _____ Estimated number of needy children in area: _____

Estimated number of personnel needed to adequately control the food service: _____

Are the present facilities adequate for an organized meal service? Yes No

If answer is no, comments: _____

For the estimated number of children, does the site have:

	Yes	No
Shelter for inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate cooking facilities (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate storage for prepared or delivered food?	<input type="checkbox"/>	<input type="checkbox"/>
Storage space for records at site?	<input type="checkbox"/>	<input type="checkbox"/>
Adequate refrigeration?	<input type="checkbox"/>	<input type="checkbox"/>
Access to a telephone?	<input type="checkbox"/>	<input type="checkbox"/>


Is this site for-profit? Yes No

What types of organized activities are possible or planned at this site?

Improvements or corrective actions needed before site operates:

Did the site have any deficiencies in the previous summer?

Monitor's Signature _____ Date _____

 United States Department of Agriculture 26



Visits & Reviews: First Week site Visits

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Site Visits, 7 CFR 225.15 (d) (2) and (3)

- Sponsors must visit each site at least once during the first week of operation.
- Operation, by definition, is the state of being functional. At the time sponsors are approved to administer the SFSP, they are considered to be in operation from that date until the last day of meal service per their Program agreement.



First Week Visit Form

SUMMER FOOD SERVICE PROGRAM Sample First Week Visit Form

Date of site visit: _____ Monitor's arrival time: _____ Departure Time: _____

Site name: _____ Site address: _____

Discussion with site staff (list names): _____

Areas of Discussion	Notes and Observations
Has the site supervisor attended training session?	
Are meals being counted and signed for?	
Are all required records being completed?	
Are meals served as second meals excessive?	
Do meals meet meal pattern requirements?	
Is there proper sanitation/storage?	
Is the site supervisor following procedures established to make meal order adjustments?	
Are meals served at the time approved by the State agency?	
Are all meals served and consumed on-site? (Note if State agency and sponsor allow fruits/vegetables/ grains to be taken off site).	
Is each meal served as a unit?	
Are there any problems with delivery?	
Is there documentation of children's income eligibility, if applicable?	
Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?	

List any problems that were noted, and any corrective actions that were initiated to eliminate the problems:

Monitor's Signature

Date



Visits And Reviews: Site Reviews

Site Reviews, 7 CFR 225.15(d)(3)

- Requires monitor to determine if the site is in compliance with all program requirements
- The Monitor Staff must observe a complete meal service from beginning to end

Visits And Reviews: Site Reviews

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3

- Sponsors must conduct a review of the Summer Feeding Program a minimum of once in the first four (4) weeks of Program Operations.
- If the site operates less than four (4) weeks, the sponsor must still complete a site review



Site Review Form

SUMMER FOOD SERVICE PROGRAM Sample Site Review Form

NOTE: To be completed during first four weeks of operation

Sponsor: _____ Site: _____

Site Contact Name: _____ Title: _____

Site Address: _____ Telephone: _____

Date of site visit: _____ Monitor's arrival time: _____ Departure Time: _____

Site Supervisor: _____

Open site Camp site Average daily participation (if applicable): _____

Today's attendance: _____ Approved meal service time: _____

Types of meals reviewed: Breakfast AM Snack Lunch PM Snack Dinner

Approved level of service: _____

Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Dinner
# Meals delivered (if applicable)					
# Meals/milk from previous day					
Time meals delivered (if applicable)					
Time meals served					
# First meals served to children					
# Second meals served to children					
# Meals served to Program adults					
# Meals served to non-Program adults					
Discarded meals (dropped, spoiled, incomplete meal, test meal, etc.)					
# Meals leftover					

* Test meal cannot be claimed for reimbursement but should be recorded.

- When sponsors have chosen their prospective (non-school) sites:
 - Sponsors must notify the health department in writing of all prospective site locations
- Sponsors are required to enter into an agreement with the State Agency that their sites will maintain proper sanitation and health standards
 - In conformance with all applicable State and local laws and regulations



Health And Sanitation Inspection

1. School Sites (*food prepped in School Cafeteria*)
 - May utilize current cafeteria site health permit.

2. Non-School Sites sponsored by the School District
 - **Must obtain** a pre-operational and operational health inspection from the Health Department
 - Contact the SA for instructions on requesting these visits from the Health Department

Corrective Action Required: Yes No
 Corrections required by (Date):

Food Establishment Inspection Report

Establishment Name: _____ Date: _____

Address: _____ City: _____ State: _____

Inspection Number: _____ Inspector: _____

FOODS AND DRUGS, FIRE, FACTORY AND PUBLIC HEALTH DEPARTMENT

Mississippi State Department of Health

Center for Disease Control and Prevention

Public Health Inspection Report

A

Inspected by: _____ Date: _____

Inspector: _____

Signature: _____





Jimmy May

Program Specialist

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Meal Counting and Claim Preparation

Yumetrice Fulton

Program Specialist

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March 1, 2022



- Meal counts must be taken for **each** meal service at **each** site **at the time** of the meal service.
- Meal counting systems at each site must capture separately:
 - all reimbursable 1st meals served to eligible children
 - any/all 2nd meals served to eligible children
 - all adults meals.

Each site needs a designated meal count person, with at least one staff member fully trained as a back-up.

Acceptable Counting Methods

- Manual Tally Sheets (pencil/paper)
- P.O.S. by the Cashier
- Clicker Counter Method

SUMMER FOOD SERVICE PROGRAM Sample Daily Meal Count Form

Site Name _____ Meal Type Indicator: M L SN SS
Address _____ Telephone _____
Supervisor's Name _____ Delivery Time _____ Date _____

Meals received program _____ * Meals available from previous day _____ Total meals available _____

Count Meals Served to Children (Total of all number on each other column except)

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	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Total First Meals = _____

Second meals served to children

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Total Second Meals = _____

Meals served to Program adults

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Total non-Program Adult Meals = _____

TOTAL MEALS SERVED = _____

Total damaged/incomplete/in other non-retrievable meals = _____

Total Meals available = _____

Total of meals _____

Number of additional children requesting a meal other than available meals were served _____

By signing below, I certify that the above information is true and accurate.

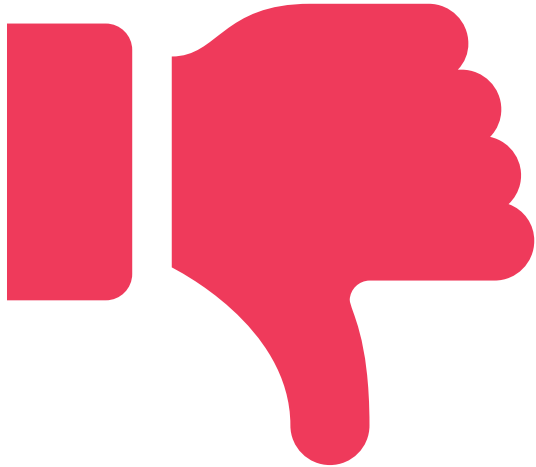
Signature _____ Date _____

ATTACHMENT 18





If a clicker is utilized, the final count must still be transferred to a record that accounts for all complete 1st and 2nd (if applicable) meals served to children (with any adult meals accounted for separately by type).



- Meal counts based on the number trays or plates available or prepared.
- Meal counts based on the number of children in attendance.
- Meal counts based on previous meal counts.
- Cashier has multiple duties, divided attention, or leaves during meal service

- Only those complete (first) meals served to eligible children may be claimed for reimbursement (along with a select number of ‘complete’ second meals, as applicable).
- OVS is not permitted when using the SFSP Meal Pattern without a waiver from USDA.
- The number of prepared meals often does not equal the number of meals to be claimed.

Hint!

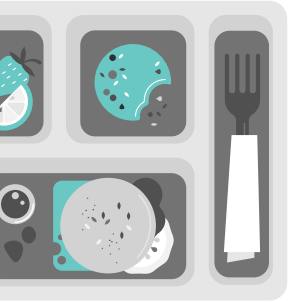
13
5



During a Monitoring Visit, the POS /meal counting process is closely reviewed

Identifying Reimbursable Meals

- Staff members working at the POS should not only be capturing accurate meal counts; should also be trained on how to identify reimbursable meals!
- Unless you have an approved waiver for OVS, each child must have all components.





- Production Records
- Daily Meal Count Records
- Satellite Delivery Receipts (if applicable) – required when meals are delivered to SFSP sites from another location (or site)



If you are delivering meals to any sites, you should maintain delivery receipts!



Daily adjusted delivery receipts are changed to reflect adjusted meal order



Meals must be correctly packaged and loaded for delivery



Site must follow food safety requirements

Summer Food Service Program
 Delivery Receipt –Satellite Sites Only

Central Kitchen Name: _____ Date of Delivery _____
 Site name: _____ Meal Type (please circle one): B L S Snack

To be completed by the Central Kitchen Representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Individual Serving Size					
Quantity Sent					
Temperature at Central Kitchen					
Time the Food left the Central Kitchen					

Signature of Central Kitchen Representative: _____ Date: _____
By signing you are verifying that all information in the chart above is true.

To be completed by the Site representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Quantity received at site					
Temperature at Site					
Time Received at site					

Signature of Site Supervisor: _____ Date: _____
By signing you are verifying that all information in the chart above is true.

Delivery Receipts/Meal Counts

- All external (off campus) distribution methods **must** utilize and retain delivery receipts **in addition** to the meal count forms.
- Even if food is picked up rather than delivered, the delivery receipt still required.
- You can use the SA template or produce your own.

SFSP- Sample Delivery Receipt

Summer Food Service Program Delivery Receipt –Satellite Sites Only

Central Kitchen Name: _____ Date of Delivery _____
Site name: _____ Meal Type (please circle one): B L S Snack

To be completed by the Central Kitchen Representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Individual Serving Size					
Quantity Sent					
Temperature at Central Kitchen					
Time the Food left the Central Kitchen					

Signature of Central Kitchen Representative: _____ Date: _____
By signing you are verifying that all information in the chart above is true.

To be completed by the Site representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Quantity received at site					
Temperature at Site					
Time Received at site					

Signature of Site Supervisor: _____ Date: _____
By signing you are verifying that all information in the chart above is true.

Note
Temperature
columns





The following restrictions apply when meals are delivered to SFSP satellite sites:

- Meals must be delivered no more than one hour prior to the beginning of meal service
- Facilities must exist on-site for storing food at proper temperatures

Daily Meal Count Form

MANAGING THE MEAL SERVICE

SUMMER FOOD SERVICE PROGRAM

Sample Daily Meal Count Form

Site Name: _____		Meal Type (circle): B L SN SU																		
Address: _____		Telephone: _____																		
Supervisor's Name: _____		Delivery Time: _____ Date: ____/____/____																		
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available)		[1]																		
First Meals Served to Children (cross off number as each child receives a meal):																				
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	31	32	33	34	35	36	37	38	39	40	
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	
141	142	143	144	145	146	147	148	149	150											
		Total First Meals +		[2]																
Second meals served to children:																				
1	2	3	4	5	6	7	8	9	10	Total Second Meals +										[3]
Meals served to Program adults:																				
1	2	3	4	5	6	7	8	9	10	Total Program Adult Meals +										[4]
Meals served to non-Program adults:																				
1	2	3	4	5	6	7	8	9	10	Total non-Program Adult Meals +										[5]
TOTAL MEALS SERVED =														[6]						
Total damaged/incomplete/other non-reimbursable meals +														[7]						
Total leftover meals +														[8]						
Total of items:														[6] + [7] + [8] = [9]						
														(Item [9] should be equal to item [1])						
Number of additional children requesting a meal after all available meals were served:																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15						
By signing below, I certify that the above information is true and accurate:																				
Signature _____										Date _____										

Can be found in the “Reference Materials” section in the most recent USDA Administrative Guidance for Sponsors book

The Daily Meal Count Form

MANAGING THE MEAL SERVICE

SUMMER FOOD SERVICE PROGRAM

Sample Daily Meal Count Form

Site Name: _____		Meal Type (circle): B L SN SU																		
Address: _____		Telephone: _____																		
Supervisor's Name: _____		Delivery Time: _____	Date: ____/____/____																	
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available)			[1]																	
First Meals Served to Children (cross off number as each child receives a meal):																				
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	31	32	33	34	35	36	37	38	39	40	
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	
141	142	143	144	145	146	147	148	149	150											
Total First Meals +			[2]																	
Second meals served to children:																				
1	2	3	4	5	6	7	8	9	10	Total Second Meals +										[3]
Meals served to Program adults:																				
1	2	3	4	5	6	7	8	9	10	Total Program Adult Meals +										[4]
Meals served to non-Program adults:																				
1	2	3	4	5	6	7	8	9	10	Total non-Program Adult Meals +										[5]
TOTAL MEALS SERVED =														[6]						
Total damaged/incomplete/other non-reimbursable meals +														[7]						
Total leftover meals +														[8]						
Total of Items: [6] + [7] + [8] = [9]														[9]						
(Item [9] should be equal to item [1])																				
Number of additional children requesting a meal after all available meals were served:																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15						
By signing below, I certify that the above information is true and accurate:																				
Signature _____										Date _____										

1. Site Level Details
2. 1st meals reimbursement meal counts
3. 2nd meal counts
4. Program Meals (Adult)
5. Non-Program Meals (Adult)
6. Total Meals
7. Non-reimbursement meals (spoiled/dropped)
8. Total Left-over meals
9. Sign and Date

Site Name: _____										Date: ____/____/____										
First Meals Served to Children (cross off number as each child receives a meal):																				
151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	
171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	
191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	
211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	
231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	
Total First Meals +																				[2]
Second meals served to children:																				
1	2	3	4	5	6	7	8	9	10	Total Second Meals +										[3]
Meals served to Program adults:																				
1	2	3	4	5	6	7	8	9	10	Total Program Adult Meals +										[4]
Meals served to non-Program adults:																				
1	2	3	4	5	6	7	8	9	10	Total non-Program Adult Meals +										[5]
TOTAL MEALS SERVED =																				[6]
Total damaged/incomplete/other non-reimbursable meals +																				[7]
Total leftover meals +																				[8]
Total of items:										[6]	+	[7]	+	[8]	=	[9]	(Item [9] should be equal to item [1])			
Number of additional children requesting a meal after all available meals were served:																				
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30						

Page 2

The Daily Meal Count Form

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- When a site serves more than 150 children per day at a given meal service, the supplemental (Page 2) form may be used along with the first page.
- Be sure to staple or attach the sheets and keep them together.
- See the Reference Materials available in the USDA SFSP Administrative Guide for Sponsors.

