

Summer Food Service Program



Sponsor Training

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

Bureau of Community Food and Nutrition Assistance

888-435-1464

FAX: 573-526-3679

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

SFSP@health.mo.gov



SFSP Contact Numbers

IF YOU HAVE QUESTIONS CONCERNING:

Recordkeeping issues Meal Patterns
Menu Planning Monitoring
Call toll-free, 888-435-1464, to contact your district nutritionist:
Central RegionErin Marberry and Katie Long
Eastern RegionTracy Reese-Okosi and Karla Quinn
Northwestern RegionDana Troxel
Southeastern RegionDebra Tidwell
Southwestern RegionSusan Barr

IF YOU HAVE QUESTIONS CONCERNING:

Applications Budgets Claims
Eligibility of sites/sponsors FSMC problems Meal time
Meal types Preapproval for sponsors Site changes
Training

Call the Missouri Department of Health and Senior Services, Bureau of Community Food and Nutrition Assistance888-435-1464

Or visit our website at: <http://www.health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/>

IF YOU HAVE COMMODITY QUESTIONS:

Call the Food Distribution Unit or a Food Program Representative.....573-751-4328

IF YOU HAVE SANITATION QUESTIONS OR CONCERNS:

Call the Bureau of Communicable Disease Control and Prevention573-751-6113

OR

Your local public health department----directory available online at <http://health.mo.gov/living/lpha/index.php>

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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. This statement implementation date is November 2015.

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Reimbursement Rates

(Rates Change Annually)

Rural or Self-prep Sites

Breakfast

Lunch or Supper

Supplement

Urban Vended Sites

Breakfast

Lunch or Supper

Supplement

Calculate Potential Reimbursement for the Budget

$$\begin{array}{r} \text{Estimated daily meals to be served} \\ \times \\ \text{Number of days of operation} \\ \times \\ \text{Reimbursement rate for meal type} \\ = \\ \text{Potential SFSP reimbursement for meal type} \end{array}$$

Perform this calculation for each meal type to be served then add these amounts together. Repeat calculations for sites with different meal types or different number of days of operation. The sum of all calculations equals the **potential** reimbursement and should be used to prepare budget in the application.

When you access the web-based system, the meals/times rate will be displayed on the web-based budget sheet.

The current meal reimbursement rates are located on the SFSP website under Applications & Forms at: <http://health.mo.gov/sfsp> - scroll down to Rates

Tentative List of SFSP USDA Donated Food (Commodities)

A complete application must be submitted and **approved** before the 2016 USDA Donated Foods Agreement/Offer Notice will be issued to the sponsor. The deadlines are as follows:

- **April 1 for commodity deliveries in May**
- **May 1 for commodity deliveries in April**

Department of Social Services, Family Support Division, Food Distribution Unit (FDU) expects to have the following available for the 2016 SFSP season:

COMMODITY ENTITLEMENT FOOD ITEMS	PACKAGE SIZE	COST
Green Beans	6/#10 CANS	\$
Orange Juice	70/4 ounce singles	\$
Applesauce	6/#10 CANS	\$

This is a tentative list and is subject to change. USDA donated foods are only available while supplies last.

Sponsors are encouraged to read the FDU's 2016 Commodity Newsletter for further guidance when ordering commodities for this summer. The process for ordering has changed. Sponsors may scan and e-mail or fax the USDA Donated Foods Agreement/Offer Notice to the FDU. Do not mail the original form. The e-mail address and the fax number are on the notice.

Due to the limited number of commodities, FDU will contact sponsors who order less than 8 cases to make special delivery arrangements. If you have any questions or need additional information, please contact Food Program Representative Deana DuMers at (573) 751-4328.

Using National School Lunch Program (NSLP) Commodities in the Summer Food Service Program (SFSP)

Schools participating in the NSLP now operate under single inventory rules, meaning that commodities are no longer distinguishable from purchased food items. Accordingly, during the SFSP, schools may use NSLP commodities. **However, schools that use a Food Service Management Company (FSMC) to prepare meals cannot use NSLP commodities for the SFSP. The FSMC must track commodities separately from purchased food items in order to credit back the value of commodities to schools. Examples of FSMCs are Opaa! and Aramark.**

Sponsor Responsibilities

- **Demonstrate Financial and Administrative Capability**: Potential and returning sponsors are required to demonstrate that they have necessary financial and administrative capabilities, to comply with Program requirements. Sponsors must accept final financial and administrative responsibility for all of their sites.
- **Exercise Management Control Over Sites**: New applicants and returning sponsors must demonstrate in their application that they will exercise management control over the meal service at all of their sites. Management control of the meal service means that the sponsor is responsible for maintaining contact with meal service staff, ensuring there are adequately trained meal service staff on site, and monitoring site operations throughout the period of program participation.

Management Responsibilities 7 CFR 225.15 (a)(3)

Sponsors may not contract out management responsibilities of the program, including but not limited to the following tasks:

- Meal Ordering
- Conduct official recordkeeping responsibilities, including **meal count information to substantiate claims**
- Submit claims
- Train and monitor administrative and site staff
- Announce availability of meals to qualified populations
- Determine income eligibility and maintain individual income eligibility statements (Camps and Enrolled Sites only)

Guidance Resources

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

- Administrative Guidance for Sponsors
- Site Supervisors Guide
- Nutrition Guidance for Sponsors
- Forms
- Monitor's guide
- Outreach Resources

Site Definitions and Eligibility Documentation

SFSP SITE TYPES A site is a physical location where program meals are served and where children consume meals in a supervised setting.

Site Type	Site Description	Eligibility Documentation
Open	<ul style="list-style-type: none"> • Serves all children in the geographical area where at least 50% of the children are eligible for free or reduced-price school meals. • Reimbursed for complete meals served to all children. 	<ul style="list-style-type: none"> • School Data • Census Block Group Data
Restricted Open	<ul style="list-style-type: none"> • Initially “Open” to the entire community on a first-come, first-serve basis. • Sponsor may impose limits for reasons of security, safety or control due to staff limitations, etc. • Children cannot be chosen based on any particular characteristic or from any identifiable group in the community. • Media release must stipulate the “open” criteria. <p style="margin-top: 10px;">OR</p> <ul style="list-style-type: none"> • Draws children exclusively from eligible areas. • Open to community participation from eligible areas-only daily limits for security, safety, or control. • Not open to the community at large. • No fees are charged. • Children from non-needy areas not allowed. • Reimbursed for complete meals served to all children. 	<ul style="list-style-type: none"> • School Data • Census Block Group Data
Closed Enrolled	<ul style="list-style-type: none"> • Serves only the identified group of children enrolled at the site. • Closed to the community at large. • Is located in a geographical area where at least 50 percent of the local children are eligible for free or reduced-price school meals. <p style="margin-top: 10px;">OR</p> <ul style="list-style-type: none"> • At least 50 percent of the children enrolled at the site are eligible for free or reduced price school meals. • Reimbursed for complete meals served to all children. 	<ul style="list-style-type: none"> • School Data • Census Block Group Data • Income Statements
Residential Summer Camp and Non- Residential Day Camps	<ul style="list-style-type: none"> • Reimbursed only for meals served to campers who have been individually determined to be eligible for free or reduced-price school meals, based upon income eligibility applications 	<ul style="list-style-type: none"> • School Data • Income Statements
Migrant	<ul style="list-style-type: none"> • Migrant organization certifies that site serves over 50 percent migrant children initially. Site can be open or open restricted. • Reimbursed for complete meals served to all children 	<ul style="list-style-type: none"> • Certification from migrant organization

To get an application packet

- <http://www.health.mo.gov/sfsp>, click on “Applications and Forms” to download “the entire SFSP application packet in one file” or
 - call the toll-free number, 888-435-1464 to request via mail, fax or email.
- **DO NOT make copies of the forms in this workbook. Obtain the full application packet with instructions.**

Application Deadlines (for complete applications only)

- By April 1, if you want commodities delivered in May.
- By May 2, if you want commodities delivered in June.
- By May 2, if requesting a June advance.
- The final deadline for a completed application is **NO LATER THAN MAY 15 AND AT LEAST 30 DAYS PRIOR TO THE FIRST DAY OF OPERATION.**
 - For example, if SFSP operations begin June 2, a completed application
 - is due no later than May 1.

Things to Watch

- Make sure all blanks are completed.
- Submit eligibility documentation for each open site.
- Retain a copy of your SFSP application for your files.
 - If you fax the application, retain the original as your file copy.
 - If you mail the application to DHSS, you should make a copy for your records.

Summer Food Service Program (SFSP) New Applicant Checklist

Please submit your application to the following address by the deadline date that applies to you. (Dates are listed in the application cover letter). Be sure to keep a copy of the application for your records. Please ensure all questions are complete and all forms have been signed and dated. *Applications missing question responses, signatures, and dates are not considered submitted for SFSP.*



Missouri Department of Health and Senior Services
Bureau of Community Food and Nutrition Assistance
930 Wildwood (for shipping services such as UPS or FEDEX)
P.O. Box 570 (for U.S. Mail)
Jefferson City, MO 65102
or via fax to:573-526-3679

Use this checklist to ensure all required items are enclosed with your application packet.

<ul style="list-style-type: none"> <input type="checkbox"/> Form CACFP 1000 <input type="checkbox"/> Form CACFP 1001 <input type="checkbox"/> Form CACFP 1002 <input type="checkbox"/> SFSP Web-Access Form <input type="checkbox"/> Form SAMII <input type="checkbox"/> BMA <input type="checkbox"/> DUNNS <input type="checkbox"/> E-verify <input type="checkbox"/> IRS Letter 	<ul style="list-style-type: none"> Sponsor Application (4 Pages) Site Information Sheet (3 Pages) (One for each meal site) Policy Statement Provides User Id and Password for SFSP database Vendor Input/ACH-EFT Application (direct deposit form) Business Management Assessment (5 Pages) DUNNS – (3 Pages) E-verify Non-Profit Organizations submit copy of IRS Letter
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Use this checklist to ensure sites are ready for operation.

<u>FORM NAME/NUMBER</u>	<u>DESCRIPTION</u>
<input type="checkbox"/> Documentation of Training	Required before start of program operations. Kept onsite for MDHSS review.
<input type="checkbox"/> Pre-Operational Site Review	Completed for each new site prior to application submission and kept onsite for MDHSS review.
<input type="checkbox"/> And Justice For All Poster	Must be displayed in a prominent location at each site where it can be easily viewed.
<input type="checkbox"/> Sponsor/Site Agreement	Before adding an unaffiliated new site, ensure you obtain a sponsor site agreement.
<input type="checkbox"/> Daily Meal Count Form	Completed at the point of service for each meal. Must be dated and kept with monthly records.
<input type="checkbox"/> Medical Food Substitution Form	Have a few copies available for participants with allergies and or special dietary needs. Must be signed by a physician.
<input type="checkbox"/> 1 st & 4 th Week Site Review Form	Sponsors are required to conduct reviews during the 1 and 4 th weeks. There is also space to record your



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION
 ASSISTANCE SUMMER FOOD SERVICE PROGRAM (SFSP)
SPONSOR APPLICATION AND BUDGET
 (Please TYPE or PRINT Clearly)

1. Name of Sponsoring Organization	2. Mailing Address (P.O. Box or Street Address, City, State & Zip Code)	
3. Street Address (if different from 2.) (Street Address, City, State & ZIP Code)		4. County
5. Responsible Individual Name Position Responsible Individual's Email Address Responsible Individual's Telephone # () - Ext. Responsible Individual's Fax # () - Ext.	6. Food Program Contact's Name Position Food Program Contact's Email Address Food Program Contact's Telephone # () - Ext. Food Program Contact's Fax # () - Ext.	7. Financial Contact's (Optional) Name Position Financial Contact's Email Address Financial Contact's Telephone # () - Ext. Financial Contact's Fax # () - Ext.
8. Type of Sponsor: <input type="checkbox"/> School Food Authority (public or private, non-profit) <input type="checkbox"/> Upward Bound <input type="checkbox"/> Government Entity (State, Local, Municipal or County) <input type="checkbox"/> National Youth Sports Program (sponsored by a public or private, non-profit college or university) Example: County Health Dept. <input type="checkbox"/> Residential Camp (overnight camp) <input type="checkbox"/> Private Non-Profit (PNP) Organization Examples: Boys and Girls Clubs, YMCAs or YWCAs, churches or other faith-based organizations, scouting organizations.		
9. Method of Meal Preparation: <input type="checkbox"/> Self-Preparation OR <input type="checkbox"/> Vended	10. If Method of Meal Preparation is Self Preparation, are meals prepared: <input type="checkbox"/> At each site <input type="checkbox"/> At a central kitchen	
11. If food is prepared at a vendor kitchen (Food Service Management Company or School Food Service Authority) or at a central kitchen (serving more than one site) list the facility name, address and contact information below for each separate facility:		
Facility Type: <u>(Column A)</u> <input type="checkbox"/> Central Kitchen <input type="checkbox"/> FSMC or other vendor Facility Name: Facility Address (street, city, state, ZIP code) County: Contact Person's Name: Telephone Number: () - Ext.	Facility Type: <u>(Column B)</u> <input type="checkbox"/> Central Kitchen <input type="checkbox"/> FSMC or other vendor Facility Name: Facility Address (street, city, state, ZIP code) County: Contact Person's Name: Telephone Number: () - Ext.	Facility Type: <u>(Column C)</u> <input type="checkbox"/> Central Kitchen <input type="checkbox"/> FSMC or other vendor Facility Name: Facility Address (street, city, state, ZIP code) County: Contact Person's Name: Telephone Number: () - Ext.
If meals are served via a central kitchen, list all sites served by each central kitchen: Use additional sheets if necessary.		
Column A:		
Column B:		
Column C:		

12. Does the sponsor provide an ongoing, year-round service of some type to the community that would be served by the SFSP?
 Yes No

If the sponsor is not a residential camp, please describe the ongoing, year-round service(s) provided:

Note: All sponsors, with the exception of residential camps, must provide an ongoing, year-round service of some type to the community served in order to be eligible for the SFSP. Examples: Schools and colleges provide educational services; private non-profits might provide after-school programming, parent education classes, etc.; churches and faith-based organizations provide religious instruction and other services.