MANAGING THE MEAL SERVICE

SUMMER FOOD SERVICE PROGRAM Sample Meal Count (Weekly Consolidated)

Site Name: _____
 Address And Phone Number: _____
 Site Supervisor: _____ Week of: ____/____/____

Meal Type: (Circle) B L Sn Su	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total For Week
1. Number of meals received/prepared								
2. Number of meals available from previous day								
3. Number of first meals served to children								
4. Number of second meals served to children								
5. Number of meals served to Program adults								
6. Number of meals served to non-Program adults								
7. Number of incomplete/damaged meals								
8. Number of leftover meals								
9. Number of additional children requesting a meal after all available meals were served								
10. Money collected/to be collected for adult meals								
Remarks:					Signature of Site Supervisor:			

Sponsor Responsibility



- Sponsors assume responsibility for **all** the information submitted on the claims.
- The claim must reflect **only** meals that meet SFSP requirements and are **actually served** to eligible children.
- Second Party Check strongly encouraged! Have another staff member review the daily and weekly meal counts and compare totals.

Responsibility

Claim for Reimbursement

- Sponsors assume responsibility for **all** the information submitted on the claims.
- The claim must reflect **only** meals that meet SFSP requirements and are **served** to eligible children.
- Based on number of meals multiplied by administrative and operating rates.

Requirements for Claims



- Must be verified for accuracy
- Must be submitted in MARS
- Meals are only reimbursable if they:
 - Meet SFSP requirements
 - Are actually served to eligible children
 - Are served during the claiming period

- You can combine claims if one of the months has less than 10 serving days.
- Since the Fiscal Year changes on July 1 --- the June and July claims cannot be combined

SFSP Claim Submission

Using MARS

Step 1

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1

Summer Food Service Program



Applications | Claims | Compliance | Reports | My Account | Search | **Programs** | Year | Help | Log Out



Welcome to the Summer Food Service Program!

Make sure you have selected the Summer Feeding Program!

You should see a red band at the top of your screen!

Summer Food Service Program



Applications

Claims

Compliance

Reports

My Account

Search



Programs

Year

Help

Log Out



Welcome to the Summer Food Service Program!

Click on claims!

Summer Food Service Program

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Applications | Claims | Compliance | Reports | My Account | SearchPrograms | Year | Help | Log Out

Claims >Program Year: 2020 - 2021


Item	Description
Claim - SFSP	Summer Food Service Program Claims
Claim Rates	View current claim rates
Payment Summary	Summary of payments made to this Organization

Click on “Claim – SFSP” option to enter your claims.

Reminder: Claim rates are also listed on this page.

Step 4

Summer Food Service Program



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Applications | Claims | Compliance | Reports | My Account | Search | Programs | Year | Help | Log Out

Claims > Claim Year at a Glance - SFSP > Program Year: 2020 - 2021

2020 - 2021 SFSP Claim Year Summary

00075 Status: Active

[Redacted Agency Information]

Type of Agency: Educational Institution
Type of SFSP Organization: School Food Authority

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Oct 2020	1	Processed	12/02/2020	12/02/2020	\$299,036.58
Nov 2020	0	Processed	12/09/2020	12/09/2020	\$226,190.48
Dec 2020	0	Processed	01/08/2021	01/13/2021	\$122,573.04
Jan 2021					
Feb 2021					\$0.00
Mar 2021					\$0.00
Apr 2021					\$0.00
May 2021					\$0.00
Jun 2021					\$0.00
Jul 2021					\$0.00
Aug 2021					\$0.00
Sep 2021					\$0.00
Year to Date Totals					\$647,800.10

[< Back](#)

We will click on January for an example!

Claim Submission Example

Claimed	Number	Received	Accepted	Processed	Code
Nov 2020	0	12/07/2020	12/07/2020		Original

CFDA Number 10.559

General Information

	Total Number of Days Food Served
1. Breakfast	16
2. AM Snack	0
3. Lunch	16
4. PM Snack	0
5. Supper	0

Self-Prep and/or Vended-Rural Meals Served to Children

Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.

	First Meals Served	Second Meals Served	Camp First Meals Served	Camp Second Meals Served
6. Breakfast	4,503	0	0	0
7. AM Snack	0	0	0	0
8. Lunch	4,403	0	0	0
9. PM Snack	0	0	0	0
10. Supper	0	0	0	0

Vended-Urban Meals Served to Children

Step 6

Supper	0	3.7600	0.00
Total			5.92

Administrative Reimbursement - Self-Prep and/or Vended Rural

Meal Description	Total Reimbursable Meals Served	Reimbursement Rate	Reimbursement Amount
Breakfast	1	0.2150	0.22
AM Snack	0	0.1075	0.00
Lunch	1	0.3925	0.39
PM Snack	0	0.1075	0.00
Supper	0	0.3925	0.00
Total			0.61

Administrative Reimbursement - Vended-Urban

Meal Description	Total Reimbursable Meals Served	Reimbursement Rate	Reimbursement Amount
Breakfast	0	0.1700	0.00
AM Snack	0	0.0850	0.00
Lunch	0	0.3275	0.00
PM Snack	0	0.0850	0.00
Supper	0	0.3275	0.00
Total			0.00

Claim Reimbursement Total **6.53**

Certification

I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

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Submit For Payment

Validate and submit your claim!

Sometimes SFAs forget to finish this crucial last step, and the claim sits in an “incomplete” status.

When do we get PAID?

- Have a complete and submitted claim
- Processed every Wednesday
- Claims are due by the 10th of each month



How do we process payments?

August 2021

August 2021						September 2021							
Su	Mo	Tu	We	Th	Sa	Su	Mo	Tu	We	Th	Sa		
1	2	3	4	5	6	7			1	2	3	4	
8	9	10	11	12	13	14	5	6	7	8	9	10	11
15	16	17	18	19	20	21	12	13	14	15	16	17	18
22	23	24	25	26	27	28	19	20	21	22	23	24	25
29	30	31					26	27	28	29	30		

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Aug 1	2	3	4	5	6	7
8	9 Claim submitted!	10	11 Batch Day!	12	13	14
15	16	17	18	19	20 Money Deposited !	21
22	23	24	25	26	27	28
29	30	31	Sep 1	2	3	4

Claims entered on Wednesday by 2 p.m. will be placed into your account the following Friday.

Here is an example!

Questions





Yumetrice Fulton

Program Specialist

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mdek12.org



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Advances and Budget

Summer Food Service Program

Mary Burks

Division Director II

mdek12.org



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March 1, 2022



SFSP Advance Payments



Advance Payments 7 CFR 225.9 (c)

- Sponsors may request ***advanced payments*** for program costs.
- Organizations may request advanced payments thirty (30) days before federally prescribed payment dates.



Operating costs

Examples:

- Trays
- Paper bags
- Food
- Kitchen supplies

Administrative costs

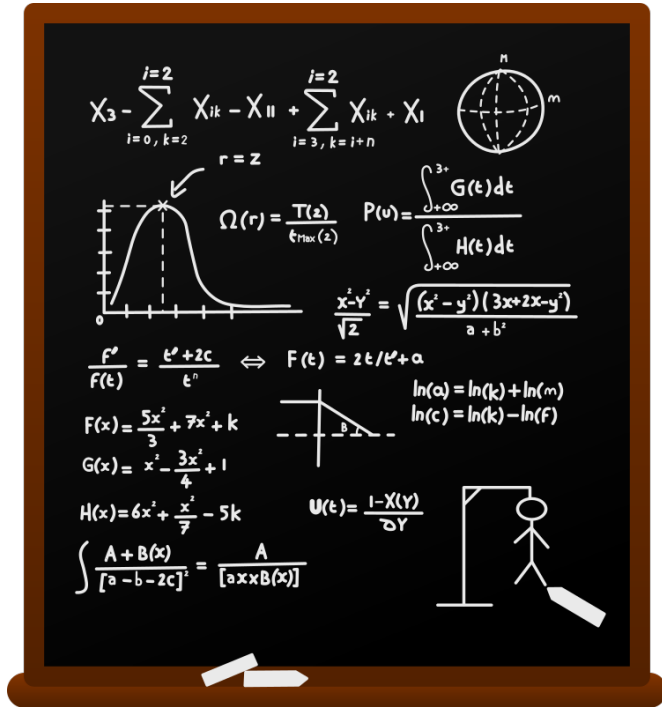
Examples:

- Payroll for accounting staff wages and benefits
- Office supplies
- Building rent

Both Operating and Administrative costs

Previous Year Sponsors:

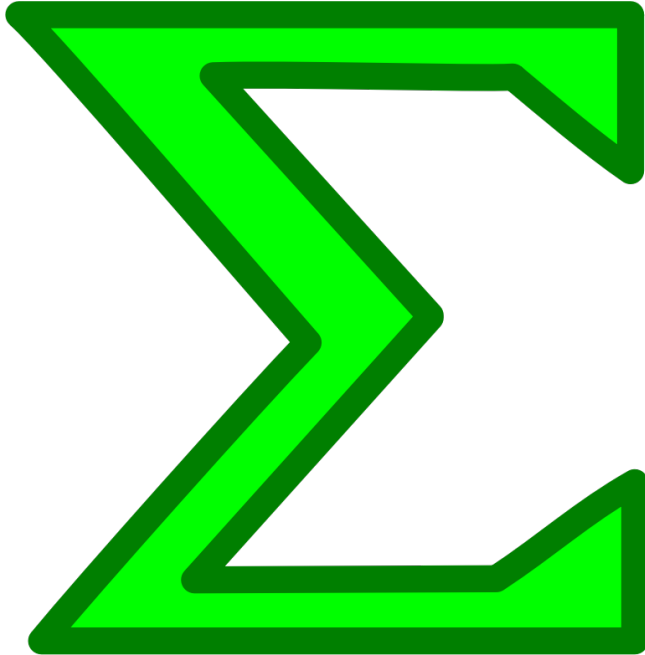
- Estimated total number of meal sites compared to prior year
- Estimated total number of meals for current year compared to prior year
- Available prior year SFSP excess reimbursement



7 CFR 225.9(c)(ii)

- **Vended Sponsor:** 50% of the amount determined by the State agency to be needed that month for meals
- **Self-Prep:** 65% of the amount determined by the State agency to be needed that month for meals





7 CFR 225.9 (c) (4) *Limit.*

- The sum of the advance operating and administrative costs payments to a sponsor for any one month shall not exceed \$40,000 unless the State agency determines that a larger payment is necessary for the effective operation of the Program and the sponsor demonstrates sufficient administrative and managerial capability to justify a larger payment.

7 CFR 225.9 (c)(1)

- Request 30 days before payment dates (June 1, July 15, August 15)
- Certification of staff training on program requirements for sponsor and site personnel for a **second advance**.
- Operating at least 10 days for the month of the advance



Advance Request Procedures

Locate the “Advance Request” link on the Application dashboard in MARS.

Summer Food Service Program

MISSISSIPPI DEPARTMENT OF EDUCATION

Applications | Claims | Compliance | Reports | My Account | Search | Programs | Year | Help | Log Out

Applications > Program Year: 2020 - 2021

Item	Description
Organization Manager	SFSP Organization's Profile, Site and Hold Information
Potential Sponsor	Potential Sponsor
Application Packet	SFSP Applications Forms (Organization and Site)
Advance Requests	Request Organization's SFSP Advance(s) for the current year
Advance Requests Manager	Manage requested Organization's SFSP Advance(s) for the current year
Annual Audit	Annual Audit
Annual Audit Status Summary	Annual Single Audit Status Summary
Download Forms	Forms Available for Downloading

Advance Request Procedures

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Click on the Advance Request link, then click “Add” next to the requested advance month.

Summer Food Service Program

Applications | Claims | Compliance | Reports | My Account | Search | Programs | Year | Help | Log Out

Applications > Advance Summary > Program Year: 2020 - 2021

Summer Food Service Program Advance Requests for 2020 - 2021

Action	Advance Month	Advance Type	Advance Amount	Outstanding Balance	Status	Date Processed
Add	Oct 2020				n/a	
Add	Nov 2020				n/a	
Add	Dec 2020				n/a	
Add	Jan 2021				n/a	
Add	Feb 2021				n/a	
Add	Mar 2021				n/a	
Add	Apr 2021				n/a	
Add	May 2021				n/a	
Add	Jun 2021				n/a	
Add	Jul 2021				n/a	
Add	Aug 2021				n/a	
Add	Sep 2021				n/a	
Totals			\$ 0.00	\$ 0.00		

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Advance Request Procedures

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2

Check the type of advance, Operating and/or Administrative and enter the requested amount of each type.

Ensure the certification statement box is selected and click “Save” to submit the request.

The screenshot displays the 'Summer Food Service Program' web interface. At the top, there is a navigation bar with links for Applications, Claims, Compliance, Reports, My Account, and Search. On the right side of the navigation bar, there are links for Programs, Year, Help, and Log Out. Below the navigation bar, the page title is 'Summer Food Service Program' and the program year is '2020 - 2021'. The main content area is titled 'Advance Request Detail for 2020 - 2021' and includes a large empty box for entering details. Below this box, there is a section for 'Advance Date: Jun 2021' and 'First Advance Request'. There are two radio button options: 'Operating' and 'Administrative'. A certification statement is present with a checkbox that is circled in blue. The statement reads: 'I understand that any advance payment received will be deducted from future reimbursement payments. Further I understand that the sponsor will be responsible for repayment of any part of the advance that exceeds the amount reimbursed to the sponsor for the number and types of meals actually served during the operation of the Summer Food Service Program.' At the bottom of the form, there is a 'Created By: Ccrawford on: 12/8/2020 8:47:36 AM' and a 'Save' button (circled in blue) next to a 'Cancel' button.

Applications | Claims | Compliance | Reports | My Account | Search | Programs | Year | Help | Log Out

Applications > Advance Summary > Program Year: 2020 - 2021

VIEW | MODIFY | DELETE

Advance Request Detail for 2020 - 2021

Advance Date: Jun 2021

First Advance Request

Operating

Administrative

I understand that any advance payment received will be deducted from future reimbursement payments. Further I understand that the sponsor will be responsible for repayment of any part of the advance that exceeds the amount reimbursed to the sponsor for the number and types of meals actually served during the operation of the Summer Food Service Program.

Created By: Ccrawford on: 12/8/2020 8:47:36 AM

Save Cancel

Advances



Don't Forget!

- Advance payments requests will be considered upon the approval of the annual SFSP application.
- Recovery of all or part of an advance will be made through an adjustment from SFSP claims for reimbursement.
- If advance funds are still owed after the final claim, the state agency will initiate collection efforts to recover the remaining balance

Completing the Budget

Summer Feeding Program Regulations



The Budget

SFSP participation requires Sponsors to submit an application, including a budget.



- **Revenue** is income received to operate the program.
- **Operational Expenditures** are costs related directly to the day-to-day operation of the program.
- **Administrative Expenses** are costs related to managing the program.





OPERATIONAL & ADMINISTRATIVE INCOME PROJECTIONS

1. Add last year's ADP or the anticipated ADP for each meal type.

Breakfast 50 Lunch 50 Supper _____ Snack _____

2. Total Days of Operation 20

3. To obtain total meals, multiply number in #1 times the number in #2.

Breakfast 1000 Lunch 1000 Supper _____ Snack _____

To obtain the total projected income, write the total meals in the charts below, then multiply them by the reimbursement rates.

ADP (Average Daily Participation)



Budgets in the MARS SFSP Application

How is the budget derived in MARS?

- Question “8” on the **Site Application**
- The budget should be the **LAST** thing you done when completing the MARS application, because it is pulling numbers from other places. If Sponsors, do it first, the budget won't make sense!

SFSP Budget Detail


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Before we can begin the Budget Detail, the Site Application must be completed.

Our OCD kicks in and we try to enter the budget before the Revenue is derived.



Summer Food Service Program

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Applications | Claims | Compliance | Reports | My Account | Search Programs | Year | Help | Log Out

Applications > Application Packet > Program Year: 2020 - 2021

2020 - 2021 Application Packet

Annual Audit form has not been submitted for this Organization's prior fiscal year.

Packet Assigned To: Marianna Chauvin

Action	Form Name	Latest Version	Status
View Modify Admin	Organization Application	Original	Error
Add	Budget Detail		
Details	Management Plan		
Details	Food Production Facility List		
Details	Checklist Summary		
Details	Site Field Trip List		
Details	Application Packet Notes		
View	Application Packet Notes for Organization		
Details	Attachment List		

Site Applications	Approved	Pending	Return for Correction	Denied	Withdrawn/ Closed	Error	Total Applications
Summer Food Service Program	0	0	0	0	0	0	0

[< Back](#) [Submit for Approval](#) [Recommend Approval](#) [Return](#) [Deny](#) [Withdraw Packet](#)

The reason we have to put the site info in first is that the revenue is populated from the number of days and the average daily participation for each site.

Breakfast

B1. Meal Serving Dates (non-camp only): Start: 10/01/2020 End: 05/21/2021

B2. Enter the number of days the meal will be served each month:

OCT 2020	NOV 2020	DEC 2020	JAN 2021	FEB 2021	MAR 2021	APR 2021	MAY 2021	JUN 2021	JUL 2021	AUG 2021	SEP 2021
21	16	16	14	20	18	21	15	0	0	0	0

B3. Days served: Mon-Fri Sun Mon Tue Wed Thu Fri Sat

B4. Meal Times: Start: 7:20 AM End: 8:00 AM

B5. Meal Service Method: Self-Prep - Prepares on site

B6. Menu Planning Option: SFSP Menu Pattern

B7. Will this meal utilize offer vs. serve? Yes No

B8. Average Daily Participation (non-camp only): 214

You do not have the ability to enter your own numbers here! It is pulled from B2, L2, L8, and B8 on your site applications.

Operating Reimbursement

Meal	Sites	Total Meals	Total
Breakfast	7	126,259	\$272,719.44
Lunch	7	235,158	\$884,194.08
Snack	0	0	\$0.00
Supper	0	0	\$0.00
		Sub Total	\$1,156,913.52

SFSP Budget Detail

Unlike the revenue, the expenditures are entered by you (the sponsor). These need to be based on the approved budget set by you and your board. You should also take in to account any additional cost that may occur as it could lead to an unallowable expense. Technically, the budget shouldn't be exceeded without proper approval.

Projected Operating Costs

Total Labor Costs (Salaries, Wages, Taxes and Benefits)		\$	844,113.84
Total Food Expenses		\$	728,200.00
Facilities and Space (Educational Facilities only)		\$	0.00
Supplies		\$	33,675.00
Rental Equipment		\$	0.00
Purchased Services		\$	3,250.00
Media Costs		\$	135.00
Contracting Organization Cost		\$	0.00
Other	travel,Dues,Utilities,Repairs, postage and equipme	\$	74,626.16
Indirect Cost	0.00 %	\$	25,000.00
Total Operating Costs			\$1,709,000.00

Projected Administrative Costs

Total Labor Costs (Salaries, Wages, Taxes and Benefits)		\$	0.00
Facilities and Space		\$	0.00
Supplies		\$	0.00
Rental Equipment		\$	0.00
Purchased Services		\$	0.00
Financial Costs		\$	0.00
Media Costs		\$	0.00
Contracting Organization Cost		\$	0.00
Other		\$	0.00
Indirect Cost	0.00 %	\$	0.00
Total Administrative Costs			\$0.00

SFSP Budget Detail

The cost summary shows you if you will be producing revenue or losing money based on entered data, if you are losing money, you need to tell where the funds will be paid from. Need to identify what you will do with the excess funds.

Cost Reimbursement Summary

Total SFSP Costs		\$1,709,000.00
Total SFSP Reimbursement		\$1,276,358.73
Excess SFSP revenue amount from the prior program year or previous participation in SFSP	\$	335,005.39
Amount from other funding resources (e.g. grant, donations)	\$	97,635.88
Other funding resources	NSLP/District Maintenance	
	Balance	\$0.00

Misc.

Identify how excess funds will be used:

- Used to improve the meal service or other aspects of the SFSP
- Kept for next year's SFSP operations
- Pay for allowable costs of the other child nutrition programs

Is there a rental agreement, lease, or contract associated for any of the non-food costs listed above? Yes No

Certification

- I certify that the information on this form, and supporting documents, is true and correct and that I will immediately report to the Department of Education any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Department of Education may verify information; and the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Necessary

Reasonable

Properly Allocated

Approved and Documented

SFSP Budget Detail



- Analyze the budget line by line
- Ensure allowable and shared costs have been reported accurately
- Upload supporting documents



- Please use code **2132**
- Do not commingle the NSLP/SBP program with SFSP funds.
- Previous year allowed commingling (Covid), but they must be separated per regulation.
- Must be able to account for the different programs.

Reimbursement Rates Summer 2022

	Rural or Self Prep Sites	All Other Types of Sites
Breakfast	2.6050	2.5550
Lunch and Supper	4.5625	4.4875
Snack	1.0775	1.0525

Questions





Mary Burks, RDN, LDN, SNS

School Support Director

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mdek12.org



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2021 SFSP Training Recordkeeping

Tina Thomas

Policy Analyst

mdek12.org



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March 2022



Daily site records should include the number of:

- Meals delivered or prepared by type
- First meals served to children by type
- Second meals served to children by type
- Excess meals or meals leftover
- Non-reimbursable meals
- Meals served to program adults
- Meals served to non-program adults

Daily/Weekly/Consolidated Meal Counts

- Please refer to the following attachments in Administrative Guide:
- Attachment 18: Sample Daily Meal Count Form
- Attachment 19: Meal Count (Weekly Consolidated)
- Attachment 20: Sample Meal Count – Consolidation Form of First (1st) and Second (2nd) Meals served

Daily/Weekly/Consolidated Meal Counts

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3

MANAGING THE MEAL SERVICE

SUMMER FOOD SERVICE PROGRAM Sample Daily Meal Count Form

Site Name: _____ Meal Type (initial): L SN SU
 Address: _____ Telephone: _____
 Supervisor's Name: _____ Delivery Time: _____ Date: ____/____/____

Meals received/prepared _____ + Meals available from previous day _____ = Total meals available (1)

First Meals Served to Children (circle off number as each child receives a meal)

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	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

Total First Meals = (2)

Second meals served to children: 1 2 3 4 5 6 7 8 9 10 **Total Second Meals =** (3)

Meals served to Program adults: 1 2 3 4 5 6 7 8 9 10 **Total Program Adult Meals =** (4)

Meals served to non-Program adults: 1 2 3 4 5 6 7 8 9 10 **Total non-Program Adult Meals =** (5)

TOTAL MEALS SERVED = (6)

Total damaged/incomplete/other non-reimbursable meals = (7)

Total leftover meals = (8)

Total of items: (6) + (7) + (8) = (9)
(Item (9) should be equal to item (1))

Number of additional children requesting a meal after all available meals were served: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate:

Signature _____ Date _____

USDA **182** **ATTACHMENT 1B**

MANAGING THE MEAL SERVICE

SUMMER FOOD SERVICE PROGRAM Sample Meal Count (Weekly Consolidated)

Site Name: _____
 Address And Phone Number: _____
 Site Supervisor: _____ Week of: ____/____/____

Meal Type (Circle) <input type="checkbox"/> L <input type="checkbox"/> SN <input type="checkbox"/> SU	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total For Week
1. Number of meals received/prepared								
2. Number of meals available from previous day								
3. Number of first meals served to children								
4. Number of second meals served to children								
5. Number of meals served to Program adults								
6. Number of meals served to non-Program adults								
7. Number of incomplete/damaged meals								
8. Number of leftover meals								
9. Number of additional children requesting a meal after all available meals were served								
10. Money collected to be collected for adult meals								

Remarks: _____ Signature of Site Supervisor: _____

USDA **185** **ATTACHMENT 1C**

MANAGING THE MEAL SERVICE

SUMMER FOOD SERVICE PROGRAM Sample Meal Count - Consolidation Form of First (1st) and Second (2nd) Meals Served

Claim Period: ____/____/____ to ____/____/____

Site	Breakfast		Lunch		Snack		Supper	
	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Snack	2 nd Snack	1 st Meal	2 nd Meal
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
Total								

Meal Type	(A) Total 1 st Meals/Snacks Served	(B) Total 2 nd Meals/Snacks Served	(C) 2 nd Meal/Snack Limitation ((B) x A)	(D) Allowable 2 nd Meals/Snacks - Lesser of (B) or (C)	(E) Allowable Total Meals/Snacks ((A) + (D))
Breakfast					
Lunch					
Snack					
Supper					

USDA **187** **ATTACHMENT 2D**

Remember, if you have satellite sites, you will need daily meal count sheets, AND delivery receipts!



Example of a Delivery Receipt

**Summer Food Service Program
Delivery Receipt –Satellite Sites Only**

Central Kitchen Name: _____ Date of Delivery _____
 Site name: _____ Meal Type (please circle one): B L S Snack

To be completed by the Central Kitchen Representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Individual Serving Size					
Quantity Sent					
Temperature at Central Kitchen					
Time the Food left the Central Kitchen					

Signature of Central Kitchen Representative: _____ Date: _____
By signing you are verifying that all information in the chart above is true.

To be completed by the Site representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Quantity received at site					
Temperature at Site					
Time Received at site					

Signature of Site Supervisor: _____ Date: _____
By signing you are verifying that all information in the chart above is true.

- Date(s) of training for site and administrative personnel
- Attendees' signature
- Summer Topics covered at each training session
- Summer agenda including Civil rights

APPLICATION AND PLANNING

SUMMER FOOD SERVICE PROGRAM Training Checklist for Site Staff

1. **General explanation of the Program**
 - ___ Purpose of the Program
 - ___ Site eligibility
 - ___ Importance of accurate records especially meal counts
 - ___ Importance of organized activities at sites
2. **How sites operate**
 - A. For vended sites:
 - ___ Types of meals to be served and the meal pattern requirements (provide planned menus)
 - ___ Delivery schedules (give exact times)
 - ___ Adjustments in the number of meals delivered
 - ___ Facilities for storing meals
 - ___ Who to contact about problems (name and phone number)
 - ___ Approved level of meal service
 - B. For self-preparation sites:
 - ___ Meal pattern requirements
 - ___ Inventory (use inventory forms)
 - ___ Meal adjustments (use production records)
 - ___ Meal preparation adjustments
3. **Recordkeeping requirements**
 - ___ Daily recordkeeping requirements
 - ___ Delivery receipts (provide sample forms)
 - ___ Seconds, leftovers and spoiled meals
 - ___ Daily labor – actual time spent on food service and time and attendance records
 - ___ Collection of daily record forms
 - ___ Maintain copies of meal service forms
4. **Monitors' responsibilities (use site visit and review forms)**
 - ___ Duties and authority
 - ___ Introduce monitors and discuss areas of assignment

APPLICATION AND PLANNING

SUMMER FOOD SERVICE PROGRAM Training Checklist for Site Staff, Continued

5. **Civil Rights requirements (use Site Supervisor's Guide)**
6. **Other policies/issues**
 - ___ What to do in inclement weather and alternate service areas
 - ___ How to handle unauthorized adults trying to eat meals
 - ___ How to handle discipline
 - ___ Review equipment, facilities, and materials available for recreational activities
 - ___ Review trash removal requirements
 - ___ Discuss corrective action
 - ___ Nutrition education

- Refer to Attachment 15: Training Checklist for Site Staff

Attachment 21

MANAGING THE MEAL SERVICE

SUMMER FOOD SERVICE PROGRAM Racial and Ethnic Data Form**

Sponsor: _____ Site: _____
Site Contact Name: _____ Title: _____
Site Address: _____ Date of visit: _____
Site Supervisor: _____

Ethnic Categories	Number of Participating Children
Hispanic or Latino	
Not-Hispanic or Latino	

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

Racial Categories	Number of Participating Children*
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community recognition.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Monitor's Signature _____ Date _____

** Note: Based on OMB Notice, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity published 10/30/97 and in FNS Instruction 113-1, Child Support, Nutrition, and Educational Assistance Programs and Activities, published November 8, 2009. See Back for instructions.