13. Does any other agency other than the sponsor provide site personnel? (If meals are vended, mark yes and enter the information for the FSMC below)
 Yes No
 If **Yes**, provide the name, agency and title of person responsible:

14. I will cover the following **minimum required topics** in my training sessions for administrative and site personnel: Yes No
 ♦Purpose of the Program ♦Meal Pattern Requirements ♦Site Eligibility ♦Site Operations ♦Recordkeeping ♦Duties of a Monitor ♦Civil Rights

15. I understand the following procedures must be used to correct program deficiencies or areas of non-compliance, and will incorporate them into my SFSP operations: Yes No
 1. Monitor sites and note areas of non-compliance 2. Discuss problems with site supervisor
 3. Recommend corrective action 4. Follow-up in one week to assure corrections are made

16. Has the applicant organization ever been terminated or determined to have been seriously deficient in its operation of the SFSP or any other Child Nutrition Program? Yes No
 If **Yes**, please submit a written explanation regarding the circumstances to MDHSS—BCFNA.

17. List the names of other Federal agencies providing assistance to the applicant organization.

18. Has the applicant ever been found to be in noncompliance with regard to Civil Rights regulations for any of the agencies listed in question #17, Yes No
 IF yes please explain:

19. List the estimated percentage ethnic make-up of the population of the area to be served (**percentages must total 100%**):

Hispanic or Latino	Not Hispanic or Latino	Total
%	%	100%

20. List the estimated percentage racial make-up of the population of the area to be served (**percentages must total 100%**):

American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total
%	%	%	%	%	100%

21. What efforts will be used to assure that minority populations have equal opportunity to participate? (check all that apply)

Distribution of brochures or Program information at public locations. Public service announcements in:

Paid or free advertisements in local newspapers. Local Newspaper

Personal contact with community groups and/or parents. Radio

Television

22. Do these efforts also reflect methods used to assure minority and grassroots organizations participate in the program as required by program regulations?
 Yes No

22. Has your organization ever been found to be in noncompliance of the Civil Rights Laws by any Federal agency? Yes No
 If **Yes**, explain:

23. Is your organization faith-based or affiliated with a church?
 Yes No

23. Advances
 Does the applicant organization elect to receive advance payments? Yes No
 If **Yes**, for which month(s) is/are advance payment(s) requested? The organization must operate the SFSP 10 or more days in any month(s) selected:

Month	Operating Advance	Requested Amount	Administrative Advance	Requested Amount
June 1 st	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
July 15 th	<input type="checkbox"/>	\$	<input type="checkbox"/>	\$
August 15 th	<input type="checkbox"/>	\$		

Note: Advances are calculated based on the number of meals you expect to serve this summer, and if you are a returning sponsor, the number of meals you served the previous summer. Your advance will be awarded based on the lesser of this calculation or the requested amount.

SPONSOR BUDGET

1. Administrative Staffing Plan

List administrative positions that will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP administration, regardless of whether SFSP reimbursement will be sufficient to cover them. Administrative labor includes activities such as completing the SFSP application, completing and submitting the claim for reimbursement, monitoring sites, and conducting training. For additional guidance, consult the Operating and Administrative Cost Sheet included with your application packet.

A Title of Position	B. Number of Staff	C. Hours per day on SFSP Admin	D. Salary per hour	E. Number of days	G. Fringe Benefits	H. Total (BxCxDxE)+G	I. Specific Duties
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
Total administrative salary/fringe benefits (record this amount in Salary/Fringe Benefits for Administrative Costs in #3 of the Sponsor Budget)						\$	

2. Operational Staffing Plan

List operational positions that will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them.

A Title of Position	B. Number of Staff	C. Hours per day on SFSP Operations	D. Salary per hour	E. Number of days	G. Fringe Benefits	H. Total (BxCxDxE)+G	I. Specific Duties
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
			\$			\$	
Total operational salary/fringe benefits (record this amount in Food Service Labor/Fringe Benefits for Operational Costs in #3 of the Sponsor Budget)						\$	

3. Monitoring Plan

List monitoring positions that will be involved in the SFSP. (Attach additional sheets if necessary.) Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them.

A. Name	B. Number of Sites	C. Hours per day on SFSP Monitoring	D. Salary per hour	E. Number of days	G. Fringe Benefits	H. Total (BxCxDxE)+G
			\$			\$
			\$			\$
			\$			\$
			\$			\$
Total monitoring salary/fringe benefits (record this amount in Food Service Labor/Fringe Benefits for Operational Costs in #3 of the Sponsor Budget)						\$

4. Total SFSP Budget		
BUDGET CATEGORY BY LINE ITEM	ANTICIPATED EXPENDITURES	AMOUNT APPROVED BY DHSS
1. Annual Administrative Salary/Benefits		
a. Total Salaries		
b. Benefits		
1) Health Insurance		
2) Workman's Compensation		
3) Life Insurance		
4) Retirement Plan		
5) FICA		
6) Other (specify)		
2. Travel Expense		
a. Mileage		
b. Per Diem		
c. Leased vehicle		
d. Rental vehicle		
4. Printing		
5. Postage		
6. Annual Contracted Services		
a. Audit A-133 (required by 7 CFR 226)		
b. Professional (specify)		
8. Telephone		
a. Office Telephone Service		
b. Cellular Service		
c. Internet Service Provider		
BUDGET CATEGORY BY LINE ITEM (Cont.)	AMOUNT REQUESTED	AMOUNT APPROVED BY DHSS

9. Office Rent/Use Allowance		
a. Rent/Lease		
b. Use Allowance or Depreciation (circle one)		
c. Insurance (cover loss of Federal property)		
d. Maintenance		
e. Janitorial		
10. Utilities		
a. Gas/Electric		
b. Water/Sewer		
c. Trash Removal		
d. Other (specify)		
Total of Direct Expenses:		
11. Annual Indirect Costs (Submit C.A.P.)		

Include **all** expenses attributable to SFSP operations, regardless of whether SFSP reimbursement will be sufficient to cover them. Please consult the Operating and Administrative Cost Sheet included with your application packet to help determine whether expenses are administrative or operational.

Administrative Costs	Proposed Administrative Budget	MDHSS USE ONLY Approved Administrative Budget	Operational Costs	Proposed Operational Budget
Salaries/Fringe Benefits (Total from #1 on p. 3)	\$	\$	Food Service Labor/ Fringe Benefits (Total from #2 on p. 3)	\$
Rent for Office Space	\$	\$	Food	\$
Office Supplies	\$	\$	Supplies	\$
Administrative Mileage	\$	\$	Transportation of Food	\$
Audit Fees	\$	\$	Utilities	\$
Telephone	\$	\$	Equipment Rent	\$
Postage	\$	\$	Other (please specify)	\$
Printing/Copying	\$	\$		
Advertising	\$	\$		
Other (please specify)	\$	\$		
Total Administrative Costs	\$	Total Approved Administrative Budget	Total Operational Costs	\$
			Grand Total	
Administrative Meals x Rates	\$	\$	Operational Meals x Rates	

MULTI-STATE OPERATIONS

Does the organization operate in more than one State? Yes No Please list the states _____

Does the local affiliate send money from the non-profit food service account or money from the SFSP to the parent organization? Yes No

APPLICATION COMPLETION

Before your application will be considered complete, you must submit the following items:

- One Site Information Sheet for each meal service site, with required attachments as described on the Site Information Sheet
- Vendor Input/ACH-EFT Form (all new sponsors; previous sponsors with address, contact, or telephone number changes)
- Copy of entire, current Food Service Management Company (FSMC) or School Food Service contract (vended sponsors only)
- Completed and signed Policy Statement (new sponsors only)

SIGNATURE

Signature by the superintendent/board president/director and/or authorized representative below certifies that:

1. The information on this form is true and correct to the best of my knowledge.
2. 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 criminal statutes.
3. The program must be made available to all children regardless of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)
4. The program is directly operated by the applicant organization (sponsor) at all sites.
5. Reimbursement will be claimed only for meals served to eligible children.
6. Each site will maintain a daily point-of-service meal count for each meal or snack service, which will be collected at least weekly by the sponsor.
7. The superintendent/board president/director and authorized representative(s) accept final administrative and financial responsibility for all SFSP operations at the applicant organization's (sponsor's) site(s).

NAME, TITLE, AND SIGNATURE OF THE FINANCIALLY AND/OR ADMINISTRATIVELY RESPONSIBLE PARTY

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR

▶ □□

SIGNATURE OF AUTHORIZED REPRESENTATIVE

▶ □□

TITLE

DATE

TITLE

DATE

DHSS USE ONLY BELOW THIS LINE

APPROVED BY DHSS—CFNA REPRESENTATIVE

▶ □□

TITLE

DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 SUMMER FOOD SERVICE PROGRAM (SFSP)
SITE INFORMATION SHEET (Please TYPE or PRINT clearly)

1. Name of Sponsor:		2. Name of Site:		
3. Street Address of Site (where children are fed). Include street, city, state & ZIP code:			4. County:	
5. Site Supervisor's Name:		6. Site Supervisor's Position:		7. Site Supervisor's mail address:
8. Site Supervisor's Telephone Number: () - Ext.		9. Site Supervisor's Fax Number: () - Ext.		
10. a. Site Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban <small>Areas considered urban include Kansas City, St. Louis, Columbia, Jefferson City, Joplin, Springfield and St. Joseph. All others are considered rural.</small>		10. b. Urban sites and sponsors with more than one site: Describe the geographical boundaries served and attach a map with the boundaries marked. If boundaries overlap, include a brief statement indicating the necessity for each site.		
11. Site Type (choose only one): <input type="checkbox"/> Open Site Using School Data Percentage of Students Eligible for Free or Reduced Price Meals: _____% School Name _____ District Name _____ <input type="checkbox"/> Open Site Using Census Tract Data (Contact MDHSS—BCFNA for assistance 888-435-1464) <input type="checkbox"/> Migrant Site Using Migrant Organization Information (Mail in documentation to MDHSS—BCFNA) <input type="checkbox"/> Enrolled Site (Income Eligibility Forms must be collected) Projected # Enrolled in SFSP: _____ Projected # Eligible for Free or Reduced-price Meals _____ <input type="checkbox"/> Camp—(Income Eligibility Forms are Required) <input type="checkbox"/> National Youth Sports Program that meets income eligibility guidelines of the U.S. Dept. of Health and Human Services (DHHS)				
12. Is there regularly scheduled, organized activity at the site? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes a list of the activities is required. Please list below or attach a schedule of daily activities.</i>				
13. Is this site a Child Care Center, Group Home, or Family Home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it <input type="checkbox"/> Licensed or <input type="checkbox"/> Licensed Exempt				
14. Does the system used to serve meals to children at the site ensure that each child receives a complete meal, and that meals are counted at the point of service? <input type="checkbox"/> Yes <input type="checkbox"/> No				
15. Does the site have the necessary staff and facilities so that the meal service is organized and properly supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No				
16. Leftover meals are handled by: <input type="checkbox"/> Discarding <input type="checkbox"/> Storing <input type="checkbox"/> Returning to central kitchen				

17. What method is used at the facilities for holding meals at proper temperatures?

Delivered within one hour of meal service
 Prepared onsite and held at proper temperature
 Stored properly and at the proper temperature

18. Sites can adjust meal deliveries by:

Calling a request into the sponsor Writing a request to the sponsor
 Faxing a request into the sponsor E-mailing a request to the sponsor All methods are used

19. Is Offer vs Serve requested for this site? Yes No

20. Program regulations require that the sponsor conduct a pre-approval visit to the site, before the Missouri Department of Health and Senior Services will approve the site for participation. Has the sponsor conducted a pre-approval visit to this site? (The application will not be processed until a site visit is completed)

Yes No Date of site visit: _____

21. Operating Dates

Begin Date (First date SFSP meals to be served at site): _____ / _____ / _____

End Date (Last date SFSP meals to be served at site): _____ / _____ / _____

20. Total number of operating days each month: <i>Exclude weekends and holidays if you will not serve meals on those days.</i>	May	June	July	August	September	TOTAL

21. Meal Service Information:

Note: You may choose a combination of two meals or one meal and one snack per day, with the exception of lunch and supper on the same day. Meals should be served within the normal timeframes.

Meal Type	Preparation Method	Begin Time	End Time	Days Meals Served							Estimated Number to be served (ADP)	Estimated Number Eligible (Camps Only)	CAP (MDHSS use only)
				M	T	W	T	F	S	S			
Breakfast	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> S			
AM Snack	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> S			
Lunch	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> S			
PM Snack	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> S			
Supper	<input type="checkbox"/> Self-Prep <input type="checkbox"/> Vended <input type="checkbox"/> Central Kitchen			<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> T	<input type="checkbox"/> F	<input type="checkbox"/> S	<input type="checkbox"/> S			

22. If Central Kitchen Meal Type was chosen, list the name of the Central Kitchen preparing the food.

23. Meal Time Waiver is requested.

Select this option if you are not a residential camp and you will be serving more than two meal types throughout the duration of your operating dates but will not be serving more than two meals on any given day. (Example: Weeks 1-3 will site will serve breakfast and lunch. Weeks 4-6 will serve lunch and snack)

24. How many children can eat at this site at one time? _____

25. How many staff members supervise the meal service? _____

26. Please list any holidays the site will not be serving or any specific dates during the dates of operation when the site will not be in operation. (i.e., July 4 or Every other Friday beginning mm/dd/yyyy.)

27. If this is an outdoor site, where will meals be served during inclement weather?
Please provide the address and procedures for alternate meal service.

28. For Residential and Day Camps Only (use additional sheets if necessary)

Session	Begin Date	End Date
1		
2		
3		
4		
5		

29. For Field Trips and Off Site Meals Only (use additional sheets if necessary)

Field Trip	Date	Meal (Breakfast, Lunch, AM or PM Snack)
1		
2		
3		
4		
5		

30. Comments

Yes No This site operated last year and is in good standing with the sponsor. I request waiver for the first week monitoring. I certify this site will be monitored within the first four weeks.

I certify that this site has the capabilities and facilities to provide the meal service planned for the number of participants to be served, and that the information on this form is true and correct to the best of my knowledge. I understand that this information is being given in connection with the receipt of Federal funds, and that withholding information or deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Authorized Sponsor Representative	Title	Date
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MDHSS USE ONLY BELOW THIS LINE

Approval Signature of MDHSS—BCFNA Representative	Title	Date
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MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM (SFSP)
POLICY STATEMENT FOR NEW SPONSORS

FOR ALL SPONSORS:

_____ has agreed to participate in the Summer Food Service Program
(Name of Sponsoring Organization)
and accepts responsibility for providing program benefits to eligible children in the site(s) under its jurisdiction. The Sponsor assures the Missouri Department of Health and Senior Services (DHSS) that although there is no separate charge established for meals, it will uniformly implement the following policy. In fulfilling its responsibilities, the Sponsor:

- A. Agrees that in operation of the Program, no child shall be discriminated against because of race, color, national origin, gender, religion, age, disability, or political beliefs. (Not all prohibited bases apply to this program.)
- B. Agrees to establish a procedure to account for meals claimed.

FOR SPONSORS OF CAMPS AND ENROLLED SITES ONLY, in addition to A and B, the Sponsor:

- C. Agrees that no meals will be claimed unless there is adequate documentation on file to support the claim. Adequate documentation (for each child's family) includes household income received by each household member, identified by source of income; names of all household members; social security number of either the head of household/primary wage earner or the adult signing the application; and the signature of an adult member of the household. Adequate documentation for a child who is a member of a food stamp or Temporary Assistance (TA) unit includes the name(s) and appropriate food stamp or Temporary Assistance case number(s) for the child(ren) and the signature of an adult member of the household.
- D. Agrees to maintain on file for three years all documentation to support claims.
- E. Agrees that there will be no physical segregation of, or other discrimination against any child. The names of the children for which meals may be claimed shall not be published, posted, or announced in any manner, and there shall be no overt identification of any such children by any means. Further assurance is given that all children shall be served the same meals.

Shall describe below the method used for collecting payments from children who pay the full price of the meal while preventing the overt identification of children receiving a free meal:

- F. Shall attach a sample of the Income Eligibility Application, parent letter, and public release to be used. If the DHSS prototype forms will be used, indicate in the space below and do not attach the forms. Shall describe below the method for accepting Income Eligibility Applications:

G. Agrees to designate _____ to make determinations of
 (Name and Title)
 eligibility for purpose of claiming meals. The official will use the USDA eligibility criteria to make eligibility determinations conforming to the family size and income standards for reduced price school meals determined by the Secretary of Agriculture.

H. Agrees that the application and parent letter and/or any other descriptive material distributed to parents or guardians shall contain only the family size and income levels for reduced price school eligibility. It shall also include an explanation that households with income less than or equal to these values would be eligible for free meals. The application and parent letter shall not contain the income standards for free meals. It shall contain a statement that if a child is a member of a food stamp or Temporary Assistance unit, the child is automatically eligible to receive free program meals, subject to completion of an application as described in C of this policy statement. Finally, a statement shall also be included to the effect that "In certain cases, foster children are eligible for free meals regardless of household income. If such children are living with you and you wish to apply for such meals, please contact us."

I. Will establish a hearing procedure for families wishing to appeal a denial of an application for free meals. The Sponsor assures that if a family requests a hearing, the child shall continue to receive free meals until a decision is rendered.

FOR SPONSORS OF OPEN SITES ONLY, in addition to A and B, the Sponsor:

J. Agrees that no meals will be claimed unless there is adequate documentation on file to support the eligibility as an open site. Adequate documentation includes, but is not limited to census data and/or school data verifying 50 percent or more of the children meet the 185 percent poverty guidelines.

K. Agrees to maintain on file for three years all documentation to support claims for reimbursement.

L. Assures that all children shall be served the same meals.

SIGNATURE OF SUPERINTENDENT/BOARD PRESIDENT/DIRECTOR		SIGNATURE OF AUTHORIZED SPONSOR REPRESENTATIVE	
TITLE	DATE	TITLE	DATE

Bid Packet and Contract Prototype available at:

<http://www.health.mo.gov/sfsp/forms.php>.



Missouri Department of Health and Senior Services
Bureau of Community Food and Nutrition Services

Competitive Bid Procedures for Meal Service Contracts **under \$150,000**

- Sponsors must use the bid prototype included in this packet if the food service contract has a total aggregate value of less than \$150,000. (If the contract will exceed \$150,000, please contact the bureau of Community Food and Nutrition Assistance (CFNA at 888-435-1464 for the correct bid packet.)
- Contracts for less than \$150,000 are not required to follow the formal Invitation for Bid (IFB) process; however it is the sponsor's responsibility to ensure that competitive procurement procedures are followed.
- **Site Information** (Schedule A)- List the site names, addresses, delivery locations, times of meal service, and days of operation. If single deliveries for multiple meals (e.g., breakfast and lunch) state how the sponsor will be storing the meals.
- **Cycle Menu** (Schedule B)- Develop, at a minimum, a two-week cycle menu and insert it into Schedule B of the bid packet. Program regulations specify minimum meal pattern requirements, but sponsors may improve upon these minimums to increase the variety and appeal of menus. **Do not let potential bidders provide the menus.** Each potential bidder must be given a fair and equal opportunity to bid on the SAME meals. Resources needed to develop the menus include:
 - Food Chart – Summer Food Service Program, <http://www.health.mo.gov/sfsp/forms.php>.
 - Guidance for Sponsors, <http://www.health.mo.gov/sfsp/laws.php>
 - Creditable Foods Guide, <http://www.health.mo.gov/sfsp/laws.php>
- Food specifications must describe the sponsor's needs in clear and precise language. **The specifications should not include information, which could restrict competition.** Restriction of competition might include the use of brand-name products or a
- Description of a product that may limit the bid to one supplier.
- Contact at least three reputable Food Service Management Companies and obtain price quotes on the meals you propose to serve (Attachment 1). You will need to supply the bidders with your menus (Schedule B), all other information required in Schedule A, and the SFSP meal pattern requirements (Schedule C).

Bid Packet and Contract Prototype available at:

<http://www.health.mo.gov/sfsp/forms.php>.

- Choose the company that offers the best quality meals at the lowest price. Sign a contract with the company using the contract prototype provided by DHSS-CFNA.
- Document the information and price quotes obtained from the companies contacted on the Documentation of Vendor Contact attachment. The award of the contract goes to the lowest bidder unless the sponsor has documentation and justification to support awarding the bid to someone other than the lowest bidder. Any bid that the sponsor wishes to accept that is not the lowest bid must have the approval of CFNA **prior to acceptance**.
- **Send a copy of the Documentation of Vendor Contact, the accepted bid and the completed and signed contract to CFNA.**
- The sponsor is ultimately responsible for assuring that all requirements are being met by the food service management company, including the responsibility for maintaining menus and production records. These records should be collected by the sponsor on a weekly, or no less than monthly, basis. The records should be reviewed for accuracy and adequacy to assure the meals meet minimum requirements.

Refer to the Vended Sponsor's Guide (available at: <http://www.health.mo.gov/sfsp/laws.php>) for more information.

Missouri Department of Health and Senior Services
 Bureau of Community Food and Nutrition Assistance
 Summer Food Service Program
 2015

**FOOD SERVICE CONTRACT/AGREEMENT PROTOTYPE
 PRIVATE NON-PROFIT OR PUBLIC SPONSORS
 CONTRACTS LESS THAN \$150,000**

This agreement is made and entered into by and between

 (Name of Sponsor)
 and

 (Name of Contractor)

The Contractor agrees to furnish meals as ordered by the Sponsor for the period of:

_____ To _____
 (Beginning Date) (Ending Date)

based on the following:

The contractor agrees to deliver _____ unitized meals _____ (inclusive/exclusive) of milk on a daily basis to the location(s) during the timeframes indicated on the delivery schedule attached which becomes a part of this Agreement (Schedule A).

	Estimated Number of Servings Per Day	Estimated Number of Serving Days	Unit Price	Total Price
Breakfast	_____	_____	_____	_____
Lunch	_____	_____	_____	_____
Snack	_____	_____	_____	_____
Supper	_____	_____	_____	_____

The unit prices submitted are based on the cycle menu attached (Schedule B), which becomes a part of this Agreement. The meals furnished shall meet or exceed requirements as specified in Schedule C, attached, and in Chapter 7, Section 225.16 of the Code of Federal Regulations, attached copy of which is a part of this agreement.

Notification of any changes in approved sites will be made by the Sponsor not less than ___ days prior to the day of delivery of the meals. The Sponsor reserves the right to increase or decrease

the number of meals ordered on a ___ hour notice or less if mutually agreed upon between the parties of this Agreement.

The Contractor agrees to package and deliver meals in containers that meet local health standards. Potentially hazardous foods shall be maintained at temperatures less than 41 degrees Fahrenheit or at 140 degrees Fahrenheit and above during transport. The Contractor assures that it has State or local health certification at the preparation facility and assures that health and sanitation requirements will be met at all times. If requested, the Contractor agrees to provide meals for periodic inspection to determine bacteria levels.

The Contractor shall attach a ticket with each delivery specifying the quantity of meals, by type (breakfast, lunch, snack, supper) that are provided. The Contractor shall submit an itemized invoice to the Sponsor _____ (i.e., weekly, monthly), which specifies the quantity of meals by type delivered during the preceding _____ (i.e., week, month), with a copy of each delivery ticket attached.

The Contractor agrees to maintain all records (supported by invoices, menus, production records, receipts, etc.) that the Sponsor needs to meet its responsibilities under the Regulations. These records shall be available for inspection and audit by representatives of the Sponsor, Missouri Department of Health and Senior Services, U.S. Department of Agriculture, and the U.S. Government Accounting Office at any reasonable time and place up to three years from the date of receipt of final payment, or until final resolution of any audits.

Payment shall not be made for any meals that do not meet requirements of Section 225.16 of the Regulations, are spoiled or unwholesome at the time of delivery, delivered outside of agreed upon delivery time, or do not otherwise meet the requirements of this Agreement.

The Institution and the Contractor will operate in accordance with current Program regulations. The Contractor, entering into a contract with the institution, shall not subcontract for the total meal or the assembly of the meal. In cases of nonperformance or noncompliance on the part of the Contractor, the Contractor shall pay the Institution for any excess costs, which the Institution may incur by obtaining meals from another source.

The Institution shall have the option to cancel this contract if the Federal government withdraws funds to support the Summer Food Service Program. It is further understood that, in the event of cancellation of the contract, the Sponsor shall be responsible for meals that have already been assembled and delivered in accordance with this Agreement.

This Agreement may be terminated by either party upon _____ days written notification. This Agreement is hereby executed by the following parties as of the date indicated below:

Contractor Official's Signature

Sponsor Official's Signature

Title Date

Title Date

DOCUMENTATION OF VENDOR CONTACT

FOOD CONTRACTS LESS THAN \$150,000

Instructions: Completed form to be sent to the State agency with the Food Service Management Contract

	Vendor Name Address Telephone Contact Person	Date of Contact	Method of Contact (phone, fax, in person, etc.)	Price Per Meal				Total Price Quote
				Meal	Unit Price	Estimated Servings per Day	Estimated Number of Days	
VENDOR 1				Breakfast				
				Lunch				
				Snack				
				Supper				
VENDOR 2				Breakfast				
				Lunch				
				Snack				
				Supper				
VENDOR 3				Breakfast				
				Lunch				
				Snack				
				Supper				

SCHEDULE B

**SUMMER FOOD SERVICE PROGRAM
_____ ¹ DAY MENU CYCLE ²**

¹ Sponsor shall enter and attach a menu for the number of days in the complete cycle.

² Sponsor shall attach a menu cycle for each site.

SCHEDULE C

**SUMMER FOOD SERVICE PROGRAM
USDA REQUIRED MEAL PATTERNS**

The meal requirements for the Summer Food Service Program (SFSP) are designed to provide nutritious and well-balanced meals to each child. Except as otherwise provided in Section 225.16(b) of the SFSP regulations, the following table presents the minimum requirements for meals served to children in the Program.

BREAKFAST (Required Components: Milk, Vegetable/Fruit, Bread/Bread Alternate)

Component	Food Item	Minimum Serving Size
Milk	Fluid Milk	1 cup (1/2 pint)
Vegetables and Fruits	Vegetables and/or fruits or Full-strength vegetable or fruit juice or An equivalent quantity of any combination of vegetables, fruits, and juice	1/2 cup 1/2 cup (4 fluid ounces)
Bread and Bread Alternates	Bread (whole-grain or enriched) or Bread alternates (whole grain or enriched): cornbread, biscuits, rolls, muffins, etc. or cooked pasta or noodle products or cooked cereal or cereal grains, such as rice, corn grits, or bulgur or cold dry cereal or An equivalent quantity of a combination of bread or bread alternates	1 slice 1 serving 1/2 cup 1/2 cup 3/4 cup or 1 ounce, whichever is less
Meat and Meat Alternates (optional , serve as often as possible)	See lists under Lunch or Supper	1 ounce

SCHEDULE C, page 2

SNACK (Choose two of the four components listed)

Component	Food Item	Minimum Serving Size
Milk	Fluid Milk	1 cup (1/2 pint)
Vegetables and Fruits	Vegetables and/or fruits or Full-strength vegetable or fruit juice or An equivalent quantity of any combination of vegetables, fruits, and juice <i>Note: Juice cannot be served when milk is the only other component served at snack.</i>	3/4 cup 3/4 cup
Bread and Bread Alternates	See food item list under Breakfast, above	See minimum serving sizes under Breakfast, above
Meat and Meat Alternates	Lean meat or poultry or fish or Meat Alternates: Cheese or Egg or Cooked dry beans or peas or Peanut butter or other nut or seed butters or Nuts and/or seeds or Yogurt (plain, sweetened, or flavored) or An equivalent quantity of any combination of meat or meat alternates	1 ounce (edible portion as served) 1 ounce 1 large 1/4 cup 2 tablespoons 1 ounce 1/2 cup (4 ounces)

SCHEDULE C, page 3

LUNCH OR SUPPER (Required Components: Milk, Meat/Meat Alternate, Vegetable/Fruit, Bread/Bread Alternate)

Component	Food Item	Minimum Serving Size
Milk	Fluid Milk	1 cup (1/2 pint)
Meat and Meat Alternates	Lean meat or poultry or fish or Meat Alternates: Cheese or Egg or Cooked dry beans or peas or Peanut butter or other nut or seed butters or Nuts and/or seeds or An equivalent quantity of any combination of meat or meat alternates	2 ounces (edible portion as served) 2 ounces 1 large 1/2 cup 4 tablespoons ¹ 1 ounce = 50% ²
Vegetables and Fruits	Vegetable and/or fruits (2 or more selections for a total of 3/4 cup) or Full-strength vegetable or fruit juice or An equivalent quantity of any combination of vegetables, fruits, and juice <i>Note: Juice cannot be counted to meet more than 1/2 of this requirement.</i>	3/4 cup 3/4 cup
Bread and Bread Alternates	Bread (whole-grain or enriched) or Bread alternates (whole grain or enriched): cornbread, biscuits, rolls, muffins, etc. or cooked pasta or noodle products or cooked cereal grains, such as rice, corn grits, or bulgur or An equivalent quantity of a combination of bread or bread alternates	1 slice 1 serving 1/2 cup 1/2 cup

*NOTE: The serving sizes of food specified in the meal patterns are minimum amounts. If the Missouri Department of Health and Senior Services (MDHSS) approves the sponsor to serve smaller portion sizes to children less than 6 years of age, the sponsor must meet the meal patterns specified in the Child and Adult Care Food Program (CACFP) regulations. You can obtain a copy of these regulations from the MDHSS. Children over 6 years old may be served larger portions, but not less than the minimum requirements specified in the SFSP regulations. Remember that you will **not** receive reimbursement for meals that do not meet the minimum program requirements.*

¹ No more than one-half of the requirement shall be met with peanut butter. An additional meat/meat alternate must be served.