USDA United States Department of Agriculture 198 ATTACHMENT 21

- Sponsor should complete this form for each site each year
- **Sponsor MAY NOT use visual identification to determine a participant's racial and ethnic category; they must be allowed to self identify**
- Sponsor must retain data for 3 years after the end of the fiscal year of operation

Food Cost

- Receiving reports that record amount of food received from supplier
- Purchase invoices (MILK RECEIPTS!)
- Cancelled checks or other forms of payment
- Delivery slips for vended meals

Labor Cost

- Compensation for labor to prepare and serve meal
- Compensation for labor to supervise children during the meal service
- Compensation for labor to clean up after meal service
- Must keep accurate time and attendance records

Other Operating Cost

- Non-food supplies
- Rental cost for building, food service equipment, and utility cost
- Mileage allowance

Administrative Cost

Related to planning, organizing, and administering the program

Labor cost

Payroll and daily time and attendance records for administrative personnel

Rental cost

- Rental agreements for office equipment or space

Office supplies

- Purchase invoices

Travel

- Mileage records

Admin Staff Time Sheet example

- Attachment 25: Time Report - Administrative Staff

Staff Mileage Form

- Refer to Attachment 26: Mileage Record - Site and Food Service Staff

- Full and accurate records
- Records of meal counts taken daily
- Records of program operating costs, including food and other cost
- Records of program admin. cost, including labor and supplies
- Records of funds accruing to the program
- Training records
- Site Visits/Reviews
- Ethnic and Racial Data Collection
- Civil Rights Training
- Must be maintained for 3 years after the end of the fiscal year of operation

Checklist of Records

Attachment
22:

RECORDKEEPING AND COST ACCOUNTING

**SUMMER FOOD
SERVICE PROGRAM**

Checklist of Records

Note: This is intended as a template and is not an all-inclusive list. Please check with your State agency to see if your State has other record requirements.

1. Records that document eligibility for the Summer Food Service Program:
 - Approved agreement
 - Application
 - Site Information Sheet for each site
 - Evidence to show eligibility for each site based on serving needy children (or in the case of camps and enrolled sites, evidence to show that children are individually documented as being eligible for free or reduced-price school meals)
 - Public release
 - Letter from IRS showing tax-exempt status (for private non-profit sponsors)
 - Pre-operational site visit forms
 - Sponsor/site agreements
 - Documentation of training
 - Letter of engagement of CPA firm or independent accountant, or State or local government accountant and management letter (if applicable)
 - Letter to health department

2. Records that support the number of meals served to children:
 - Daily count of milks delivered
 - Daily count of milks leftover
 - Daily count of meals prepared or received at sites
 - Daily count of complete first meals served to children
 - Daily count of complete second meals served to children
 - Daily count of meals served to Program and non-Program adults
 - Daily count of disallowed meals
 - Daily count of excess meals

3. Records that support food service costs:
 - Food inventories
 - Delivery receipts for vended meals
 - Payroll and time-and-attendance records for site personnel
 - Purchase invoices

4. Records that support administrative costs:
 - Payroll and daily time-and-attendance records for administrative personnel
 - Rental agreements for office equipment or space
 - Mileage records

RECORDKEEPING AND COST ACCOUNTING

**SUMMER FOOD
SERVICE PROGRAM**

Checklist of Records, Continued

5. Records to support funds accruing to the Program:
 - Site records of cash collected
 - Copies of receipts given for cash donations
 - Records of any other funds received for the Summer Food Service Program

6. Other records:
 - Agreement with schools to furnish meals
 - Contract with a food service management company
 - Bid procedures used
 - Records and inventories of USDA-donated foods
 - Monitor's reports of site visits and reviews
 - Records of training conducted
 - Menu records
 - Receipts, invoices, and bills for all rented or purchased items and services
 - Bank statements and deposit slips
 - Accounting ledgers
 - Sanitation and health reports
 - Certification of Independent Price Determination (FSMC contracts)
 - Beneficiary Data Form
 - Food Donations
 - Procurement Procedures
 - Written Standards of Conduct
 - All sponsor procedures which reflect the SFSP operations

Questions





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Summer Meal Patterns

SFSP Lunch ~ Snack

/Breakfast

Mary Burks

Division of School Support, Director

mdek12.org



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EDUCATION

March 1, 2022



Summer Lunch



Summer Lunch Meal Patterns

Summer Meal Patterns Requirement

- Pages 58 - 60 - Administrative Guidance ~ 2016
- Pages 8 -15 ~ Nutrition Guidance ~ 2018

Chart

- Page 11 (Nutrition Guidance)
- Attachment 3 – Administrative Guidance

SUMMER FOOD SERVICE PROGRAM MEAL PATTERNS

FOOD COMPONENTS AND FOOD ITEMS	BREAKFAST Serve all three	LUNCH OR SUPPER Serve all four	SNACK Serve two of the four
Milk	REQUIRED	REQUIRED	
Fluid milk (whole, low-fat, or fat-free)	1 cup ¹ (½ pint, 8 fluid ounces) ²	1 cup (½ pint, 8 fluid ounces) ³	1 cup (½ pint, 8 fluid ounces) ³
Vegetables and Fruits – Equivalent quantity of any combination of...	REQUIRED	REQUIRED	
Vegetable or fruit or Full-strength vegetable or fruit juice	½ cup ½ cup (4 fluid ounces)	½ cup total ⁴	½ cup ½ cup (6 fluid ounces) ⁵
Grains/Breads⁶ – Equivalent quantity of any combination of...	REQUIRED	REQUIRED	
Bread or Cornbread, biscuits, rolls, muffins, etc. or Cold dry cereal or Cooked cereal or cereal grains or Cooked pasta or noodle products	1 slice 1 serving ⁷ ½ cup or 1 ounce ⁸ ½ cup	1 slice 1 serving ⁷ ½ cup ½ cup	1 slice 1 serving ⁷ ½ cup or 1 ounce ⁸ ½ cup
Meat/Meat Alternates Equivalent quantity of any combination of...	OPTIONAL	REQUIRED	
Lean meat or poultry or fish or Alternate protein products ⁹ or Cheese or Egg (large) or Cooked dry beans or peas or Peanut or other nut or seed butters or Nuts or seeds ¹⁰ or Yogurt ¹¹	1 ounce 1 ounce 1 ounce ½ ½ cup 2 tablespoons 10 4 ounces or ½ cup	2 ounces 2 ounces 2 ounces 1 ½ cup ¹ 4 tablespoons 1 ounce=50% ¹¹ 8 ounces or 1 cup	1 ounce 1 ounce 1 ounce ½ ½ cup ¹ 2 tablespoons 1 ounce 4 ounces or ½ cup

1 For the purposes of the requirement outlined in this table, a cup means a standard measuring cup.
 2 Served as a beverage or on cereal or used in part for each purpose.
 3 Served as a beverage.
 4 Serve two or more kinds of vegetable or fruits or a combination of both. Full strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.
 5 Juice may not be served when milk is served as the only other component.
 6 Bread, pasta or noodle products, and cereal grains (such as rice, bulgur, or corn grits) shall be whole-grain or enriched. Cornbread, biscuits, rolls, muffins, etc. shall be made with whole-grain or enriched meal or flour. Cereal shall be whole-grain, enriched, or fortified.

7 Serving sizes and equivalents will be in guidance materials to be distributed by FNS to State agencies.
 8 Either volume (cup) or weight (ounces), whichever is less.
 9 Must meet the requirements of 7 CFR 225 Appendix A.
 10 Tree nuts and seeds that may be used as meat alternate are listed in program guidance.
 11 No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purposes of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry or fish.
 12 Plain or flavored, unswsweetened or sweetened.

SFSP Lunch Components

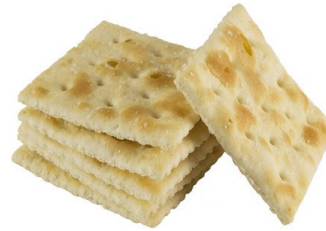
One Serving of
Milk (LF or FF)



Two Fruits/Vegs to
equal $\frac{3}{4}$ cup



One Serving of
Grain



1 Meat/Meat Alt
(2 oz)



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Meal Pattern Requirements

21
3



Summer Lunch & Supper

- Five food items must be offered:
- One serving of meat/meat alternate
- Two servings of fruit and/or vegetables (Must be two different food items)
- One serving of bread/bread alternate



Summer Lunch & Supper

- One serving of fluid milk (low-fat or fat-free) Milk served may be flavored or unflavored

SFSP Meal Patterns

Lunch/Supper	Component	Minimum Amount
Required	Meat/Meat Alternate	2 - ounces
Required	Vegetable and Fruit	2 different servings totaling $\frac{3}{4}$ cup
Required	Grain/Bread	1 (slice bread, serving), hot cooked cereal or pasta or noodles or grain - $\frac{1}{2}$ cup)
Required	Milk	8 fluid ounces

Select All Four Components for a Reimbursable Meal!

- Fruit or vegetable juice must be full-strength. Full strength vegetable or fruit juice may be counted to meet not more than one-half for this requirement.





- Breads and grains must be made from whole-grain or enriched. Cereal must be whole-grain or enriched or fortified.

LandLearn
NSW

Resource – Summer Meal Pattern – No OVS



SUMMER MEAL PATTERN

BREAKFAST REQUIRED MINIMUM QUANTITIES			
STUDENTS MUST HAVE ALL 3 COMPONENTS			
GRAIN	VEGETABLE	FRUIT	MILK
1 grain	1/2 cup		8 fl. oz.

LUNCH REQUIRED MINIMUM QUANTITIES				
STUDENTS MUST HAVE ALL 5 COMPONENTS				
MEAT/MEAT ALTERNATIVE	GRAIN	VEGETABLE	FRUIT	MILK
2 oz.	1 gr.	1/2 cup	1/2 cup	8 fl. oz.
FRUIT/VEGETABLE MUST EQUAL A TOTAL OF 3/4 CUP MINIMUM DAILY				

Used with permission from Rankin Co School District- (2020)

Snack Program



Select Two of the Four Components for a Reimbursable Snack

Component (Select 2)	Minimum Amount
Meat/Meat Alternate	1 ounce
Vegetables and Fruits	$\frac{3}{4}$ cup (6 oz)
Grain/bread	1 serving
Milk	8 ounces (1 cup)

Required for SFSP Snack

Sponsors may not serve two beverages as a reimbursable snack.

- If offering one component in the form of a beverage (i.e. milk), the other component must not also be a beverage (i.e. 100% juice).





- 2 Food Items from 2 Different Food Components
- Juice cannot be served when milk is the other item.
- Example:
- Juice and crackers - **OK!**
- Juice and milk - **NOT OK!**
- Apple and mixed fruit juice - **NOT OK!**



SFSP Breakfast Meal Pattern

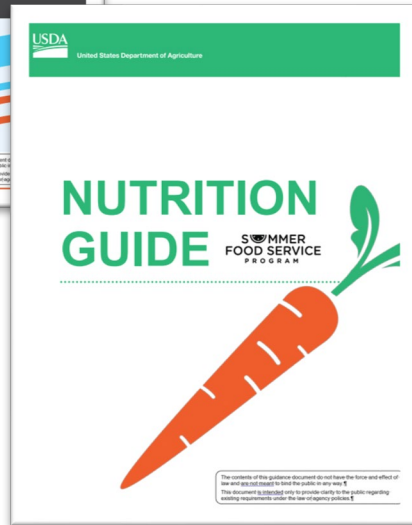
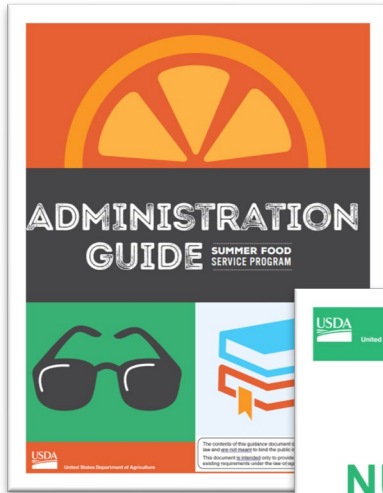