² No more than one-half 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.

**AGREEMENT TO FURNISH FOOD SERVICE
FOR THE SUMMER FOOD SERVICE PROGRAM**

THIS AGREEMENT is made and entered into between (school) _____
_____ and (sponsor) _____
_____.

WHEREAS the (school) _____ agrees to supply unitized meals (inclusive/exclusive) of milk and juice to (sponsor) _____ with and for the rates herein listed:

Breakfast \$ _____ each Lunch \$ _____ each
Snacks \$ _____ each Supper \$ _____ each

It is further agreed that (school) _____, pursuant to the provisions of the Summer Food Service Program regulations, attached copy of which is part of this agreement, will assure that said meals meet the minimum meal pattern requirements as to components and portion sizes, and will maintain full and accurate records that the (sponsor) _____ will need to meet its responsibility including menu records containing the amount of food prepared and daily number of meals delivered by type.

These records must be reported to the (sponsor) _____ promptly at the end of the month. (School) _____ agrees also to retain records required under the preceding clause for a period of 3 years from the date of receipt of final payment under this agreement (or longer, if an audit is in progress); and upon request, to make all accounts and records pertaining to the Program available to representatives of the U.S. Department of Agriculture and the General Accounting Office for audit or administrative review at a reasonable time and place.

This agreement shall be effective as of (date) _____. It may be terminated by notice in writing given by either party hereto to the other, at least 30 days prior to the date of termination.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the dates indicated below:

School Official	Sponsor	
Title	Date	Title
	Date	

Location of food preparation center(s):

Making Changes

Sponsors are required to contact DHSS-CFNA to report any site changes. Site changes can be entered on-line at: <https://dhssweb04.dhss.mo.gov/cnp/>. Submit into Pending Approval status.

Prior to starting operation check all information on the site forms and correct if there are any changes.

The Sponsor must notify DHSS-CFNA if any of the following occur:

- Changes in meal service times
- Changes in meal types
- Increases in estimated attendance (i.e., number of children to be served at each meal or snack service)
- Changes in operations—site closed (temporarily), field trips, etc.
- Start/Stop date change
- Extending site operations
- Permanent site closings
- Sites that were approved for operation, but never opened
- Changes in personnel—report changes of administrative personnel who serve as contacts to DHSS-CFNA. Site supervisory personnel changes must also be reported to DHSS-CFNA.

This information must be updated on-line and submitted into Pending Approval status. Failure to update this information could cause a claim for reimbursement to be rejected by the claims payment system and result in delayed and/or reduced payment.

The Sponsor must notify DHSS-CFNA by 2:00 p.m. the day before the anticipated change is to take place. Failure to meet this deadline will result in disallowed meals. If a change is to occur on a Monday, the sponsor is required to notify DHSS-CFNA by 2:00 p.m. on the preceding Friday.

In emergency situations, such as fire, flood, or transportation breakdowns, contact DHSS-CFNA at 888-435-1464 as soon as possible, once the situation has been assessed.

The following changes CAN ONLY be done using the CACFP 1001 form.

New site openings – Sponsors must submit the paper form Site Information Sheet (CACFP-1001) along with site eligibility documentation (school data or census data). **New sites may not operate until approved by the DHSS-CFNA.**

If the site location changes – The sponsor must submit a new paper form Site Information Sheet (CACFP-1001) prior to operating at the new location. Meals served at the new location may not be claimed for reimbursement until the new site has been approved by DHSS-CFNA.

Personnel Training Outline Resources

available under Laws, Regulations and Manuals at:

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

Administrative Personnel:

(Refer to all SFSP Guidelines)

- ☐ Purpose of the Program
- ☐ Site Eligibility
- ☐ Recordkeeping Requirements
- ☐ Organized Site Activities
- ☐ Meal Requirements
- ☐ Non-discrimination Compliance
- ☐ Meal Service
 - ◆ how meals will be provided
 - ◆ the delivery schedule (if applicable)
 - ◆ what records must be kept, what forms to use
- ☐ Duties of the Monitors
 - ◆ conduct site reviews
 - ◆ site assignments
 - ◆ monitoring schedule
 - ◆ reporting procedures
 - ◆ follow-up procedures
 - ◆ office procedures

Monitor Personnel:

(Refer to Site Monitor's Guidelines)

- ☐ Training for Administrative Personnel
- ☐ Monitoring Duties/Responsibilities
 - ◆ assignment of sites
 - ◆ conducting the site visits
 - ◆ monitoring schedules
 - ◆ reporting/recordkeeping requirements
 - ◆ follow-up procedures
 - ◆ local sanitation and health laws
 - ◆ Civil Rights
 - ◆ racial/ethnic data collection
 - ◆ personal safety precautions, if applicable

Site Personnel:

(Refer to Site Supervisor's & Nutrition Guidelines)

- ☐ Purpose of the Program
- ☐ Site Eligibility
- ☐ Accurate point of service meal count records
- ☐ Organized activities at sites
- ☐ Recordkeeping Requirements
 - ◆ daily recordkeeping requirements
 - ◆ delivery receipts
 - ◆ second meals, leftovers, spoiled meals
 - ◆ daily labor documentation – time sheets*
daily meal service forms
- ☐ Vended Site Operations (if applicable)
 - ◆ meal pattern requirements
 - ◆ delivery schedules
 - ◆ adjustments in meal delivery
 - ◆ facilities available for storing meals
 - ◆ who to contact about problems
 - ◆ approved level of meal service
- ☐ Self-Preparation Site Operations
 - ◆ meal pattern requirements
 - ◆ production records (optional)
 - ◆ meal preparation adjustments
- ☐ Duties and Authority of the Monitors
- ☐ Civil Rights Requirements, posters displayed
- ☐ Miscellaneous Policies/Issues
 - ◆ Inclement weather and alternate service areas
 - ◆ How to address non-program adult meals
 - ◆ How to address discipline problems
 - ◆ Review equipment, facilities, and materials available for recreational activities
 - ◆ Review trash removal requirements
 - ◆ Discuss corrective action
 - ◆ Nutrition education

*attendance records is applicable for camps only

Training Requirements

Training is one of the sponsor's major administrative responsibilities. Sponsors are required to train all staff in Summer Food Service Program requirements each year, prior to operation of their program or any site. Training must be documented with a sign-in sheet of attendees and an agenda showing topics covered. Depending on the size of the organization, a sponsor may have to conduct different types or numbers of trainings. Trainings should be conducted and documented for administrative staff, monitoring staff, and site staff. A smaller sponsor with only one or two sites may only be training site staff. If a sponsor is collecting an advance from the Summer Food Service Program, submission of proof of training is required before a second advance will be paid.

The sponsor must train the administrative staff on the following:

- Purpose of the Program
- Site Eligibility
- Recordkeeping Requirements
- Organized Site Activities
- Meal Requirements
- Nondiscrimination Compliance
- Meal Service
 - how meals will be provided
 - the delivery schedule (if applicable)
 - what records must be kept, what forms to use
- Duties of the Monitors
 - conducting site reviews
 - sites for which monitors are responsible
 - monitoring schedule
 - reporting procedures
 - follow-up procedures
 - office procedures

The sponsor must train the monitoring staff on the following:

- Training for Administrative Personnel
- Monitoring Duties/Responsibilities
 - sites for which monitors are responsible
 - conducting the site visits
 - monitoring schedules
 - reporting/recordkeeping requirements
 - follow-up procedures
 - local sanitation and health laws
 - Civil Rights
 - reporting of racial/ethnic data
 - personal safety precautions (if applicable)

The sponsor must train the site staff on the following:

- Purpose of the Program
- Site Eligibility
- Importance of accurate records especially point of service meal counts
- Importance of organized activities at sites
- Recordkeeping Requirements
 - daily recordkeeping requirements
 - delivery receipts
 - second meals, leftovers, spoiled meals
 - daily labor documentation – time and attendance records
 - collect and maintain copies of daily meal service forms
- Vended Site Operations (if applicable)
 - meal pattern requirements
 - delivery schedules
 - adjustments in the delivery amounts
 - facilities available for storing meals
 - who to contact about problems
 - approved level of meal service
- Self-Preparation Site Operations
 - meal pattern requirements
 - production records
 - meal preparation adjustments
- Duties and Authority of the Monitors
- Miscellaneous 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

Additionally, the sponsor must train all staff in Civil Rights. A power point presentation of the required training can be found at the DHSS website at:

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

Attached is a copy of the DHSS training form, which may be used to document training of staff. Be aware that all sites operated by the sponsor must have at least one trained staff person on site every day during the meal service. **For this reason, it is best to train at least two individuals for each site, if not more, in case one cannot be available.** Sites that operate without at least one trained staff person on site during the meal service will not be able to receive reimbursement for the meals served on that day.



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 SUMMER FOOD SERVICE PROGRAM (SFSP)

Documentation of Training to Program Personnel

Name and Address of Sponsor	Date of Training
------------------------------------	-------------------------

Name of Trainer(s)	Location of Training
---------------------------	-----------------------------

Training Topics:
 Check the topics covered and list any additional. Topics listed below are the minimum required.

Purpose of the Program
 Site Eligibility
 Record-Keeping
 Civil Rights
 Meal Pattern Requirements
 Site Operations
 Duties of a Monitor
 Other _____

Attach additional pages if necessary or attach copy of training program outline.

Training Participant (print name)	Participant's Signature	Title	Name of Participant's Site



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

Pre-Operational Site Review
 Site Selection Worksheet

Sponsor Name and Address																
Site Address																
Site Phone Number			Person to contact for use of site													
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Type of Site</td> <td><input type="checkbox"/> Open</td> <td><input type="checkbox"/> Enrolled</td> </tr> <tr> <td><input type="checkbox"/> Recreation Center</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Church</td> </tr> <tr> <td><input type="checkbox"/> Playground</td> <td><input type="checkbox"/> Settlement House</td> <td><input type="checkbox"/> Park</td> </tr> <tr> <td><input type="checkbox"/> Residential Camp</td> <td><input type="checkbox"/> Play-street</td> <td><input type="checkbox"/> Other</td> </tr> </table>					Type of Site	<input type="checkbox"/> Open	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Recreation Center	<input type="checkbox"/> School	<input type="checkbox"/> Church	<input type="checkbox"/> Playground	<input type="checkbox"/> Settlement House	<input type="checkbox"/> Park	<input type="checkbox"/> Residential Camp	<input type="checkbox"/> Play-street	<input type="checkbox"/> Other
Type of Site	<input type="checkbox"/> Open	<input type="checkbox"/> Enrolled														
<input type="checkbox"/> Recreation Center	<input type="checkbox"/> School	<input type="checkbox"/> Church														
<input type="checkbox"/> Playground	<input type="checkbox"/> Settlement House	<input type="checkbox"/> Park														
<input type="checkbox"/> Residential Camp	<input type="checkbox"/> Play-street	<input type="checkbox"/> Other														
Estimated number of participants the site could serve																
Estimated number of supervisory personnel needed to adequately control food service																
Does the site have:		Yes	No	NA	Comments											
A shelter or alternate site for inclement weather?																
Hand washing facilities for the food handlers and participants?																
Adequate refrigeration for storage of meals?																
Adequate cooking facilities for preparation of meals, if applicable?																
A place to store prepared or delivered food to maintain appropriate food temperatures?																
Is another site needed in the area?																
Are present facilities adequate for an organized meal service?																
If no, explain																
What types of organized activities are planned at this site?																
Signature of Authorized Representative				Date												

	Yes	No	NA	Comments
Are meals planned and prepared with one meal per participant in mind?				
Are more meals served as seconds than the 2% limit?				
Are accurate counts taken of meals served?				
Is required health department certification available for inspection?				
Is an inventory record being kept?				
Are receiving reports and purchase invoices kept?				
Does staffing pattern correspond to that listed on approved application?				
Has the site supervisor attended training?				
Are records of adult meals kept?				
Is there documentation of participants eligible for free or reduced-price meals available if applicable?				
Are the "And Justice for All" & "Federal Relay Service" posters provided by the sponsor, on display in a prominent place?				
Are meals served to all attending participants regardless of race, color, national origin, age, sex, or disability?				
Beneficiary Data				
Indicate the number of participants in attendance who are of Hispanic, Latino or Spanish origin:				
Indicate the number (not percent) of participants in attendance in each racial category (count individuals in one or more categories).				
American Indian or Alaskan Native	Asian	Black or African	Native Hawaiian or other Pacific Islander	White
<input type="checkbox"/>				
<input type="checkbox"/> Corrective Action Plan:				
<input type="checkbox"/> No Findings <input type="checkbox"/> Findings (listed below)		<u>Follow-up</u> <input type="checkbox"/> N/A <input type="checkbox"/> Follow-up Plan/Corrective Action Taken (listed below) <input type="checkbox"/> Corrective Action Taken by Sponsor following Sanitation Inspection (listed below):		
The monitor conducted an Announced Site Review____Unannounced Site Review____. List the reason for the type of review.				
Signature of Sponsor Monitor				Date
Site Supervisor Signature				Date



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

Monitor Site Review Form (For Vended Sites)

(Circle One)

1st Week Review

4th Week Review

Name of Sponsor		Name of Site			
Date of Review	Time of Arrival	Time of Departure	Site Supervisor		
Dates of Site Operation		Beginning Date	Ending Date		
Type of Site	<input type="checkbox"/> Open	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Camp	<input type="checkbox"/> Migrant <input type="checkbox"/> Other	
Meal Service Reviewed	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper	<input type="checkbox"/> Snack	
Approved Average Daily Participation					
Breakfast	Snack	Lunch	Snack	Supper	
Day of Visit	Breakfast	Lunch/Supper	Snack	Comments	
Number of Meals Delivered					
Time Meals Delivered					
Number of First Meals Served					
Number of Second Meals Served					
Number of Meals To Program Adults					
Number of Meals to Non-Program Adults					
Number of Meals Leftover					
Number of Incomplete/Damaged Meals					
		Yes	No		NA
Meals are served within the approved time frame?					
Does the meal served meet meal pattern requirements?					
Are adequate quantities of all food components served?					
Foods served are creditable?					
Food is prepared, handled and served in a sanitary manner?					
Do food handlers maintain good personal hygiene and wash hands prior to the meal service?					
Facilities are clean and free from rodents and insects?					
Are the meals counted before signing the delivery					
Are food temperatures taken when meals are delivered?					
Are meals checked for quality and completeness?					
Is there proper sanitation/storage available for delivered meals?					
Are meals stored at safe temperatures?					
Are there provisions for storing or returning excess meals?					
Is the meal delivery schedule followed?					
Is the site supervisor following procedures established to make Meal or Order adjustments?					

	Yes	No	NA	Comments
meal order adjustments?				
Are meals served as a unit?				
Are meals consumed by participants on-site?				
Are meals ordered with one meal per participant in mind?				
Are more meals served as seconds than the 2% limit?				
Are accurate counts taken of meals served?				
Does the site staffing pattern correspond to that listed on the approved application?				
Has the site supervisor attended training?				
Are records of adult meals kept?				
Is there documentation of participants eligible for free or reduced-price meals available if applicable?				
Are "Free meals for All & applicable Relay Service" posters provided by the sponsor, on display in a prominent place?				
Are meals served to all attending participants regardless				

Beneficiary Data

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

Indicate the number (not percent) of participants in attendance in each racial category (count individuals in one or more categories).

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

Corrective Action Plan:

<input type="checkbox"/> No Findings <input type="checkbox"/> Findings (listed below)	<u>Follow-up</u> <input type="checkbox"/> N/A <input type="checkbox"/> Follow-up Plan/Corrective Action Taken (listed below) <input type="checkbox"/> Corrective Action Taken by Sponsor following Sanitation Inspection (listed below):
--	---

The monitor conducted an Announced Site Review ____ Unannounced Site Review ____ . List the reason for the type of review chosen.

Signature of Sponsor Monitor	Date
Site Supervisor Signature	Date



Missouri Department of Health & Senior Services SUMMER FOOD SERVICE PROGRAM

Daily Meal Count Form

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

First Meals Served to Children:

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

(Continue counting on back of form if needed.)

Total First Meals Served to Children _____

Complete Second Meals Served to Children:

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

Total Second Meals Served to Children _____

Meals Served to Program Adults:

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

Total Meals Served to Program Adults _____

Meals Served to Non-Program Adults:

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

Total Meals Served to Non-Program Adults _____

Total Meals Served _____
Total Damaged Meals _____

Total Leftover Meals _____
Income from Adult Meals _____

Site Supervisor's Signature:	Date:
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First Meals Served to Children, continued:

451 456 461 466 471 476 481 486 491 496 501 506 511 516 521 526 531 536 541 546 551 556 561 566 571 576 581 586 591 596
452 457 462 467 472 477 482 487 492 497 502 507 512 517 522 527 532 537 542 547 552 557 562 567 572 577 582 587 592 597
453 458 463 468 473 478 483 488 493 498 503 508 513 518 523 528 533 538 543 548 553 558 563 568 573 578 583 588 593 598
454 459 464 469 474 479 484 489 494 499 504 509 514 519 524 529 534 539 544 549 554 559 564 569 574 579 584 589 594 599
455 460 465 470 475 480 485 490 495 500 505 510 515 520 525 530 535 540 545 550 555 560 565 570 575 580 585 590 595 600

Instructions for Completing the Daily Meal Count Form

- ⇒ **Name of Site:** Enter the name of the approved SFSP site.
- ⇒ **Date:** Enter the complete date (mm/dd/yy) for which the meal count is being completed.
- ⇒ **Meal:** Circle the meal for which the count is being completed.
- ⇒ **Site Supervisor:** *Print* or *type* the site supervisor's first and last name.
- ⇒ **Delivery Time:** If meals are delivered to the site, enter the time the meals arrived at the site.
- ⇒ **Total Meals Delivered/Prepared:** Enter the number of meals that were delivered or prepared.
- ⇒ **Delivery Temperature:** If meals are delivered to the site, take the meal and milk temperatures and record the temperatures in the space provided.
- ⇒ **Meal Service Time:** Enter the time the meal service begins and ends.
- ⇒ **First Meals Served to Children:** As meals are served to children (i.e., at the point of service), put a slash mark through each consecutive number. Only count *complete* meals (containing all required components) served to children.
- ⇒ **Second Meals Served to Children:** After all children have been served a first meal, put a slash mark through each consecutive number for any second meals served to children. Only count second meals that are *complete* (contain all required components).
- ⇒ **Total Reimbursable Meals Served:** Add Total First Meals Served to Children, Total Second Meals Served to Children, and enter the total here.
- ⇒ **Meals Served to Program Adults:** After all children have been served a first meal, put slash marks, as meals are served, through the number of *complete* program adult meals served (these meals must meet all SFSP meal pattern requirements). Program adults are those adults who are involved in cooking and serving the meal and/or supervising children during the meal service.
- ⇒ **Meals Served to Non-Program Adults:** After all children have been served a first meal, put slash marks, as meals are served, through the number of non-program adults meals served. Non-program adults are those adults, paying or not, who are not directly involved in the meal service. This includes, but is not limited to, teachers or other school faculty or staff seated at a separate table from children, parents and other guests.
- ⇒ **Total Damaged Meals:** Enter the number of meals that were damaged and therefore not served (generally applies only to sites that have meals delivered or to sites serving packaged or unitized meals).
- ⇒ **Total Leftover Meals:** Enter the number of meals leftover after the meal service. Total Meals Served + Total Damaged Meals + Total Leftover Meals should be equal to Total Meals Delivered (or prepared).
- ⇒ **Income from Adult Meals:** Record the amount of money received from paying adults, if applicable.
- ⇒ **Site Supervisor's Signature:** Once the form is complete, the site supervisor must sign and date the form. The site supervisor is responsible for verifying that the meal counts have been recorded accurately. The meal count form will not be considered valid without the site supervisor's signature and date.

Unallowable Meals:

The following meals **WILL NOT** be reimbursed:

- **Meals served to adults. Do Not claim meals served to program/non-program adults.**
- Meals that do not meet meal pattern requirements.
- Meals not served as a complete unit.
- Meal types not approved.
- Meals served at unapproved sites.
- Meals consumed off-site. Sponsors must notify DHSS-CFNA 24 hours and get approval in advance of all field trips.
- Meals consumed off-site under the Inclement Weather waiver, where the site has not been preapproved by application, and a heat advisory, watch, or warning has not been issued for the site in question.
- Meals served to ineligible children applies to camps only.
- Meals served in excess of the approved level.
- Meals not served to the children (left-over meals).
- **Second meals served in excess of 2% of the total first meals served in a claim period (*All second meals served should be shown on the claim for reimbursement.* However, reimbursement for second meals will be limited to only 2% of first meals served, or actual second meals served, whichever is less).**



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

WEEKLY CONSOLIDATED MEAL COUNT

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



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

Completed by:
 Sponsor
 MDHSS Reviewer

SITE MEAL COUNT CONSOLIDATION FORM

Sponsor Name: _____

Site Name: _____

Month/Year: _____

Date	Breakfast		Lunch		Supper		Snack	
	Child 1st Meals	Child 2nd Meals						
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
Site Totals	0	0	0	0	0	0	0	0

Food Chart – Summer Food Service Program

Breakfast	Fluid Milk	1 cup (8 fluid ounces) ¹
	Juice or Fruit or Vegetable	½ cup
	Bread, or	1 slice
	Cold Dry Cereal, or	¾ cup or 1 ounce ²
	Cornbread, Biscuits, Rolls, Muffins, etc., or	1 serving
	Cooked Cereal or Cereal Grains	½ cup
	Pasta, Cooked Noodles	½ cup
Lunch or Supper	Fluid Milk	1 cup (8 fluid ounces) ³
	Meat, Poultry, Fish, Cheese, or	2 ounces
	Egg, or	1 large egg
	Cooked Dry Beans, Peas, or	½ cup
	Peanut Butter or other Nut Butters,	4 tablespoons ⁴
	Peanuts, Soy nuts, Tree Nuts or	1 ounce = 50% ⁵
	Yogurt, plain or sweetened, flavored	1 cup
	Vegetables and/or Fruits (must serve at least two different varieties)	¾ cup total ⁶
Grains/Breads	1 serving	
Snack ⁷	Fluid Milk	1 cup (8 fluid ounces) ¹
	Juice or Fruit or Vegetable	¾ cup
	Meat or Meat Alternate	1 ounces
Serve 2 of 4 components	Grains/Bread	1 serving

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

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

Four Components in Menu Planning

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

***Breakfast must contain milk, grains/breads and vegetable/fruit components.**

***Lunch and Dinner meals must contain all four components, including two different servings of vegetable/fruit.**

***Snacks must contain at least two different food components.**

<p style="text-align: center;">Meat/Meat Alternates</p> <p>Lean meat, poultry, fish, cheese, egg, cooked dry beans or peas, nuts and seeds, nut and seed butters, alternate protein products, yogurt (creditable at lunch, supper and snack only)</p> <p>Specifics</p> <ul style="list-style-type: none"> • Required at Lunch and Supper as main dish • Minimum creditable amount is ¼ oz. • Nuts/seeds/butters can meet only ½ of meat requirement at meals; meets full requirement at snacks • No more than 2 different meat items creditable at 1 meal • Peanut butter may not be used to meet the entire meat/meat alternate requirement at lunch or supper because of the large amount needed. An additional meat/meat alternate must be served with peanut butter at lunch or supper. • Lunch meat/Cold cuts; including but not limited to hot dogs, polish sausage, little smokies, and sausage <i>no more than 1 time per week</i> 	<p style="text-align: center;">Milk</p> <p>Pasteurized fluid milk, flavored or unflavored</p> <p>Specifics</p> <ul style="list-style-type: none"> • Fluid milk is required for breakfast, lunch and supper. Fluid milk may be served as one of two choices at snack. • Milk must be served as a beverage at lunch and supper. • Milk may be served as a beverage, served on cereal, or used for some of both at breakfast and snack.
<p style="text-align: center;">Vegetable/Fruit/Juice</p> <p>Fruits and vegetables 100% full strength fruit or vegetable juice</p> <p>Specifics</p> <ul style="list-style-type: none"> • 1 serving required at Breakfast • 2 different kinds required at Lunch & Supper • Minimum creditable amount - 1/8 cup • Dried beans and peas cannot count as both fruit and vegetable and meat at 1 meal • Juice cannot be served with milk for snacks • Only one vegetable/fruit creditable for snacks (Example – Not orange juice and apple wedges) 	<p style="text-align: center;">Grains/Breads</p> <p>Whole grain or enriched bread, grains, cereal, crackers, pasta</p> <p>Specifics</p> <ul style="list-style-type: none"> • Required at Breakfast, Lunch, and Supper • Minimum creditable amount is ¼ serving • Ready — to—eat cereal at breakfast and snack only • Grain-based chips creditable only 2 times a week and only at lunch, snack and supper • Sweet type breads and grains including but not limited to: Coffee cake, doughnuts, sweet rolls, muffins, cereal/granola bars, and pop-tarts are creditable for breakfast and snack only; <i>No more than 1 time per week at breakfast and no more than 2 times per week at snack.</i>



Missouri Department of Health and Senior Services
 SUMMER FOOD SERVICE PROGRAM

Menu – Meal Requirements

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

Meal Pattern Substitution

In order to claim a meal for reimbursement, all required food components must be served in at least the minimum serving size per age group(s). Exceptions to this requirement occur under the following circumstances:

Substitution for a Documented “Disability” (42 U.S. Code Sec. 12102)

Meal pattern substitutions (accommodation[s]) **must** be made when a condition recognized as a “disability” is documented by a recognized medical authority. **A participant with a “disability” is any person who has a physical or mental impairment, which substantially limits one or more “major life activities”, has a record of such impairment, or is regarded as having such impairment.** The list of “major life activities”, for purposes of identifying individuals with disabilities, added a new category called **“major bodily functions.”**

Feeding sites participating in the SFSP are required to make substitutions or modifications to the meal pattern for a participant with a disability that restricts his/her diet. Substitutions must be made on a case by case basis only when supported by a written statement signed by a recognized medical authority (licensed physician, physician’s assistant or nurse practitioner) which explains the need for substitutions and includes recommended alternate foods. The medical statement kept on file must identify:

- The participant’s disability and an explanation of why the disability restricts the participant’s diet;
- The major life activity affected by the disability; and
- The food or foods to be omitted from the participant’s diet and the food or foods that must be substituted.

NOTE: Reimbursement for meals served with documented food substitutions are claimed at the same reimbursement rate as meals which meet the meal pattern. The site may not charge for the substituted food item – substitutions that exceed program reimbursement are at the site’s expense.

Substitution for Medical or Special Dietary Reasons – Not a Disability Substitutions *may* be made on a case by case basis (at the discretion of the center) for a participant who is unable to consume a **food item** because of a medical or other special dietary need but who is *not* disabled. Meal pattern substitutions or modifications for foods (other than milk) may be honored only when written statement signed by a recognized medical authority (licensed physician, physician’s assistant or nurse practitioner) is available. **Fluid Milk (Non-Dairy Beverage) Substitutions – Not a Disability**

At the discretion of the sponsor, a non-dairy beverage *may* be served in lieu of fluid milk in the case of a child who cannot consume fluid milk due to medical or other special dietary needs, other than a disability. Sites *may* serve a fluid milk substitute to a child without a disability and count it as the milk component if the substitute is nutritionally equivalent to cow’s milk.

A written request for a fluid milk substitute must be made by a medical authority, parent or guardian. *The written request must identify the medical or other special dietary need that restricts the diet of a child.* Prior to this rule, SFSP sponsors were only able to accept a substitution statement signed by a recognized medical authority.

Acceptable fluid milk substitutes must contain the following nutrients in the quantities specified in order to be considered nutritionally equivalent to fluid cow’s milk:

Fluid Milk Substitute - Minimum Nutrient Requirements

Nutrient	Per one (1) cup (8 ounces)
Calcium	276 mg.
Protein	8 gm.
Vitamin A	500 IU.
Vitamin D	100 IU.
Magnesium	24 mg.
Phosphorus	222 mg.
Potassium	349 mg.
Riboflavin	0.44 mg.
Vitamin B-12	1.1 mcg.

Non-Dairy Beverages meeting USDA Substitution criteria per 8 fluid ounces include:

8th Continent - Original Soymilk and Light Chocolate Soymilk;

Pacific Natural - 2 varieties of Ultra Soymilk: Plain and Vanilla;

Kikkomon - 2 varieties of Pearl Organic Soymilk: Creamy Vanilla and Chocolate;

Great Value (WalMart) – Original soymilk; and

Sunrich Naturals – 2 varieties: Original and Vanilla

Silk - Original Soymilk

NOTE: The availability of the above nutritionally equivalent non-dairy beverage products may not be available in all Missouri locations.