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Requirements & Resources

22
4

- Administrative Guide: Pages 58-60
- Nutrition Guide: Pages 7-11



SUMMER FOOD SERVICE PROGRAM MEAL PATTERNS

FOOD COMPONENTS AND FOOD ITEMS	BREAKFAST Serve all three	LUNCH OR SUPPER Serve all four	SNACK Serve two of the four
Milk	REQUIRED	REQUIRED	
Fluid milk (whole, low-fat, or fat-free)	1 cup ¹ (½ pint, 8 fluid ounces) ²	1 cup (½ pint, 8 fluid ounces) ²	1 cup (½ pint, 8 fluid ounces) ²
Vegetables and Fruits – Equivalent quantity of any combination of...	REQUIRED	REQUIRED	
Vegetable or fruit or	½ cup	½ cup total ⁴	½ cup
Full-strength vegetable or fruit juice	½ cup (4 fluid ounces)		½ cup (6 fluid ounces) ⁵
Grains/Breads⁶ – Equivalent quantity of any combination of...	REQUIRED	REQUIRED	
Bread or	1 slice	1 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc. or	1 serving ⁷	1 serving ⁷	1 serving ⁷
Cold dry cereal or	½ cup or 1 ounce ⁸		½ cup or 1 ounce ⁸
Cooked cereal or cereal grains or	½ cup	½ cup	½ cup
Cooked pasta or noodle products	½ cup	½ cup	½ cup
Meat/Meat Alternates Equivalent quantity of any combination of...	OPTIONAL	REQUIRED	
Lean meat or poultry or fish or	1 ounce	2 ounces	1 ounce
Alternate protein products ⁹ or	1 ounce	2 ounces	1 ounce
Cheese or	1 ounce	2 ounces	1 ounce
Egg (large) or	¼	1	¼
Cooked dry beans or peas or	½ cup	½ cup ¹	½ cup ¹
Peanut or other nut or seed butters or	2 tablespoons ¹⁰	4 tablespoons	2 tablespoons
Nuts or seeds ¹⁰ or		1 ounce-50% ¹¹	1 ounce
Yogurt ¹²	4 ounces or ½ cup	8 ounces or 1 cup	4 ounces or ½ cup

- Administrative Guide: Attachment 3
- Nutrition Guide: Page 11

• Relevant Sections of this image are enlarged on proceeding slides

Food Components and Food Items	Breakfast Serve all three
Milk	Required
Fluid milk (whole, low-fat, or fat-free)	1 cup (½ pint, 8 fluid ounces) ²
Vegetables and Fruits Equivalent quantity of any combination of:	Required
Vegetable or fruit or	½ cup
Full-strength vegetable or fruit juice	½ cup (4 fluid ounces)

Grains/Breads⁶ Equivalent quantity of any combination of:	Required
Bread or	1 slice
Cornbread, biscuits, rolls, muffins, etc. or	1 serving
Cold dry cereal or	$\frac{3}{4}$ cup or 1 ounce ⁷
Cooked cereal or cereal grains or	$\frac{1}{2}$ cup
Cooked pasta or noodle products	$\frac{1}{2}$ cup

Meat and Meat Alternates Equivalent quantity of any combination of:	Optional
Lean meat or poultry or fish or	1 ounce
Alternate protein products ⁸ or	1 ounce
Cheese or	1 ounce
Egg (large) or	½
Cooked dry beans or peas or	¼ cup
Peanut or other nut or seed butters or	2 tablespoons
Nuts or seeds ⁹ or	
Yogurt ¹¹	4 ounces or ½ cup

SFSP Breakfast Meal Pattern Requirements

22
9



One
Serving
of **Milk**

Low fat or
Fat Free



One
Serving
of

Fruit,
Veg,

or 100%
Juice



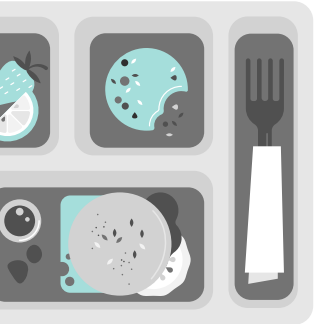
One
Serving
of **Grain**



OPTIONAL

NOT
REQUIRED

Meat or
Meat
Alternate



- The Summer Meal Pattern is **much simpler** than the National School Lunch Program (NSLP) or the School Breakfast Program (SBP) meal patterns.
- No requirement for **nutrient analysis** in the SFSP.
- If you do not have an approved waiver from USDA to implement OVS, you must serve **every component** of the meal pattern to each child.



Offer Versus Serve: *Waiver Required*

- ***Offer versus serve*** (OVS) is a concept that applies to menu planning and meal service which allows children to decline some of the food offered in a reimbursable breakfast, lunch or supper.
- All SFSP sites may use OVS, ***if a waiver has been submitted and approved by USDA prior to operating.***





Field Trips



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Key Points to Consider



- 1. Notification
- 2. Approval



- Must **notify SA** prior to meal service for a field trip
- Field trip **must be approved** before the Field trip takes place
- Failure to meet this requirement will result in disallowance of meals
- Field trips are submitted in MARS for approval
- SA should receive the notification 24 hours before the Field trips and approved

You Cannot Enter a Field Trip into MARS until your Application is Approved

The proceeding slides will demonstrate how to add Field Trips to MARS

Applications | Claims | Compliance | Reports | My Account | Search Programs | Year | Help | Log Out

Applications > Application Packet > Program Year: 2020 - 2021

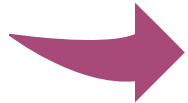
2020 - 2021 Application Packet

00C Status: Active	OOL DIST	Packet Submitted Date: 12/03/2020
DBA:		Packet Approved Date: 12/04/2020
Street		Packet Original Approval Date: 11/02/2020
		Packet Status: Approved
Type of Agency: Educational Institution		
Type of SFSP Organization: School Food Authority		

Annual Audit form has not been submitted for this Organization's prior fiscal year.

Packet Assigned To: Deborah Newton

Action	Form Name	Latest Version	Status
View Revise	✔ Organization Application	Original	Approved
View Revise	✔ Budget Detail	Original	Approved
Details	✔ Management Plan	Original	Approved
Details	Food Production Facility List		
Details	Checklist Summary		
Details	Site Field Trip List		
Details	Application Packet Notes		
View	Application Packet Notes for Organization		
Details	Attachment List (3)		



Trip Details

1. Trip Date:
 Specific Date 06/14/2017
 Multiple Dates
2. Status of Site: Site will remain open
3. Affected Meal Type(s):
 Breakfast
 AM Snack
 Lunch
 PM Snack
 Supper
4. Number of Children Attending Field Trip: 100
5. Name of Field Trip Destination: Children Museum in Jackson, MS
6. Will meals be properly stored or delivered no earlier than one hour prior to the beginning of meal service?
 Yes No
7. Cancel Request:





Mary Burks

School Support Division, Director
mburks@mdek12.org

mdek12.org



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Meal Distribution Off Campus

Deborah Newton

Account Auditor III

mdek12.org



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March 1, 2022





Why should you consider Mobile Feeding?

- Reach children in remote areas with limited access to transportation
- Increase participation
- Target areas with high need

How does it work?



- A truck or bus delivers food to locations on a set delivery route targeting areas where children will be **congregated**
- May include allowing children to board the bus/vehicle to consume meals
- **Congregate feeding is still required** and there must be a site supervisor present during the entire meal service



On Site Consumption

24
3



- Meals must be consumed on site.
- Children cannot walk up to the van/distribution site, grab a meal, and walk off



Completing your MARS application

- **Each mobile site must be added separately** to your contract in MARS
- Each stop is considered a separate satellite site and must have prior approval to operate from the Health Department
- OCN will need the exact route, including all stops (addresses)

Non-School Sites

In order to operate a Non-School Site (*and have it listed as a site in MARS*), you must meet one of the following criteria:

- The site must have operated previously under SFSP, or
- Have a current health permit from MSDH





- Critical control points still important
- Time / temperature control becomes even more essential as food is transported to designated locations
- Site Supervisors must be trained and equipped to take and record temperature readings of prepared food items

Hint: utilize your delivery receipts!

Point of Service

A designated Point of Service (POS) is still required and the same types of documents are needed to support meals served



SUMMER FOOD SERVICE PROGRAM

Sample Daily Meal Count Form

Site Name: _____		Meal Type (circle): B L SN SU																								
Address: _____		Telephone: _____																								
Supervisor's Name: _____		Delivery Time: _____ Date: ____/____/____																								
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) (1)																										
First Meals Served to Children (cross off number as each child receives a meal)																										
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	31	32	33	34	35	36	37	38	39	40							
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60							
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80							
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100							
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120							
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140							
141	142	143	144	145	146	147	148	149	150																	
Total First Meals +																				(2)						
Second meals served to children:				1		2		3		4		5		6		7		8		9		10		Total Second Meals +		(3)
Meals served to Program adults:				1		2		3		4		5		6		7		8		9		10		Total Program Adult Meals +		(4)
Meals served to non-Program adults:				1		2		3		4		5		6		7		8		9		10		Total non-Program Adult Meals +		(5)
TOTAL MEALS SERVED =																										(6)
Total damaged/incomplete/other non-reimbursable meals +																										(7)
Total leftover meals +																										(8)
Total of items: (6) + (7) + (8) = (9)																										(9)
(item [9] should be equal to item [1])																										
Number of additional children requesting a meal after all available meals were served:																										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15												
By signing below, I certify that the above information is true and accurate:																										
Signature _____													Date _____													



Average Daily Participation (ADP)

ADP still must be reported to the SA through the online system (MARS), with revisions made to ADP as the need arises



Delivery Receipts & Meal Counting

- All Satellite sites **must** utilize and retain delivery receipts **in addition** to the meal count forms.
- Even if food is picked up rather than delivered, the delivery receipt is still required.
- You can use the SA template or produce your own.

Summer Food Service Program
Delivery Receipt –Satellite Sites Only

Central Kitchen Name: _____ Date of Delivery _____
Site name: _____ Meal Type (please circle one): B L S Snack

To be completed by the Central Kitchen Representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Individual Serving Size					
Quantity Sent					
Temperature at Central Kitchen					
Time the Food left the Central Kitchen					

Signature of Central Kitchen Representative: _____ Date: _____
By signing you are verifying that all information in the chart above is true.

To be completed by the Site representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Quantity received at site					
Temperature at Site					
Time Received at site					

Signature of Site Supervisor: _____ Date: _____
By signing you are verifying that all information in the chart above is true.

**SUMMER FOOD SERVICE PROGRAM** Sample Daily Meal Count Form

Site Name: _____	Meal Type (circle): B L SN SU
Address: _____	Telephone: _____
Supervisor's Name: _____	Delivery Time: _____ Date: ____/____/____
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available)	(1)
First Meals Served to Children (cross off number as each child receives a meal):	
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 31 32 33 34 35 36 37 38 39 40	
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80	
81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120	
121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140	
141 142 143 144 145 146 147 148 149 150	
Total First Meals +	(2)
Second meals served to children: 1 2 3 4 5 6 7 8 9 10	Total Second Meals +
	(3)
Meals served to Program adults: 1 2 3 4 5 6 7 8 9 10	Total Program Adult Meals +
	(4)
Meals served to non-Program adults: 1 2 3 4 5 6 7 8 9 10	Total non-Program Adult Meals +
	(5)
TOTAL MEALS SERVED =	(6)
Total damaged/incomplete/other non-reimbursable meals +	(7)
Total leftover meals +	(8)
Total of items: (6) + (7) + (8) =	(9)
(Item (9) should be equal to item (1))	
Number of additional children requesting a meal after all available meals were served: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	
By signing below, I certify that the above information is true and accurate:	
Signature _____	Date _____

 Summer Food Service Program
 Delivery Receipt –Satellite Sites Only

 Central Kitchen Name: _____ Date of Delivery _____
 Site name: _____ Meal Type (please circle one): B L S Snack

To be completed by the Central Kitchen Representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Individual Serving Size					
Quantity Sent					
Temperature at Central Kitchen					
Time the Food left the Central Kitchen					

 Signature of Central Kitchen Representative: _____ Date: _____
 By signing you are verifying that all information in the chart above is true.

To be completed by the Site representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Quantity received at site					
Temperature at Site					
Time Received at site					

 Signature of Site Supervisor: _____ Date: _____
 By signing you are verifying that all information in the chart above is true.

You Need BOTH Delivery Receipts and Meal Counts if you are delivering meals off campus!



Mississippi Department of Health
Corrective Action Required: Yes No
Corrections required by (Date)

Food Establishment Inspection Report

Inspection No. _____ Date _____
Address: _____ City/County _____ State _____ Inspection _____
License No. _____ Inspection No. _____

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS
Risk Factors are first reported problems and Public Health interventions required to be
Corrective Action Taken and Follow-up by (Date) to Reduce Illness Outbreaks
Public Health Interventions are listed in the green shaded boxes below.