Any reasonable parent or guardian written request for a non-dairy milk substitution could be accepted at the discretion of the sponsor, as described above, without providing a medical statement. As an example, if a parent has a child who follows a vegan diet, the parent can submit a written request to the sponsor asking that soy milk be served in lieu of cow’s milk. The written request must identify the medical or other special dietary need that restricts the diet of the child. Non-dairy milk substitutions are at the option and expense of the sponsor.

Other examples that may be considered a reasonable written request would be for religious, cultural or ethical reasons. However, a request which only states that a child “does not like milk” would *not* be a reasonable request for a fluid milk substitute.



Lunch/Supper Minimum Requirements for ages 6-18 years:

Milk – 8 oz. or 1 cup (1/2 pint)

**Fruit / Vegetable – ¾ cup total
(must serve at least 2 different varieties)**

Meat/meat alternate (M/MA) – 2 oz.

Bread/Grain – 1 slice or equivalent

Sample Cold Lunch Menus

***Extra item; not required to meet meal pattern requirements or not creditable towards requirements**

Milk Fresh Blueberries Carrot sticks Ham & Cheese Pita Sandwich Ranch Dressing*	Milk Mixed fruit cup Cucumber slices Turkey & Cheese on Bun	Milk 1 Fresh Apple Lettuce, tomato Ham, Chicken & cheese Hoagie Roll Corn chips	Milk 1 Fresh banana carrot/celery sticks Roast Beef & Cheese on Bread Mustard*	Milk Melon Cubes Fresh Broccoli HM Chicken salad Whole Grain Crackers Ranch dressing*
Milk Peach Slices Carrot sticks Turkey/ham/cheese Wrap Ranch Dip*	Milk 1 Large Peach Celery Turkey / cheese In Pita Pocket	Milk Sliced Pears Black bean & Corn Salad Roast beef + cheese Hoagie bun	Milk Watermelon Tomato Slices HM Tuna salad on Bread or bun	Milk Mixed Berries Chef salad w/ Turkey/ham/cheese Whole Grain Crackers Salad Dressing*
Milk 1 Large banana Cherry tomatoes Turkey or ham + cheese on Bun Ranch Dressing*	Milk Fresh Strawberries Spring Mix Salad Roast beef / cheese on bun Mustard/Dressing*	Milk Watermelon Fresh Broccoli Cheese Stick Peanut butter/jelly sandwich	Milk 1 Large apple Carrot sticks Turkey & Swiss cheese on Bagel Mustard*	Milk 1 Large Orange Lettuce & tomato HM Chicken or tuna salad Pita pocket

Sample Hot Lunch Menus

Fruit Cocktail Tater Tots CN Chicken Patty Bun Ketchup/Honey Mustard*	Milk Peaches Mashed Potatoes Sliced Roast Beef Wheat Roll Gravy*	Milk Pineapple slices Corn on the cob Hamburger on bun Ketchup/Mustard*	Milk CN Fruit Juice Bar Refried beans Chicken Fajita w/ Flour Tortilla Salsa	Milk Peaches Oven fries Sub Sandwich with 1oz each Turkey & Cheese Mustard/Ketchup*
Milk Applesauce Oven French fries Turkey hot dog On Bun Ketchup*	Milk 1 Fresh banana Corn Turkey Taco, lettuce, tomato, cheese Corn Taco Shell Salsa	Milk Watermelon Cubes Salad Mix HM or CN Pizza Salad Dressing*	Milk Fruit Cocktail Broccoli Ground beef/cheese Lasagna	Milk Green Beans Strawberries CN Chicken nuggets Dinner Roll BBQ Sauce*
Milk Cucumber Slices Grapes HM Chicken Salad Wheat Crackers or Bun	Milk Pineapple Tater tots CN Corn dog Ketchup	Milk Cantaloupe Baby Carrots HM or CN Pizza Ranch Dressing*	Milk Strawberries Corn Refried beans w/ cheese Nacho chips Salsa	Milk Gelatin w/ Peaches Green beans CN Fish Sticks Bread Ketchup*
Milk Pineapple Tidbits Mashed potatoes Sliced Turkey roast Wheat Roll Gravy	Milk Sliced peaches Baked beans Turkey Hot dog Bun	Milk Mandarin oranges Mixed vegetables Cashew chicken w/Brown Rice	Milk Watermelon Au gratin potatoes HM Baked Fish Cornbread	Milk Apple Wedges Broccoli Spaghetti w/Turkey Meat sauce Garlic Breadstick
Milk 1 Large Orange Carrot sticks HM or CN Pizza	Milk Green beans French fries Hamburger on Bun Ketchup/Mustard*	Milk Fruit cocktail Peas CN Fish Sticks CN--Breeding	Milk Fresh Grapes Baked Potato w/ Chili (ground beef) & Cheese Bread	Milk Shredded Lettuce Corn HM or CN Burrito Salsa
Milk Peach halves Coleslaw HM Sloppy Joe (ground beef) on Bun	Milk Cucumber slices Fruit Cocktail Spaghetti w/ Ground turkey sauce	Milk Watermelon Potato Salad HM or CN Hamburger on Bun	Milk Fresh Grapes Salad Mix Ham/cheese crackers Salad Dressing*	Milk 1 Large fresh apple Vegetable soup Grilled cheese sandwich

Milk Pineapple Oven Fries CN Chicken Nuggets Dinner Roll BBQ sauce*	Milk Peaches Broccoli HM or CN Oven Fried chicken Roll	Milk Kiwi Wedges Corn HM or CN Cheeseburger on Bun Ketchup/Mustard	Milk Mixed fruit Green beans CN Corn dog Ketchup/Mustard*	Milk Strawberries Green peas HM Chicken Tetrazzini with noodles
Milk Applesauce Oven Fries CN-BBQ Pork Rib on Bun Ketchup*	Milk Melon Cubes Green Beans CN Fish Nuggets Dinner Roll	Milk Grapes Broccoli HM or CN Burrito/Cheese Salsa	Milk Gelatin w/ Peaches Mashed potatoes Meatloaf Wheat Roll	Milk Cinn. Apples Tomato soup Grilled ham/cheese Sandwich (1oz Ham & 1 oz cheddar cheese)

Breakfast Minimum Requirements for ages 6-18 years:

Milk – 8 oz. or 1 cup (1/2 pint)

Fruit / Vegetable – 1/2 cup total

**Bread/Grain – 1 slice or
equivalent**

Sample Breakfast Menus

*Extra item; not required to meet meal pattern requirements or not creditable towards requirements

**May be served as an additional item at breakfast

Milk Applesauce Granola bar Yogurt	Milk Orange juice Cinnamon Raisin Biscuit Sausage	Milk Mixed fruit cup Bagel Peanut Butter	Milk Cantaloupe cubes Whole Grain Cereal Cheese Stick	Milk Cranberry juice Whole Grain Waffle Boiled egg Syrup*
Milk Apricots Biscuit Sausage Gravy*	Milk Fresh Grapes Whole Grain Pancake Ham Syrup / margarine*	Milk Orange wedges Cheese Breakfast pizza on English Muffin	Milk Apple Wedges Blueberry Muffin Boiled egg	Milk Banana Whole Grain Cereal Sausage
Milk Pineapple Cubes French toast sticks Sausage	Milk Mixed Berries Biscuit Scrambled eggs Margarine/jelly*	Milk Whole Banana Whole Grain Cereal Yogurt	Milk Orange wedges Oatmeal Peanut butter	Milk Honeydew Melon Cubes Flour Tortilla Refried beans & Cheese in Tortilla

Meal Service Requirements

- **Open and enrolled sites** can serve up to two meals per day in any combination other than lunch and supper.
- **Residential Camps and migrant sites** can serve up to three meals per day in any combination of breakfast, lunch, supper, or snack.
- Serve the **same meal** to all children.
- Children must eat all meals **onsite**. At the sponsor's discretion, with a written policy, participating children may be allowed to remove certain pre-packaged and non-perishable food items to be consumed at a later time.
- Meals must have **all required components** to be reimbursable—refer to the SFSP meal pattern chart.
- **All children are served** one meal before any second meals are served or any adult meals. The purpose of second meals is to reduce waste. In order to count as a reimbursable second meal, second meals must provide all required components.
- Adhere to **local health department** regulations.
- **Outdoor sites** must have alternate arrangements for inclement weather.
- **Meal service times** must be approved, and any changes in times must be reported on-line or by calling 888-435-1464.
- Meals to **vended sites** may not be delivered sooner than **1 hour** prior to the start of the meal service, unless the site has refrigeration.
- Infant Meals-Sponsors must receive prior approval from DHSS to serve meals to infants 1 year of age and younger. All meals served to infants must comply with the infant meal pattern requirements of the CACFP regulations.
- Meals for children aged 1 to 6-Sponsors must receive prior approval from DHSS to adjust meal portion sizes for younger children. All meals served to younger children must comply with the age appropriate meal pattern requirements of the CACFP regulations.

Processed Food Documentation

CN Labels –What to Look For:

USDA released two Policy Memos on March 11, 2015 [CACFP 08-2015 and CACFP 09-2015], listed two types of acceptable documentation approved to verify meal pattern compliance: Child Nutrition (CN) label or manufacturer's product formulation statement (PFS).

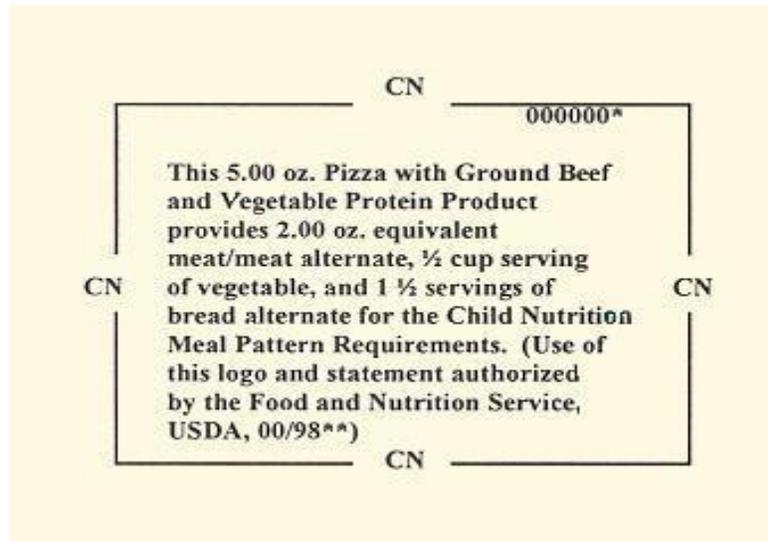
Per Policy Memos CACFP 08-2015 and CACFP 09-2015, acceptable and valid documentation for the CN Label includes:

1. The **original CN Label removed** from the product carton; or
2. A **photocopy of the CN Label** shown attached to the original product carton; or
3. A **photograph of the CN Label** shown attached to the original product carton. (CN Labels that are photocopied or photographed must be visible and legible.)

NOTE: If none of the required documentation is available, Program operators may provide the Bill of Lading (invoice) containing the product name **and: a hard (or electronic) copy of the CN Label with a watermark** displaying the product name and CN number provided by the vendor. A CN label with a watermark is used when the CN logo and contribution statement are used on product information other than the actual product carton and is presented as a separate document. Manufacturers may provide schools (not common for CACFP providers) with a CN label with a watermark during the bidding process. (Original CN labels on product cartons will not have a watermark.)

How do I identify a CN label?

- In addition to required labeling features, a CN label will always contain the following:
- The CN logo (which is a distinct border) The meal pattern contribution statement
- A 6-digit product identification number
- USDA/FNS authorization statement
- The month and year of approval.



Sample label statement:

The six-digit CN identification number in the upper-right corner is assigned by the AMS-CN Labeling Program Operations Office.

The date found at the end of this statement reflects the month/year of final approval.

Product Formulation Statement what to look for:

BURRITO FACTORY

Effective Date: November 1, 1988 Product No.: 9999
Total weight of precooked product: 4.00
Total of raw meat: 0.650oz.
Percent of fat of raw meat: Notto exceed 30%
Weight of dry VPP: 0.094oz.
Weight of liquid used to hydrate VPP: 0.176oz.
Percent of Protein in dry VPP: 52%
Weight of raw meat and hydrated VPP: 0.920
Type of VPP used: XX Flour: _____ Isolate: _____
Weight of other ingredients: 1.005oz.
Weight of pinto beans: 0.325oz. Factored Wt. 0.503
Weight of cheese: none
Weight of cooked meat with VPP: 0.644oz.
Total weight of filling: 2.25oz.
Total weight of enriched flour tortilla: 1.75oz. 1.59serv.

I certify the above information is true and correct and that the product (ready for serving) contributes **1.14 ounces of equivalent meat/meat alternative** toward the meal pattern when prepared according to direction. I understand that the above named product will be used as a meal component for which Federal reimbursement will be claimed, and that records are available to support the information indicated above. The VPP used conforms to Food and Nutrition Service regulations. This product analysis will supersede all previously issued sheets.

SUGGESTED BID SPECIFICATIONS: _____ cases – Red Chili Beef, Bean and Chicken Burrito, 4.00 ounces Each, un-fried, packed 3/24 count. Must meet 1.00 ounces of meat/meat alternate and 1.50 bread servings.

James Smith Title

Director of Manufacturing

XYZBurritoFactory

November 1, 1988

A product formulation statement (formerly known as product analysis sheet) is a detailed information sheet from the product manufacturer. It identifies the weight of the food components in the product and the product's contribution to the Child Nutrition Meal Pattern Requirements.

Key components of the product analysis sheet include:

- The product name; may include a description of the product and/or a product code.
- The food components in the product that contribute to the meal pattern requirement.
- The raw and/or cooked weights of the components that contribute to the meal pattern requirement.
- The product's total contribution towards the meal pattern requirement.
- A statement that any VPP (vegetable protein product) contained in the product has been rehydrated in accordance with Appendix A of the code of Federal Regulations issued January 7, 1983 relating to vegetable protein products used in the national School Lunch Program.
- The original signature of a company official.
- The date.

Tips for Accepting Processed Foods

CN Labels, factsheets, and product labels provide a way for food manufacturers to communicate with SFSP sponsors about how their products may contribute to the meal pattern requirements for meals served under the Department of Agriculture's (USDA) Child Nutrition (CN) programs. Below are tips for acceptable documentation:

CN Labeled Products

- The CN Label provides a warranty against audit claims when the product is used according to the manufacturer's direction.
- SFSP sponsors may submit a CN Label, or a photocopy or photograph of the valid CN Label during an sponsor review as acceptable documentation.
 - ✓ CN Labels that are laser printed on the product carton or cannot be easily removed may be photocopied.
 - ✓ A photograph of the CN Label while it is still attached to the product carton may be used.
 - ✓ CN Labels that are photocopied or photographed must be visible and legible.
- When a valid CN logo and crediting statement is provided, State reviewers **must not** request a Product Formulation Statement.