Compliance Item	Inspection	Corrective Action	Follow-up
1.01.01	Hand hygiene	Hand sanitizer provided	
1.01.02	Hand hygiene	Hand sanitizer provided	
1.01.03	Hand hygiene	Hand sanitizer provided	
1.01.04	Hand hygiene	Hand sanitizer provided	
1.01.05	Hand hygiene	Hand sanitizer provided	
1.01.06	Hand hygiene	Hand sanitizer provided	
1.01.07	Hand hygiene	Hand sanitizer provided	
1.01.08	Hand hygiene	Hand sanitizer provided	
1.01.09	Hand hygiene	Hand sanitizer provided	
1.01.10	Hand hygiene	Hand sanitizer provided	
1.01.11	Hand hygiene	Hand sanitizer provided	
1.01.12	Hand hygiene	Hand sanitizer provided	
1.01.13	Hand hygiene	Hand sanitizer provided	
1.01.14	Hand hygiene	Hand sanitizer provided	
1.01.15	Hand hygiene	Hand sanitizer provided	
1.01.16	Hand hygiene	Hand sanitizer provided	
1.01.17	Hand hygiene	Hand sanitizer provided	
1.01.18	Hand hygiene	Hand sanitizer provided	
1.01.19	Hand hygiene	Hand sanitizer provided	
1.01.20	Hand hygiene	Hand sanitizer provided	
1.01.21	Hand hygiene	Hand sanitizer provided	
1.01.22	Hand hygiene	Hand sanitizer provided	
1.01.23	Hand hygiene	Hand sanitizer provided	
1.01.24	Hand hygiene	Hand sanitizer provided	
1.01.25	Hand hygiene	Hand sanitizer provided	
1.01.26	Hand hygiene	Hand sanitizer provided	
1.01.27	Hand hygiene	Hand sanitizer provided	
1.01.28	Hand hygiene	Hand sanitizer provided	
1.01.29	Hand hygiene	Hand sanitizer provided	
1.01.30	Hand hygiene	Hand sanitizer provided	
1.01.31	Hand hygiene	Hand sanitizer provided	
1.01.32	Hand hygiene	Hand sanitizer provided	
1.01.33	Hand hygiene	Hand sanitizer provided	
1.01.34	Hand hygiene	Hand sanitizer provided	
1.01.35	Hand hygiene	Hand sanitizer provided	
1.01.36	Hand hygiene	Hand sanitizer provided	
1.01.37	Hand hygiene	Hand sanitizer provided	
1.01.38	Hand hygiene	Hand sanitizer provided	
1.01.39	Hand hygiene	Hand sanitizer provided	
1.01.40	Hand hygiene	Hand sanitizer provided	
1.01.41	Hand hygiene	Hand sanitizer provided	
1.01.42	Hand hygiene	Hand sanitizer provided	
1.01.43	Hand hygiene	Hand sanitizer provided	
1.01.44	Hand hygiene	Hand sanitizer provided	
1.01.45	Hand hygiene	Hand sanitizer provided	
1.01.46	Hand hygiene	Hand sanitizer provided	
1.01.47	Hand hygiene	Hand sanitizer provided	
1.01.48	Hand hygiene	Hand sanitizer provided	
1.01.49	Hand hygiene	Hand sanitizer provided	
1.01.50	Hand hygiene	Hand sanitizer provided	
1.01.51	Hand hygiene	Hand sanitizer provided	
1.01.52	Hand hygiene	Hand sanitizer provided	
1.01.53	Hand hygiene	Hand sanitizer provided	
1.01.54	Hand hygiene	Hand sanitizer provided	
1.01.55	Hand hygiene	Hand sanitizer provided	
1.01.56	Hand hygiene	Hand sanitizer provided	
1.01.57	Hand hygiene	Hand sanitizer provided	
1.01.58	Hand hygiene	Hand sanitizer provided	
1.01.59	Hand hygiene	Hand sanitizer provided	
1.01.60	Hand hygiene	Hand sanitizer provided	
1.01.61	Hand hygiene	Hand sanitizer provided	
1.01.62	Hand hygiene	Hand sanitizer provided	
1.01.63	Hand hygiene	Hand sanitizer provided	
1.01.64	Hand hygiene	Hand sanitizer provided	
1.01.65	Hand hygiene	Hand sanitizer provided	
1.01.66	Hand hygiene	Hand sanitizer provided	
1.01.67	Hand hygiene	Hand sanitizer provided	
1.01.68	Hand hygiene	Hand sanitizer provided	
1.01.69	Hand hygiene	Hand sanitizer provided	
1.01.70	Hand hygiene	Hand sanitizer provided	
1.01.71	Hand hygiene	Hand sanitizer provided	
1.01.72	Hand hygiene	Hand sanitizer provided	
1.01.73	Hand hygiene	Hand sanitizer provided	
1.01.74	Hand hygiene	Hand sanitizer provided	
1.01.75	Hand hygiene	Hand sanitizer provided	
1.01.76	Hand hygiene	Hand sanitizer provided	
1.01.77	Hand hygiene	Hand sanitizer provided	
1.01.78	Hand hygiene	Hand sanitizer provided	
1.01.79	Hand hygiene	Hand sanitizer provided	
1.01.80	Hand hygiene	Hand sanitizer provided	
1.01.81	Hand hygiene	Hand sanitizer provided	
1.01.82	Hand hygiene	Hand sanitizer provided	
1.01.83	Hand hygiene	Hand sanitizer provided	
1.01.84	Hand hygiene	Hand sanitizer provided	
1.01.85	Hand hygiene	Hand sanitizer provided	
1.01.86	Hand hygiene	Hand sanitizer provided	
1.01.87	Hand hygiene	Hand sanitizer provided	
1.01.88	Hand hygiene	Hand sanitizer provided	
1.01.89	Hand hygiene	Hand sanitizer provided	
1.01.90	Hand hygiene	Hand sanitizer provided	
1.01.91	Hand hygiene	Hand sanitizer provided	
1.01.92	Hand hygiene	Hand sanitizer provided	
1.01.93	Hand hygiene	Hand sanitizer provided	
1.01.94	Hand hygiene	Hand sanitizer provided	
1.01.95	Hand hygiene	Hand sanitizer provided	
1.01.96	Hand hygiene	Hand sanitizer provided	
1.01.97	Hand hygiene	Hand sanitizer provided	
1.01.98	Hand hygiene	Hand sanitizer provided	
1.01.99	Hand hygiene	Hand sanitizer provided	
1.01.100	Hand hygiene	Hand sanitizer provided	

Inspector: _____ Date: _____
Signature: _____
Report to (Inspector): _____

Mississippi Department of Health
Division of Public Health
Healthcare Site Inspection # 0-000

- Mobile/Satellite sites are NOT EXEMPT from health inspection requirement
- Contact MDE to request an inspection for Mobile/Satellite sites.
- We cannot guarantee that your sites will pass inspection! So plan early!

Handwashing

- Do you have a plan for proper sanitation?
- Health Department requires a hand washing station.





Questions?



Deborah Newton

Account Auditor III

dnewton@mdek12.org

mdek12.org



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Civil Rights Compliance and Enforcement

Marianna Chauvin

Division Director II

mdek12.org



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February 2021



Establish and Convey Policy

Provide Guidance and Direction

Ensure compliance with and enforcement of the prohibition against discrimination



- Training is required so that people involved at all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures and directives.
- State agencies are responsible for training local child nutrition administrators on an annual basis.
- Local agencies are responsible for training their managers and staff who interact with applicants or participants on an annual basis.

Annual training must include, but is not limited to:

- 1. Collection and Use of Data
- 2. Effective public notification systems
- 3. Complaint procedures
- 4. Compliance review techniques



Annual training must include, but is not limited to:



- 5. Resolution of noncompliance
- 6. Requirements for reasonable modifications for persons with disabilities
- 7. Requirements for language assistance
- 8. Conflict resolution
- 9. Customer service

Defined as:



Any person or group of people who have characteristics for which discrimination is prohibited based on a law, regulation, or executive order.

What are the protected bases?

Protected Bases

As defined by FNS:

1. Race
2. Color
3. National Origin
4. Age
5. Disability
6. Sex
7. Reprisal or Retaliation



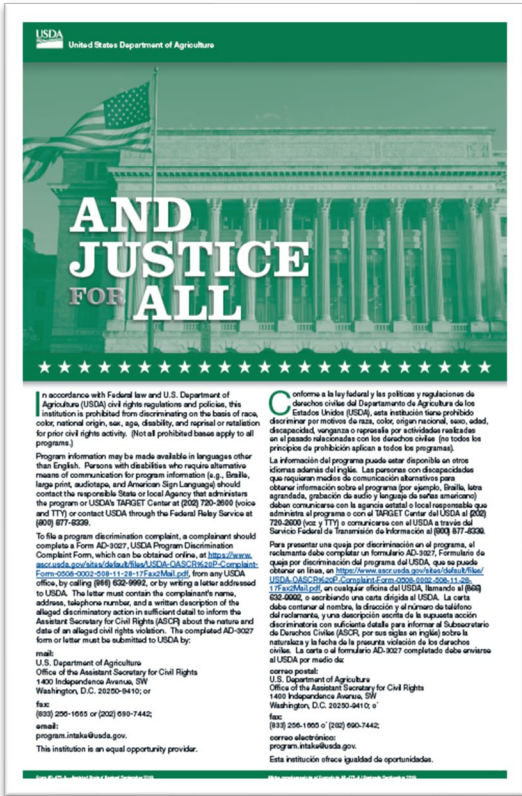
Protected Bases

As defined for Child Nutrition Programs:

1. Race
2. Color
3. National Origin
4. Age
5. Disability
6. Sex



And Justice for All



- Display where benefits are issued/received.
- Reproductions must be at equal size (11x17)
- If copied as black & white, use Form AD-475A
- Revised Sept. 2019

Full Non-Discrimination Statement

26
6

Must use correct version for CN Programs



Accessible on the OCN Home Page

<https://mdek12.org/OCN>

Direct Link

<https://mdek12.org/sites/default/files/documents/ocn/usda-nondiscrimination-statement.pdf>



This institution is an
equal opportunity
provider.

Correct Version

This institution is an equal opportunity provider.

Incorrect Examples

This institution is an equal opportunity ~~employer~~.

~~Yoknapatawpha County Schools~~ is an equal opportunity provider.

~~USDA~~ is an equal opportunity provider.



State & Local Agencies are required to obtain Racial/Ethnic Data



- **Self identification or self-reporting is preferred** method of obtaining data
- Applicants/participants may **not be required to furnish** information on their race or ethnicity.
- **Visual observation is NO LONGER an allowable practice** for program operators to use during the collection of race or ethnicity data. (*CACFP 11-2021, SFSP 07-2021*)

Effective Public Notification Systems

27
0

Purpose is to inform applicants, participants, and potentially eligible persons of:



- Program Availability
- Complaint Information
- Non-discrimination statement

Provide appropriate information in alternative formats for persons with disabilities and in the appropriate language(s) for LEP persons



RIGHT TO FILE

anyone alleging discrimination has the right to file a complaint within 180 days of the alleged discriminatory action. *(The Sec. of Agriculture or designee may waive the 180-day filing deadline for good cause. The reason justifying the waiver must be documented in writing in the complaint file.)*



ACCEPTANCE

complaints, written or verbal, must be forwarded to the appropriate FNS Regional CR Director within 5 working days. Anonymous complaints will be handled as any other to the extent feasible based on available information.



FORMS

any OCR may develop complaint forms, but the use of such forms must not be a prerequisite for acceptance of a complaint.

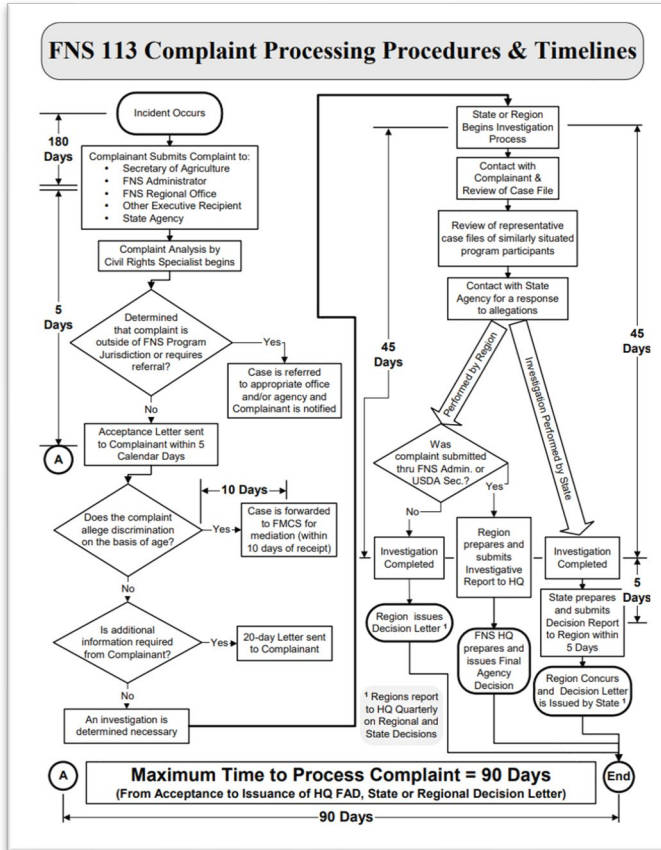
Complaint Procedures, Cont.

With Verbal Complaints – must write up the complaint for the complainant. Every effort should be made to secure the following information:

- **Complainant Name, address & phone** (email or other contact info)
- Specific **location & name of agency** delivering the service or benefit
- **Nature of the incident** or action that led the complainant to feel discriminated against
- What **protected base** (prohibited basis or protected class) the complainant feels discriminated against
- Names, phone numbers, titles, addresses of **persons who may have knowledge** of the discriminatory action
- **The date(s)** which the alleged discriminatory actions occurred or **duration** of such actions



Complaint Procedures



- Flow Chart
- Available on last Page of FNS 113-1
- <https://fns-prod.azureedge.us/sites/default/files/113-1.pdf>



- Must advise the reviewed entity in writing of findings and recommendations
- Federal or State reviewer must secure information as necessary to make the determination of compliance
- Routine reviews conducted as required by program regulations.
- Selection criteria; unusual fluctuations of racial/ethnic groups in service area, number of discrimination complaints filed against the agency, unresolved findings from previous reviews, info from grassroots orgs., State officials, etc....



- **Noncompliance** - factual finding that a Civil Rights requirement is not being adhered to.
- **Achieving Voluntary Compliance** – if found noncompliant, immediate steps to become compliant must be taken.
- **Termination / Suspension of Assistance** – any action must be limited to the agency found noncompliant and limited to the particular program which noncompliance was found.

This is a requirement!



The **Americans with Disabilities Act (ADA)** of 1990 and the ADA Amendments Act of 2008 prohibit discrimination and ensure equal opportunity for persons with disabilities in employment, State and local government services (Title II), public accommodations, commercial facilities, and transportation (Title III). Section 504 of the **Rehabilitation Act of 1973** also prohibits discrimination on the basis of handicap in programs or activities receiving federal financial assistance.

Requirements for Language Assistance



Title VI of the Civil Rights Act of 1964 and its regulations require recipients of federal financial assistance, i.e. SAs, local agencies, or other sub-recipients, to take **reasonable steps to ensure “meaningful” access** to information and services they provide for individuals with limited English proficiency (LEP).

Requirements for Language Assistance, Cont.

What factors should be considered to determine what constitutes reasonable steps?



- The **number or proportion** of LEP persons eligible to be served or likely to be encountered by the program or grantee;
- The **frequency** with which LEP persons come in contact with the program;
- The **nature and importance** of the program, activity, or service provided by the program to people's lives; and
- The **resources** available to the grantee/recipient and costs.

Meaningful access is accomplished by providing reasonable, timely, appropriate, competent/qualified, accurate and effective language services to individuals with LEP when accessing recipient programs and activities.

USDA LEP Policy Guidance can be found at:

<https://www.fns.usda.gov/cr/limited-English-proficiency-lep>

Federal regulations also prohibit discrimination of LEP persons on the ground of national origin (7 CFR Part 15).



Definition of Conflict:



- when one or both parties are not able to secure what they need or want and are actively seeking their own goals.

Causes of Conflict:



- Misunderstanding
- Personality clashes
- Competition for resources
- Authority Issues
- Lack of cooperation
- Differences over methods of style
- Low performance
- Value or goal differences

DESTRUCTIVE CONFLICT

- Diverts energy
- Deepens differences in values
- Polarizes groups
- Destroys the morale of people
- Reinforces poor self-concepts

CONSTRUCTIVE CONFLICT

- Reveals issues of importance, resulting in issue clarification
- Builds cohesiveness
- Causes reassessment by allowing for examination of procedures or actions
- Increases individual involvement



Strategies to Resolve Conflict



Remain calm



Enter the process with an open mind.



Don't prejudge others.



Don't over-react.



Attack the problem, not the person; and listen to their concerns.

Alternate Dispute Resolution (ADR):

Use of a neutral 3rd party to resolve, informally, a complaint of discrimination through the use of various techniques (e.g. fact finding, mediation, facilitating etc.)





Be
courteous



Listen
intently
and take
notes if
needed



Repeat
back what
you hear
to ensure
accuracy



Follow up
with
corrective
action if
required



Don't
forget, you
are
providing
a service!

Questions





Marianna Chauvin

Division Director II

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mdek12.org



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Vending and Procurement

Summer Food Service Program

Marianna Chauvin

Division Director II

mdek12.org



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March 1, 2022



Vending Options



Prepare their own meals

Purchase Meals From Schools

Purchase Meals From a FSMC



- Sponsors receive higher administrative reimbursement rates.
- Can deliver to different sites.
- Must keep production records and delivery logs

7 CFR 225.15(b), 16 (f)

- Contact the local superintendent of the school or the principal of local non-profit schools
- Organization may enter into a non-competitive agreement to purchase meals
- Schools participating in NSLP or SBP are accustomed to preparing meals that meet federal requirements.





7 CFR 225.15(b), 16 (f)

- 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.
- Generally, sponsors may not contract with a school using a FSMC unless the contract included the provision of SFSP meals.

Purchasing meals from a FSMC

FSMC - 7 CFR 225.15 (m)

- FSMC defined as any commercial enterprise for non-profit organization with which a sponsor may contract for preparing unitized meals, with or without milk, for use in the Program, or for managing a sponsor's food service operation in accordance with limitations set forth in the Program regulations on management responsibilities of sponsors.



FSMC may be:

- public agencies or entities
- private non-profit organizations
- private for-profit companies

Meals must be unitized - meal components (except milk or juice) must be packaged, delivered and served as a unit.





- Request Waiver Template for non-unitized meals
- FSMC or School Sponsor Must provide unitized meals unless MDE grants a waiver
- Must have a reason

Purchasing meals from a FSMC

Specific management responsibilities that sponsors MAY NOT contract out:

- monitoring
- staff training
- enforcing corrective action
- preparing program applications and claims for reimbursement

Sponsors remain legally responsible



Agreement to Furnish Foods

Regulation 225.6 (h) 2

- Each State Agency shall develop a standard form of contract for use by sponsor in contracting with food service management companies.
- Please refer to the “Agreement to Furnish Foods for the SFSP”

Agreement to Furnish Food for the Summer Food Service Program (SFSP)

This agreement is made and entered into between _____
Name of FSNHC Providing Meals

and _____ WHEREAS the _____
Name of SFSP Organization Name of FSNHC Providing Meals

agrees to provide daily united meals/snacks (inclusive/exclusive) of milk/juice to
circle one option

_____ for the rates herein listed:
Name of SFSP Organization

Price per Meal	Meal Type	X	# Meals Needed Per Day	X	# of Operating Days for Contract Period	=	Estimated Total Cost of Food Service Contract
\$	Breakfast	X		X		=	\$
\$	AM Snack	X		X		=	\$
\$	Lunch	X		X		=	\$
\$	PM Snack	X		X		=	\$
\$	Supper	X		X		=	\$
Total Estimated Cost of Food Service for Contract Period							\$

*The contract period should not extend beyond one year. Therefore, the number of operation days should equal the total number of days the site(s) will be open for food service during the summer.

It is further agreed that _____ pursuant to the _____ FSNHC

provisions of the SFSP Federal regulation, 7 CFR Part 225 and Food Crediting Guide, attached copies of which are part of this agreement will ensure the meals/snacks meet the minimum meal pattern requirements, including creditable components and accurate portion sizes, and will maintain complete and accurate records that at a minimum include details regarding the preparation and delivery of meal/snacks ordered. Said records will be provided to _____ promptly by the last calendar _____ Sponsoring Organization

day of each month to meet its responsibility. It is further understood that the Sponsor is ultimately responsible for meeting accurate record keeping requirements and submission of all monthly claims for reimbursement in accordance with 7 CFR 225.

_____ acknowledges its responsibility to pay for all _____ Sponsoring Organization

meals/snacks delivered in accordance with this Agreement and federal regulations. _____ understands that neither USDA, nor Mississippi Department of Education, Office of Child Nutrition assumes any liability for payment of meals/snacks delivered, or the differences between the number of meals/snacks delivered and the number of meals/snacks served or claimed for reimbursement; nor does Mississippi Department of Education or USDA assume liability for the _____ Sponsor's non-payment for meals

PROCUREMENT

- Procurement is the act of acquiring, buying goods, services or works from an external source.
- It is favorable that the goods, services, or works are appropriate and that they are obtained at the best possible price to meet the needs of the purchaser in terms of quality, quantity, time, and location.



Applicable SFSP Regulations



**CFR
200.317**
Procurement
by states

**CFR
200.318**
General
procurement
standards



**CFR
200.319**
Competition

**CFR
200.320**
Methods of
procurement
to be
followed



**CFR
200.321**
Contracting
with small
and minority
business,
women's
business
enterprises,
and labor
surplus area
firms



**CFR
200.323**
Contract cost
and price

**CFR
200.324**
Federal
awarding
agency or
pass-through
entity review



**CFR
200.325**
Bonding
requirement

**CFR
200.326**
Contract
provision

7 CFR 225.17: Procurement Standards

- State agencies and sponsors shall comply with requirements of 2 CFR Part 200, subpart D concerning the procurement of supplies, food, equipment and other services with Program Funds
- The State agency shall make available to sponsor information on 2 CFR part 200, subpart D and USDA implementing regulations 2 CFR part 400 and part 415, as applicable
- Sponsors may use their own procurement procedures which reflect applicable State and local laws and regulations, provided that procurements made with Program funds conform with this provision



- The State Agency shall ensure that each sponsor is aware of the minority business enterprises
 - Minority Business Enterprises on solicitation list
 - Soliciting Monitoring Business enterprises whenever they are potential sources
 - Dividing Total Requirements, when economically feasible into smaller tasks or quantities
 - Establish delivery schedule
 - Using the services and assistance of the Small Business Adm. And the Office of Minority Business Enterprise

Minority Businesses

Mississippi Development Authority Minority and Small Business Development Division

- (601) 359 3448
- <https://mississippi.org/services/minority/>





Shop Local!

Mississippi District Office

- 210 E. Capitol Street Suite 900
Jackson, MS
- <https://www.sba.gov/offices/district/ms/jackson>
- Phone: 601-965-4378
- Fax: 601-965-4378 or 601-965-4294



- Geographic preference
 - Sponsor may apply a geographic preference when procuring unprocessed locally grown or locally raised agriculture products
 - “Unprocessed locally grown or locally raised agricultural products”, means only those agricultural products that retain their inherent character.



Micro Purchases

\$0-\$10,000

Small Purchases (informal)

\$10,000-\$250,000

Large Purchase-Formal Bid Procedures (formal)

\$250,000 and up

Non-Competitive Bid Procedures

one quote/bid, only one vendor can supply the product (rare) or emergency purchase.



Micro Purchase Threshold

Defined by CFR 200.320 and 200.67

- Micro-purchase may be awarded without soliciting any quotes if the price is considered reasonable
- Federal Guidelines for a Micro-Purchase is \$10,000 and under (Federal)
- Any purchase below \$5,000 (goods) or \$10,000 (services/food) is considered a micro purchase. (Combined Federal/State)
- Aggregate amount, per transaction, does not exceed micro threshold
- **Must** distribute micro purchased equitably among qualified suppliers (**share your wealth!**)



Formal or Informal procedures

- Between \$10,000 and \$250,000, or most restrictive threshold
- Comparison Shopping
 - Store advertisement may be considered as documentation
- Must ensure free and open competition.
 - Price or rate quotations must be obtained from an adequate number of vendors
 - Use the same specification for all price or rate quotations
- Document the date, vendors consulted, and quotes received
- Store advertisement may be considered as documentation
- Utilize the “Small Purchase Documentation Form”

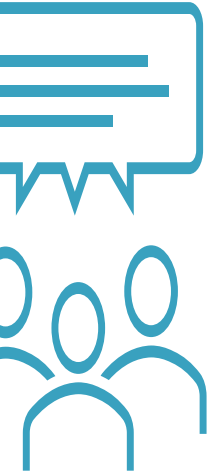


- Typically, more than \$250,000 or most restrictive threshold.
- A purchase is estimated to exceed the most restrictive small purchase threshold
- Contact State Agency
- Know the solicitation procedures-(Refer to pages 87 of the Administrative Guidance Manual- “Competitive Sealed Bid Procedures for FSMC exceeding \$250,000.)
- Sponsors must conduct a cost or price analysis (2 CFR Part 200.323)

Types of Formal Bid Procedures

- **Invitation for Bid**

- Fixed price contract only
- Lowest-priced, responsive, responsible bidder
- Price is the **ONLY** factor
- Bids publicly opened and awarded
- Must have more than one qualified source willing and able to compete.



Types of Formal Bid Procedures

- **Request for Proposal**
 - Fixed-price or Cost Reimbursement Contract
 - Must have an evaluation criteria (Score Card)
 - Contract is awarded to the proposal that is most advantageous to the program
 - Cost must still be the primary factor (highest weighted)
 - Proposal received, evaluated, then awarded



3016.36(b)(12)

- Required for all federal programs.
- Explains the procedures for a vendor to protest the bidding process.
- DFA has sample language on their web site.
- Should get with your board attorney and business manager to make sure you have one in file



Allowable cost

- Expenditures for food that are not served as part of the reimbursable meal based on the SFSP meal patterns are not allowable costs. **Sites wishing to serve additional foods that do not meet SFSP meal pattern standards must use non-Program funds.**
- Condiments that go along with a reimbursable meal are exempt.
- Sites with additional funds available are encouraged to use the funds to improve the reimbursable meals served by using fresher, healthier, more nutritious products, such as fresh fruits and vegetables, lean meats, and unprocessed cheeses. Foods such as turkey wraps, fresh watermelon, grapes, and carrots with hummus are nutritious options that children enjoy.

Debarment

- is the state of being excluded from enjoying certain possessions, rights, privileges, or practices and the act of prevention by legal means. For example, companies/individuals can be debarred from contracts due to allegations of fraud, mismanagement, and similar improprieties.
- Part 417-Nonprocurement Debarment and Suspension
- CFR 180.700 (G) Suspension
- CFR 180.800 (H) Debarment

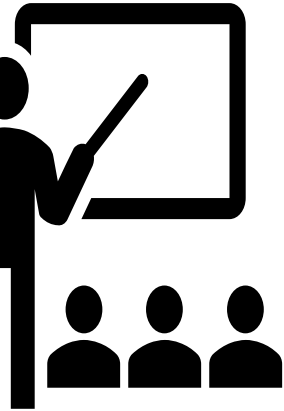
Debarment

Prior to entering into an agreement with a contractor, the organization must ensure that the contractor has not been debarred or suspended.

The organization may do the following:

- Request that the contractor signs a certification statement indicating that they have not been debarred or suspended.
- May go to <https://uscontractorregistration.com/>
- Or go to <https://www.sam.gov/content/home>

Code of Conduct



- Participating organizations are **required** to have a **written** Code of Conduct to direct the performance of all employees engaging in procurement.
- The standards **must** prohibit employees from soliciting gifts and other incentives from potential contractors.
- The standards **must** prohibit employees from participating in the selection, award, or administration of any contract if they have a personal or financial connection.
- The Code of Conduct **must** contain methods of disciplinary action if the standards are violated.

This institution is an equal opportunity provider.

Full Non-Discrimination Statement link:

<https://mdek12.org/sites/default/files/documents/ocn/usda-nondiscrimination-statement.pdf>



The Compliance Review Process

Marianna Chauvin

Division Director II

mdek12.org



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March 2021



Our Goal



We are invested in your success, not your failure!

Who Will Receive a Compliance Review?

32
2

We follow set selection criteria

- New Sponsors
- Problematic Sponsors
- Biennial Reviews
- Aggregate Reimbursement (*Large Reimbursements*)

If Sponsoring Org is Reviewed, SA will visit Ten Percent (10%) of Sponsor's **sites** or One Site (*whichever is greater*)



- Program operations (site and sponsor level)
- Use of Program funds, and
- Compliance with SFSP regulations.



• What is a Compliance Review?

There are two parts to a Compliance Review:

1. Unannounced Site Visits (typically occurs June/July)
2. Announced Sponsor Review (typically occurs Aug/Sept)

Site Review

SITE REVIEWS WILL BE UNANNOUNCED!



- If Sponsoring Org is Reviewed, SA will visit Ten Percent (10%) of Sponsor's **sites** or One Site (*whichever is greater*)

Site Reviews

The SA may conduct a site visit at any time during your operation period.



An unscheduled, on-site visit conducted by a Summer Food Service Program (SFSP) Program Monitor will assess:

- Day to Day operations (observe a meal service),
- Compliance with SFSP regulations.