Product Formulation Statements (PFS)/Other Documentation

- PFS must be on signed letterhead that demonstrates how the processed product contributes to the meal pattern requirements.
- Templates for documenting the meat/meat alternates (M/MA), grains, fruits, and vegetables components are available on the FNS website at: <http://www.fns.usda.gov/cnlabeling/food-manufacturersindustry>.
- PFS may be modified for various products contributing to more than one meal component. For example, a cheese pizza may credit towards the M/MA, grains and the red/orange vegetable subgroup. The crediting information for each meal component may be documented on the same PFS.
- Creditable ingredients listed in the PFS must match a description in the *USDA Food Buying Guide* available at: <http://health.mo.gov/sfsp/laws.php>.
- PFS should verify that the product's contribution to the meal pattern requirements is not greater than the serving size of the product (i.e., a 2.15 ounce beef patty may not credit more than 2.00 ounce M/MA).
- PFS should assure that the creditable components are visible in the finished product.



Offer VS. Serve (OVS) Meal Service

Offer vs. Serve (OVS) means that children are **offered** all of the components of the meal pattern, but are not required to take all of them. OVS can help to minimize food waste and teach children to make choices. Children choose the food they intend to eat and can decline some of the food offered at the SFSP breakfast, lunch or supper meals. OVS cannot be used with snack services. See USDA Memo Code SP 13-2015, SFSP 05-2015 (v.2).

School sponsors may use the National School Lunch Program meal pattern or the SFSP meal pattern. Non-school sponsors must use the SFSP meal pattern.

Requirements:

Sponsors must receive prior approval from DHSS to implement OVS. Sponsors may not appeal the denial of an OVS request; however, they may submit another request the next operating year.

All food components in the required serving sizes must be **offered**.

▪ **Breakfast**

The meal pattern for breakfast consists of 3 food components:

- One serving of fruit/vegetable
- One serving of bread/bread alternate
- One serving of fluid milk

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

- A child must take three of the four food items and may only decline one food item.
- The fourth food item can be a fruit/vegetable, bread/bread alternate, or meat/meat alternate.
- All of the food items must be different from each other (for example 2 slices of toast would be the same item).
- All of the components must meet the minimum required serving amounts.

▪ **Lunch and Supper**

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

- One serving of meat/meat alternate
- Two different servings of fruit/vegetable
- One serving of bread/bread alternate
- One serving of fluid milk.

For OVS at lunch and supper:

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

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

Combination Foods in OVS

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

- Combination foods may not be declined for breakfast because a child may only decline one of the three required items.
- Combination foods containing more than two food items may not be declined during lunch or supper because a child may only decline two food items.

Production Record

SELF-PREPARATION SITES AND CENTRAL KITCHEN OPERATIONS:

Although not required at self-preparation sites or central kitchen operations, production records can be a valuable management and planning tool.

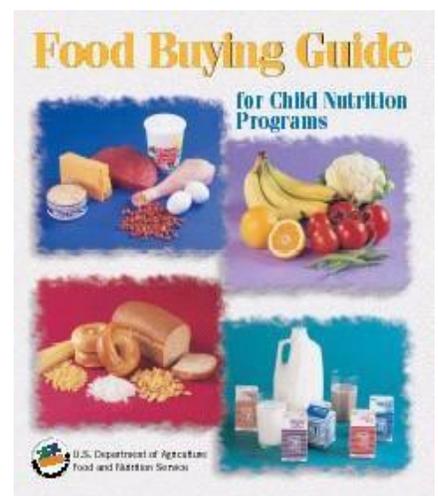
VENDED SITES:

Food production records are required for vended sites. The minimum requirements for Production Records are:

- List all food items used. Do not include condiments or seasonings.
- List the total amount of each food item used. Record specific quantities in pounds, package sizes, can sizes and weights.
- Maintain production records for all meals and snacks served.
- List the total number of meals served to:
 - Eligible children;
 - Program adults;
 - Non-program adults; and
 - Ineligible children.

Food Buying Guide for Child Nutrition Programs

The USDA publication, the **Food Buying Guide for Child Nutrition Programs**, can help you determine the amount of food to purchase based on the number of servings needed and is available under Laws, Regulations and Manuals on the MDHSS/SFSP website



(<http://www.health.mo.gov/sfsp/laws.php>).



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

Food Production Record

Sponsor:

Site Name:

Date:

Breakfast

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

Lunch/Supper

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

Snack (Serve at least Two of the Four Components)

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

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

Civil Rights Compliance Areas



I. Public Notification:

- a. The “And Justice for All” poster must be displayed in a prominent location at all SFSP feeding sites and sponsor organization locations. It contains the USDA non-discrimination statement and instructions for filing a complaint of discrimination.

REQUIRED – Federal Relay phone information. The “Federal Relay Service” flyer must be posted next to the “And Justice for All” poster. The flyer listing the six (6) Federal Relay services is available at:

<http://www.federalrelay.us/sites/default/files/PDF/Federal+Relay+flyer.pdf>

Program Availability—Inform potentially eligible participants, and grassroots organizations (particularly those in underserved populations), about the SFSP. DHSS-CFNA publicizes site locations by county, through an interactive map, and through a statewide press release in late May. Modify the flyers provided on our website to publicize local sites. Provide information in other languages as needed for children.

- b. Nondiscrimination Statement- All information materials & sources (websites), used by state agencies, local agencies, or Sub-recipient to inform the public about the programs must contain a nondiscrimination statement.

II. Ethnic/Racial Data Collection:

- a. Sponsors must collect and maintain racial/ethnic data as part of the federal requirements for operating child nutrition programs.
- b. Ethnic and racial data must be collected for each SFSP site at least one time during the SFSP operations. Space for this information is provided on the 1st and 4th week monitoring form.
- c. Data concerning the number of potentially eligible children, along with identification of all sources of the information, shall be updated annually and retained on file for 3 years plus the current program year.
- d. The data can be used by the sponsor to determine how effectively their program is reaching potentially eligible children and where outreach may be needed.

III. Compliance Reviews:

- a. The purpose is to determine if the applicant or recipient of Federal financial assistance is in compliance with civil rights requirements.
- b. DHSS-CFNA conducts three types of Compliance Reviews:
 - i. Pre-Award-- No Federal Funds made available until determined to be in compliance with Title VI.
 - ii. Post-Award--Encompasses all phases of the operation as outlined in civil rights and program regulations.iii.
 - iii. Special Review--Due to a complaint, data collection, or as follow-up to previous non-compliance.

IV. Complaint Procedures:

- a. Right To File--Any person alleging discrimination in one of the protected classes has the right to file a complaint within 180 days of the alleged action.
- b. All civil rights complaints, written or verbal, shall be accepted and forwarded either to DHSS-CFNA or directly to the USDA at the address provided in the nondiscrimination statement. Anonymous complaints should be handled as any other complaint. Civil rights complaints should include as many details as possible.

V. Civil Rights Training for Staff:

- a. A self-directed on-line training module on civil rights for child nutrition programs may be accessed at:
<http://health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/resources.php>
- b. Sponsors are responsible for conducting annual training for their supervisors and frontline staff (those who interact with program applicants or participants) on the following topics:
 - i. Collection and use of data
 - ii. Effective public notification systems
 - iii. Complaint procedures
 - iv. Compliance review
 - v. Reasonable accommodation of persons with disabilities
 - vi. Requirements for language assistance
 - vii. Conflict resolution
 - viii. Customer service



VI. Reasonable Accommodation: A reasonable accommodation is any adjustment to the environment that will enable an individual with a qualified disability access to meal participation

- a. Sponsors must make reasonable accommodations for persons with disabilities;
 - i. Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. Recipients of Federal financial assistance have a responsibility to take reasonable steps to ensure meaningful access to their programs and activities by person(s) with limited English proficiency.
 - ii. The individual with a disability requiring the accommodation must be otherwise qualified to participate in the SFSP. A SFSP sponsor is not required to make an accommodation if it would impose an "undue hardship" on the operation of site. "Undue hardship" is defined as an "action requiring significant difficulty or expense" when considered in light of a number of factors
- b. All sponsors participating in Child Nutrition Programs are required to provide FOOD SUBSTITUTIONS or MODIFICATIONS if:
 - i. A physician's statement is on file that describes the participant's disability (a disability as defined in federal regulations) that prevents the participant from eating the regularly offered foods, and
 - ii. The physician has indicated the substitutions or modifications that the participant needs. The Special Diet Statement from the physician must be kept on file.

VII. Limited English Proficiency (LEP):

- a. Individuals who do not speak English as their primary language and have a limited ability to read, speak, write, or understand English. Recipients of Federal financial assistance have a responsibility to take reasonable steps to ensure meaningful access to their programs and activities by persons with LEP.

Nonprofit Food Service

Sponsors must maintain a nonprofit food service program as required in 225.6(e)(1).

- Maintain documentation of all revenues received and expenses paid from the nonprofit account.
- All costs charged to the account must be allowable and properly identified and recorded.
- When reimbursements exceed costs, the funds must still be spent on allowable SFSP costs. Examples of allowable uses, in order of priority, include:
 - Improving the meal service or other aspects of the current summer food program
 - Keeping the excess funds for next year's SFSP operations
 - Paying for allowable costs of other Child Nutrition Programs

ALLOWABLE SFSP COSTS AND NEEDED DOCUMENTATION

Sponsors are no longer required to differentiate between operating and administrative costs. However, sponsors must continue to document all costs attributable to the SFSP in order to demonstrate a non-profit food service. Costs are grouped by administrative and operational categories in this chart to assist in the discussion of different types of costs.

ADMINISTRATIVE COSTS	
COST	DOCUMENTATION
LABOR Completing the sponsor application Attending sponsor training Conducting pre-operational and first week visits Conducting site reviews Reviewing family size and income forms or school applications (enrolled sites and camps) Consolidating meal counts for more than one site Paying food program bills Payroll activity of summer food staff Clerical activity Completing claims for reimbursement Your time working with USDA when they conduct a review and time spent responding to the review	LABOR Time sheets showing name of person, activity and amount of time spent
OFFICE COSTS Telephone Postage Printing Rent (if special Summer Office is needed and special space is rented) Utilities used for administrative staff	OFFICE COSTS Bills Receipts Canceled checks Documented method of proration if cost needs to be shared with other programs Rental Agreement
TRANSPORTATION COSTS Going to training Monitoring of sites	TRANSPORTATION COSTS Mileage records Gas receipts Basis for mileage charges

OPERATING COSTS	
COST	DOCUMENTATION
FOOD Purchases Costs associated with getting food Storing charges	FOOD Invoices Grocery tapes Delivery receipts Canceled checks Receiving reports Refunds and discounts Starting and ending inventories
LABOR Preparing Menus Purchasing/ordering food Delivering food Completing the meal production records Taking the meal count during the meal service Supervising/assisting children during the meal service Clean up after the meal service Supervising food service operations at the site or kitchen level, including the direct supervision of food service staff Processing, transporting, storing and handling food and supplies and transporting equipment, food and supplies	LABOR Time and attendance documents Payroll records including benefits
OTHER COSTS Non-food items (e.g. napkins, kitchen cleaning supplies, etc.) Utilities for food service Rental of facilities, equipment vehicles Transporting children (rural sites only) Transporting food Repairs of kitchen equipment	OTHER COSTS Invoices Grocery tapes Delivery receipts Canceled checks Documented method of proration if cost needs to be shared with other programs Mileage records Gas receipts Basis for mileage charges



**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SUMMER FOOD SERVICE PROGRAM
 PROGRAM COST REPORT**

Name of Sponsor									
Program Costs for Period Beginning (mm/dd/yyyy)							Ending (mm/dd/yyyy)		
Position	Salary per Hour	Number of Hours Worked Per Day		Number of Days Worked		Fringe Benefits		Total	
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0
		X		X		+		=	0

1. Total Labor Costs for Period.....	0
2. Food Purchased for Period.....	_____
3. Food Service Supplies.....	_____
4. Transportation.....	_____
5. Communication.....	_____
6. Rental of Office Space (non public or sponsor owned).....	_____
7. Office Supplies.....	_____
8. Utilities.....	_____
9. Use allowance on fixtures and furniture (non public or sponsor owned).....	_____
10. Audit Fees.....	_____
11. Legal fees.....	_____
12. Other (specify).....	_____
Total Monthly Administrative Costs (sum of lines 1 through 12)	0

UNALLOWABLE COSTS

Costs for which program funds may **NOT** be used include, but are not limited to:

- Bad debts, which are any losses arising from non-collectible accounts and other claims and related costs.
- Repayment of over-claim and other Federal debts.
- Contributions and donations including contingency reserves, USDA-donated commodities and other donated food, labor, and supplies.
- Fines or penalties resulting from violations of, or failure to comply with Federal, State or local laws and regulations.
- Entertainment and fundraising costs.
- Interest on loans, bond discounts, costs of financing and refinancing operations, and legal and professional fees paid in connection therewith.
- Costs resulting from an under-recovery of costs under other grant agreements.
- Direct capital expenditures or option to purchase rental costs for: acquisition of land or any interest in land; acquisition or construction of buildings or facilities, or the alteration of existing buildings or facilities; non expendable equipment of any kind; repairs that materially increase the value or useful life of buildings, facilities, or non expendable equipment; and other capital assets, including vehicles.
- Rental cost for periods beyond the close-out date for program operation.
- Cost for excess meals, i.e., meals in excess of legitimate program adult meals and reimbursable meals.
- Any other costs incurred that program officials determine to be in violation of applicable laws or regulations.
- Expenditures for non-creditable (low-nutrient) foods that are not part of the meal pattern. Sites wishing to serve additional foods that do not meet SFSP meal pattern standards must use non-Program funds. If a site chooses to purchase additional food with SFSP funds, the food must be a creditable food under the meal pattern requirements (condiments served with creditable foods are exempt from this restriction). SFSP 06-2012
- The cost to purchase food (including coffee, etc.) for use outside the SFSP.
- The cost of meals served in violation of program requirements; e.g. meals served outside approved serving time, meals or components consumed off-site, second meals served in excess of the two percent tolerance.
- Cost of spoiled or damaged meals.
- For vended sponsors, the cost of meals delivered by a food service management company to a non- approved site, or for meals not delivered within the agreed upon delivery time, meals served in excess of the approved cap, spoiled or unwholesome meals, or meals that do not meet requirements or quality standards.