	Action	Form	Reviewer	Status
-		Administrative Review (4)		
-		Site - Level (4)	<input type="text"/>	
	View Modify	100 - Meal Ordering	<input type="text"/>	Completed
	View Modify	200 - Delivery and Meal Service Observation	<input type="text"/>	Completed
	View Modify	300 - Site Recordkeeping	<input type="text"/>	Completed
	View Modify	400 - Civil Rights	<input type="text"/>	Completed

The following records will be reviewed for **SELECTED** sites:

- Production Records
- Delivery Receipts (if applicable)
- Temperature Logs
- Current Health Inspection



Sponsor Review

	Action	Form	Reviewer	Status
[-]		Administrative Review (13)		
[-]		Sponsor - Level (10)	<input type="text"/>	
	View Modify	100 - Training	<input type="text"/>	Completed
	View Modify	200 - Monitoring	<input type="text"/>	Completed
	View Modify	300 - Foodservice	<input type="text"/>	Completed
	View Modify	400 - Meal Count Records	<input type="text"/>	Completed
	View Modify	500 - Financial Management	<input type="text"/>	Completed
	View Modify	600 - Claim Validation	<input type="text"/>	Completed
	View Modify	700 - Eligibility	<input type="text"/>	Not Applicable
	View Modify	800 - Procurement	<input type="text"/>	Completed
	View Modify	900 - Civil Rights	<input type="text"/>	Completed
	View Modify	1000 - Administrative Responsibilities	<input type="text"/>	Completed

The following records will be reviewed:

- Program application, agreement, and supporting documentation
- Administrative and site training documentation
- Site monitoring records: pre-approval, first week visits, fourth week visits, and follow-up reviews as applicable
- Accounting records, General Ledger



Sponsor Review (cont.)

The following records will be reviewed:

- Invoices and receipts
- Daily meal count records for each site
- Menus and other food service records
- Milk Analysis
- Meal Delivery receipts (if applicable)
- Health and safety inspections
- Documentation of corrective action from prior review, if applicable





Reminder

33
4

DID WE MENTION THAT WE ARE
DOING A MILK ANALYSIS?

Must serve milk with every meal*

- *unless USDA has approved a waiver for you to implement OVS
- We will compare the total number of meals claimed to the total number of units purchased.
- **You must purchase at least as many milk units as meals claimed.**
- **Fiscal action will be assessed for meals claimed lacking required components.**



Common Violations

Failure to Advertise Your Program

- Didn't save any of your newspaper articles
- Advertised some sites, but not others
- Didn't include the non-disc statement



USDA Sample News Release

SUMMER FOOD SERVICE PROGRAM Sample News Release: Open Sites

[Name of sponsor] is participating in the Summer Food Service Program. Meals will be provided to all children without charge and are the same for all children regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided, at a first come, first serve basis, at the sites and times as follows:

[list all sites along with the starting and ending times of meal service for each site]

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form \(AD-3027\)](#), found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

This institution is an equal opportunity provider

- Pg. 172 of Administrative Guidance

Failure to Adjust ADP

- Contract in MARS says I serve 100 kids every day, but my meal count sheets show an average of 10



Meals Claimed for Unapproved Sites

- Different buildings on the same campus
- Taking a “field trip” every day to another site
- Claiming two sites under one profile in MARS because it is “easier”
- “But they are so close, I could walk there!”



Incomplete Meal Count Records

- You serve exactly the same number of meals that you prepare each day
- You can show us how many meals were delivered, but not how many were served
- The site supervisor just circles the number of kids served at the end of the day based on a guess rather than counting each child as they go through the line.



Failure to Follow Meal Pattern Requirements

- Improper implementation of OVS without a waiver
- Milk invoices indicate you purchased only 500 units of milk, but claimed 1,000 meals.
- You didn't realize the fruit/vegetable component had to be $\frac{3}{4}$ cup at lunch. Today, you're only offering an apple with no other veggies or fruits.
- You didn't realize you had to serve two different fruits/veggies



Meals Served Outside the Approved Meal Service Time

- Contract in MARS says you serve at 11:00, but on the day the monitor shows up unannounced, the food doesn't even arrive until Noon.
- You advertise breakfast at 7:00 in the newspaper, but you are really serving at 8:30
- You are supposed to stop serving at 1:00, but you've packed and left by the time little Johnny walks up at 12:45 looking for his only meal that day



No documentation of staff training, site monitoring, or racial/ethnic participation



- Did not conduct any monitoring visits
- Didn't request a health inspection for your new site or expired permit
- Did not obtain racial/ethnic data
- SA cannot tell if you covered all the required topics at your civil rights training.

Racial/Ethnic Data Form

- Attachment 21 of Admin Guide
- **Good Idea!** – Take this form with you on your monitoring visit. You only have to record this information once for each site. It does not have to be recorded daily.

- **PARTICIPANTS MUST BE ALLOWED TO SELF IDENTIFY! YOU CANNOT ASSIGN A RACIAL/ETHNIC CATEGORY!**

MANAGING THE MEAL SERVICE

SUMMER FOOD SERVICE PROGRAM

Racial and Ethnic Data Form**

Sponsor: _____ Site: _____
 Site Contact Name: _____ Title: _____
 Site Address: _____ Date of visit: _____
 Site Supervisor: _____

Ethnic Categories	Number of Participating Children
Hispanic or Latino	
Not-Hispanic or Latino	

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

Racial Categories	Number of Participating Children*
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.
- **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."
- **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Monitor's Signature _____

Date _____

** Note: Based on OMB Notice, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, published 10/30/97 and in FNS Instruction 113-1, Child Eligibility, Compliance and Enforcement Nutrition Programs and Activities, published November 8, 2005. See Back for instructions.



United States Department of Agriculture

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ATTACHMENT 21

Poor Financial Management

- Can't separate SFSP from NSLP account
- Not using the correct funding code
- No documentation of costs



Closing the Review

What Happens After the Review?

1. **Preliminary Report** detailing the areas covered during the review.
2. **A Findings Letter** – outlining specific deficiencies, sent by USPS (*certified mail if Fiscal Action assessed*)
3. Sponsor's Submission of **Corrective Action Plan (CAP)** and Check if Fiscal Action is assessed.
 - Areas of noncompliance with regs, FNS Instructions, and SFSP policy memoranda must be immediately and adequately addressed by org.
4. **CAP Approval and Closure**





- Fiscal Action is a result of improper meal counts and/or missing meal components
- If Fiscal Action is assessed, you **CANNOT** use Child Nutrition Program funds to settle the difference. It **MUST** come from non-federal sources, typically the school district's general fund.

Corrective Action Plans



- Upon receiving a Findings letter from the State Agency, each organization must provide a written Corrective Action Plan (CAP). The CAP must address each finding and include the actions being implemented to **permanently** correct the identified deficiency.

- CAPs should be submitted in MARS.

Developing A Corrective Action Plan

A Corrective Action Plan Must Include:

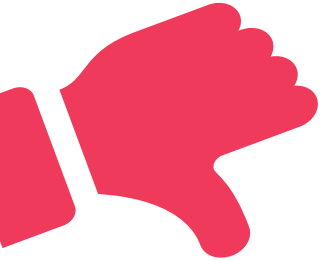
- **who** will be responsible for correcting each area of non-compliance;
- **what** will be done to correct the issue;
- **how** the organization will ensure continued compliance;
- **when** these actions will take place; and
- **where** your organization will maintain the supporting documentation.





- When a corrective action plan is received from an organization, it is evaluated to ensure that it is complete and that each finding has been adequately addressed.
- If the CAP is satisfactory, the SA will issue a letter to the institution indicating that its response was acceptable, and the review is closed.

- If the corrective action plan is incomplete, the organization will be informed of all outstanding items and allowed additional time to submit the remaining documentation.
- If the corrective action plan is not submitted and/or the additional documentation is inadequate, the SA must proceed to declare the organization **seriously deficient**.



The Serious Deficiency (SD) Process

1

Identify the
SD and
Prepare the
SD Notice

2

Assess the
Corrective
Action

3

Prepare the
Termination
Notice

4

Hold the
Appeal
Hearing

5

Terminate
the
Agreement
and Place
the Org on
the SD List

Questions





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Seamless Summer Option Rural Designations ~Media Release



Mary Burks

Division of School Support, Director

mdek12.org

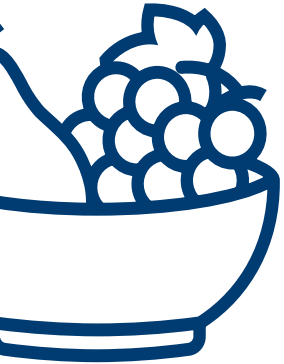


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March 1, 2022



- Schools participating in the National School Lunch or School Breakfast Program are eligible to apply for SSO.
- SFAs participating in the SSO are required to serve meals meeting the NSLP meal pattern.
- Only School Food Authorities (SFAs) administering the NSLP or SBP may participate.
- Standard NSLP/SBP reimbursement rates apply for SSO.
- Current NSLP/SBP meal patterns must be followed in the SSO.



- Meals are reimbursed at the free rates for school lunches, school breakfasts, and afterschool snacks, which are slightly lower than the Summer Food Service Program rates.
- Located in eligible areas (50%) may serve free meals to children, age 18 years and under.
- Meals served under the SSO are reimbursed at NSLP/SBP applicable free rates

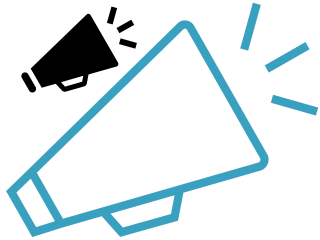
Memo: SFSP 04 – 2015 (v,3)



- Rural means NOT in a Metropolitan Statistical Area or any ‘pocket’ within one that, at the option of the State with FNS concurrence, is geographically isolated from urban areas
- Rural Designation Map, a tool designating which sites are rural or urban
- Rural/urban areas receive a higher reimbursement rate –self prep sites

<https://www.fns.usda.gov/rural-designation>

Public notification is required!



- Sponsors are required to inform families of the availability and location of free meals when school is not in session [7 CFR 210.12(d)].
- The purpose of the media release is to announce the availability of free meals, the nondiscrimination policy, and **complaint procedures** if an individual wishes to file a complaint for violation of non-discrimination policy.
- Enrolled sites/camps must include the reduced-price income eligibility guidelines



Provide a copy of a proposed media release with the application. **The application may not be approved without it.**

All sponsors are to submit application in MARS by **May 1, 2022**

Enrolled sites Public Releases

APPLICATION AND PLANNING

SUMMER FOOD SERVICE PROGRAM

Sample News Release: Enrolled Sites and Camps

[Name of sponsor] is participating in the Summer Food Service Program. Meals will be provided to all eligible children free of charge. (To be eligible to receive free meals at a residential or non-residential camp, children must meet the income guidelines for reduced-price meals in the National School Lunch Program. The income guidelines for reduced-price meals by family size are listed on the next page.) Children who are part of households that receive Supplemental Nutrition Assistance Program (SNAP, formerly foods stamps) benefits or benefits under the Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) are automatically eligible to receive free meals.

Acceptance and participation requirements for the Program and all activities are the same for all regardless of race, color, national origin, sex, age or disability, and there will be no discrimination in the course of the meal service. Meals will be provided at the sites and times as follows:

[List all sites and the starting and ending times of meal service for each site]

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

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

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov

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- Attachment 13 provides sample news releases for open and closed enrolled sites that sponsors can use as templates to craft their outreach message
- Reminder to include the full nondiscrimination statement or a link to the full non-discrimination statement

Always have the child's parent sign a Media Release Form (Attachment 13) before using their photo or recorded image to promote your Program



- Request for Satellite or Self Prep Sites Inspection
- Vended meals ~ a copy of the agreement
- Media Releases
- **Description of distribution strategy**
- **Waivers for example parent pick up or area eligibility**

Districts that are working with Child Care Centers that are Licensed through MSDH will need **menus approval** through the Health Department

Mobile App Food Buying Guide



Production Planning Handbooks and Other Tools

1. Nutrition Guidance for Sponsors
2. Grains and Bread Chart
3. The Food Buying Guide
4. The Food Buying Guide Mobile App for Android and iPhone
5. The Food Buying Guide Calculator

- Sponsors must enter the application in MARS before the deadline date of **May 16, 2022**.
- Incomplete applications will delay the approval of the sponsor.
- ***Don't wait!*** The State Agency has 30 days to approve a **complete** application.







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mdek12.org




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EDUCATION



Non-Discrimination Statement

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USDA
United States Department of Agriculture



AND JUSTICE FOR ALL

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and marital or marital status for prior civil rights activity. (Equal prohibition clauses apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA TARGET Center at (202) 720-3900 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.usda.gov/officeofcivilrights/USDA-DNSC-3027-Complaint-Form-2009-2009-09-11-2011-11-15-2011-11-15.pdf>, from any USDA office, by calling (866) 662-6992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax:
(800) 295-1055 or (202) 690-7442;
email:
program.intake@usda.gov.

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Form AD-3027 - 2009-09-11-2011-11-15-2011-11-15

En conforma a la ley federal y las pólizas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, discapacidad, virginidad o represión por actividades realizadas en el pasado relacionadas con los derechos civiles. (En todos los principios de prohibición aplican a todos los programas.)

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieren medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra grande, grabación de audio y lenguaje de señas americanas) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al (202) 720-3900 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Información al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en <https://www.usda.gov/officeofcivilrights/USDA-DNSC-3027-Complaint-Form-2009-2009-09-11-2011-11-15-2011-11-15.pdf>, en cualquier oficina del USDA, llamando al (800) 662-6992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción suficiente de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

correo postal:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; o
fax:
(800) 295-1055 o (202) 690-7442;
correo electrónico:
program.intake@usda.gov.

Esta institución ofrece igualdad de oportunidades.

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Full Non-Discrimination Statement link:

<https://mdek12.org/sites/default/files/documents/ocn/usda-nondiscrimination-statement.pdf>