For more information towards Allowable use of Program funds: Serving Additional Foods in the Summer Food Service Program please refer to <http://www.fns.usda.gov/sites/default/files/SFSP06-2012.pdf>

Network Access and Claims

SFSP User ID and Password

Claims are submitted online. Sponsors must have an SFSP user ID and password to enter a claim.

- New users must complete a network access form available at:
http://www.health.mo.gov/living/dnhs_pdfs/R_SFSP_WebAccess.pdf and send it to DHSS-CFNA.
- Only two user IDs and passwords are allowed per sponsor. Additional access will be considered on a case by case basis.
- Notify DHSS-CFNA immediately if a user needs to be changed or deleted from the system.
- The “SFSP Web-based System Manual” is available on the home page at:
<http://www.health.mo.gov/sfsp/pdf/ClaimingIns.pdf>
- To access the system, go to <http://www.health.mo.gov/sfsp/> click “[WebLogIn Screen](#)”.
- Claims will not be paid if they are submitted more than 60 days after the last day of the month covered by the claim.

Claim Deadlines

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



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNICABLE DISEASE CONTROL AND PREVENTION
 FOOD ESTABLISHMENT INSPECTION REPORT

DATE	PAGE 1
TIME IN	TIME OUT

Based on an inspection this day, the items noted below identify noncompliance in operations or facilities, which must be corrected by the next routine inspection, or such shorter period of time as may be specified in writing by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in cessation of your food operations.

ESTABLISHMENT NAME		OWNER	PERSON IN CHARGE
ADDRESSES		ESTABLISHMENT LICENSE NO.	COUNTY REGION
CITY/ZIP CODE	TELEPHONE NUMBER	FAX NUMBER	P.H. PRIORITY <input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L

ESTABLISHMENT TYPE

Bakery C. Store Caterer Deli Grocery Store Institution Mobile
 Restaurant School Senior Center Summer F.P. Tavern Temporary

SEWAGE DISPOSAL <input type="checkbox"/> Public <input type="checkbox"/> Private	WATER SUPPLY <input type="checkbox"/> Community <input type="checkbox"/> Non-Community <input type="checkbox"/> Private Date Sampled: _____ Result: _____	FROZEN DESSERT <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Not Applicable License Number: _____
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PURPOSE

Pre-Opening Follow-Up Routine Complaint Other

FOOD PRODUCT	TEMP	LOCATION	FOOD PRODUCT	TEMP	LOCATION

RISK FACTORS AND INTERVENTIONS

COMPLIANCE	DEMONSTRATION OF KNOWLEDGE	CODE REF.	R	COS	COMPLIANCE	POTENTIALLY HAZARDOUS FOODS TIME & TEMPERATURE	CODE REF.	R	COS
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Designated PIC, demonstration of knowledge and PIC duties	2-101.11 2-102.11 2-103.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Proper cooking, time and temperature	3-401.11-13		
EMPLOYEE HEALTH					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Reheating for hot holding	3-403.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Management awareness, policy present. Proper use of reporting restrictions and exclusion	2-201.11-15			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Cooling	3-501.14		
GOOD HYGIENIC PRACTICES					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Parasite destruction	3-402.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Eating, tasting, drinking or tobacco use	2-401.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Hot holding	3-501.16		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Discharges from eyes, nose, or mouth	2-401.12			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Cold holding	3-501.16		
CONTROL OF HANDS AS A VEHICLE OF CONTAMINATION					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Date marking and disposition	3-501.17 3-501.18		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Clean condition, cleaning procedure, when to wash, and where to wash	2-301.11-12 2-301.14-15			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Time as a public health control (procedures / records)	3-501.19		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Bare hand contact with ready-to-eat foods	3-301.11			CONSUMER ADVISORY				
APPROVED SOURCE					<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Consumer advisory for raw or undercooked food	3-603.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Food obtained from approved source	3-201.11-17			HIGHLY SUSCEPTIBLE POPULATIONS				
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Receiving temperature / condition	3-202.11-19			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Pasteurized foods used, prohibited foods not offered	3-801.11		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Records: shell stock tags, parasite destruction, required HACCP plan	3-202.18 3-203.12 3-402.11-12			CHEMICAL				
PROTECTION FROM CONTAMINATION					<input type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored and used	7-1, 7-2, 7-3		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Food segregated, separated and protected	3-302.11			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA	Additives / approved, unapproved	3-202.12 3-302.14		
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Food contact surfaces cleaned & sanitized; cleaning frequency	4-601.11A 4-602.11			CONFORMANCE WITH APPROVED PROCEDURES				
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Food display, consumer self-service, returned food / re-service of food	3-306.11-14			<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA	Compliance with HACCP plan, variance / specialized process			
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Preventing contamination from equipment	3-304.11			IN = In Compliance OUT = Not In Compliance N/A = not applicable COS = Corrected on Site R = Repeat NO = Not Observed				
<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NO <input type="checkbox"/> NA	Discarding / reconditioning unsafe food	3-701.11							

RECEIVED BY (PERSON IN CHARGE/TITLE)	DATE
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INSPECTOR/TELEPHONE NUMBER	EPHS NO.	FOLLOW-UP <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNICABLE DISEASE CONTROL AND PREVENTION
 FOOD ESTABLISHMENT INSPECTION REPORT

ESTABLISHMENT NAME	ADDRESS	CITY
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FOOD CODE REFERENCES	CRITICAL ITEMS			
2 MANAGEMENT/PERSONNEL	CODE REF.	DESCRIPTION: These items relate directly to factors which lead to food borne illness. These items MUST RECEIVE IMMEDIATE ACTION within 72 hours or as stated.	CORRECT BY (DATE)	INIT.
2-1 Supervision				
2-2 Employee Health				
2-3 Personal Cleanliness				
2-4 Hygienic Practices				
3 FOOD				
3-1 Characteristics				
3-2 Sources, Containers & Records				
3-3 Protection from Contamination				
3-4 Cooking, Parasite Destruction, Reheating				
3-5 Limiting Growth of Organisms				
3-6 Food Presentation & Labeling				
3-7 Disposition of Contaminated Food				
3-8 Highly Susceptible Populations				
4 EQUIP. UTENSILS & LINENS				
4-1 Characteristics & Use Limitations				
4-2 Design & Construction				
4-3 Numbers & Capacities				
4-4 Location & Installation				
4-5 Maintenance & Operation				
4-6 Cleaning of Equipment				
4-7 Sanitizations				
4-8 Laundry				
4-9 Protection of Clean Items				

FOOD CODE REFERENCES	NON-CRITICAL ITEMS			
5 WATER, PLUMBING & WASTE	CODE REF.	DESCRIPTION: These items relate to maintenance of food operations and cleanliness. These items are to be corrected by the next regular inspection or as stated.	CORRECT BY (DATE)	INIT.
5-1 Water Source, Quality, Capacity				
5-2 Plumbing				
5-3 Mobile Water Tanks				
5-4 Sewage & Rainwater				
5-5 Refuse & Recyclables				
6 PHYSICAL FACILITIES				
6-1 Materials for Construction				
6-2 Design, Construction, Installation				
6-3 Numbers & Capacities				
6-4 Location & Placement				
6-5 Maintenance & Operation				
7 POISONOUS OR TOXIC ITEMS				
7-1 Labeling & Identification				
7-2 Supplies & Applications				
7-3 Storage & Display				

EDUCATION PROVIDED OR COMMENTS

RECEIVED BY (PERSON IN CHARGE/TITLE)	DATE
--------------------------------------	------

INSPECTOR/TELEPHONE NUMBER	EPHS NO.	<input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF FOLLOW-UP
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Possible Findings a Reviewer May find at a Site Visit

MENU & MEAL SERVICE FINDINGS

- All meals served must meet minimum meal pattern requirements as outlined in the meal chart.
- The meal contained a non-creditable component. Refer to the Creditable Foods Guide and revise menus to include creditable meal components.
- Menus did not always provide an adequate variety of foods. It is important to provide a variety of foods each day to ensure adequate intake of a wide range of nutrients. Avoid serving the same foods too often.
- Some of the children were not served all of the required meal components. Incomplete meals served to children may not be claimed for reimbursement.
- Meals were served outside of the approved meal times. Meals served outside of the approved meal times may not be claimed for reimbursement.
- Children were observed taking potentially hazardous foods off-site. All potentially hazardous foods must be eaten on-site to avoid possible food-borne illness.
- The site did not have a trained person available during the meal service. SFSP regulations require at least one trained person be on site during the meal service. Meals served at sites without trained personnel may not be claimed for reimbursement.
- Children were not at the site the day of the review. Sponsors must notify DHSS 24 hours in advance of site closings and/or field trips.

PRODUCTION RECORD FINDINGS

- At a vended site, production records did not always indicate the exact amount of each food item used. Production records must indicate, at a minimum, (i) the food items used, (ii) the amount of all food items used in package/container sizes and/or weight, and (iii) the number of children and adults served.
- At a vended (meal preparation) site, production records were not being maintained.
- The sponsor did not have CN labels/ Product Formulation Statements available to document the meat/meat alternate contribution of processed meat products.
- The amount of food prepared did not always meet minimum serving size requirements. Meals must provide minimum amounts of food as specified in the SFSP meal pattern to be claimed for reimbursement.

MEAL COUNT FINDINGS

- The site did not maintain a point-of-service meal count. Meals must be counted as they are served to the children.
- The site did not have adequate procedures in place to adjust the number of meals ordered/prepared on a daily basis, resulting in an excess number of leftover meals.
- Meals leftover from the previous day were not properly recorded on the meal count sheets.
- The number of meals served did not match the delivery ticket. The site supervisor is responsible for ensuring that the number of meals delivered to the site matches the delivery ticket by taking a physical count of the meals when they arrive at the site.
- Meal counting procedures used by the site did not yield an accurate count of meals served.
- Meal counts the day of the site visit were below the average count for the previous week. Meal orders must be adjusted daily with the intent of ordering/preparing only one meal per child.
- The site is consistently claiming more meals than were served the day of the review. Sites may not claim more meals than are served to children at any time.
- There was an excess child to staff ratio at the site, indicating that there are too many program adult meals being served. Program adults are adults who are necessary to the food service, i.e., food preparation, service, clean-up, or supervision during the meal service. A recommended child to staff ratio is 15:1.

SANITATION FINDINGS (Critical finding)

- The expiration date on some of the milk was beyond the “use by” date. Check milk expiration dates to ensure the service of fresh milk. Discard all milk that exceeds the “use by” date.
- Food was not being held at the appropriate temperature. Potentially hazardous food must be held at a temperature of 41° F or below or 140°F for above to avoid bacterial contamination.
- Food was left sitting at room temperature for more than 2 hours.
- The site did not have adequate facilities for the safe storage of meals.
- A potentially hazardous food was stored on a shelf above other foods in the refrigerator. To avoid cross contamination of food in storage, store all potentially hazardous foods on the lower shelves of the refrigerator.
- Employees were not observed washing their hands prior to the service of the meal, or after eating, drinking, using the toilet, or handling raw food.

SANITATION FINDINGS (Non-critical finding)

- Food items in storage had not been properly labeled. Label and date all leftover foods and foods removed from their original containers.
- Food items in storage were not properly wrapped or covered. Use plastic wrap,

- foil or a tight fitting lid to cover foods when storing them for later use.
- Food temperatures were not taken by site personnel when food arrived at the site. Site personnel must take food temperatures to ensure that food has been properly handled and is safe for consumption.
 - Site personnel did not use proper procedures to take food temperatures, nor were they aware of the food temperature “safety zone.”
 - The refrigerator and/or freezer did not have a thermometer. All refrigerator and freezer storage areas must have working thermometers to enable site personnel to monitor the temperature of the equipment

Appeal Flyer
Summer Food Service Program (SFSP) – 7 CFR § 225.13
Missouri Department of Health and Senior Services (DHSS)

Appeals of DHSS actions are conducted before an independent administrative hearing officer at the Missouri Department of Social Services' Division of Legal Services (DLS). DLS' main office can be reached at (573) 751-3229 (phone) and (573) 526-1484 (fax).

What can be appealed?

A sponsor may appeal any of the following actions DHSS takes relating to its participation in SFSP or claims for reimbursement [7 CFR § 225.13(a)]:

- A denial of an application for participation;
- A denial of a sponsor's request for an advance payment;
- A denial of a sponsor's claim for reimbursement (except when submitted after the deadline [See 7 CFR § 225.9(d)(6)]);
- A state agency's refusal to forward to USDA's Food and Nutrition Service (FNS) the sponsor's requested exception for payment of a late claim or a request for an upward adjustment to a claim;
- A claim against a sponsor for remittance of a payment;
- The termination of a sponsor or a site;
- A denial of a sponsor's application for a site;
- A denial of a food service management company's application for registration, if applicable; or
- The revocation of a food service management company's registration, if applicable.

A sponsor cannot appeal decisions FNS makes relating to late claims for reimbursement or upward adjustments under 7 CFR § 225.9(d)(6).

How can a sponsor appeal?

- Appeal requests must be in writing.
- A sponsor can either:
 - Fax the appeal request to 573-526-3679; or
 - Mail the appeal request to:

Missouri Department of Health and Senior Services
Bureau of Community Food and Nutrition Assistance
ATTN: SFSP Appeals
PO Box 570
Jefferson City, MO 65102-0570
- DHSS must receive the appeal request no more than 14 calendar days after the sponsor receives the notice of DHSS' action.

What must a sponsor include in its appeal request?

- The sponsor's name, telephone number, and mailing address.
- The name and title (printed or typed) of the sponsor's contact person/authorized representative.
- The DHSS action(s) that the sponsor is appealing, the reason(s) the sponsor is appealing, and the action(s) the sponsor wants DHSS to take instead (i.e., the remedy the sponsor is seeking).
- Whether the sponsor is requesting an abbreviated review or an administrative hearing:
 - Abbreviated administrative review: a review of written documentation only.
 - In an abbreviated review, both the sponsor and DHSS submit written documentation for the hearing officer to consider when deciding the appeal.
 - A sponsor requesting a written review may choose to have an abbreviated administrative review even if it is entitled to a full, in-person hearing.
 - To be considered by the hearing officer, the sponsor must submit all written documentation in support of its appeal to the hearing officer within 7 calendar days of the date it submits its appeal request [7 CFR § 225.13(b)(4)].
 - A sponsor cannot request an in-person administrative hearing after the abbreviated administrative review has taken place.
 - Administrative hearing: an in-person hearing at which the sponsor and DHSS submit verbal testimony and evidence.
 - The DLS hearing officer can hold a hearing in addition to, or instead of, an abbreviated administrative review only if the sponsor requests a hearing in its appeal request.
- A copy of the notice from DHSS that outlines the actions the sponsor is appealing.

Additional information:

- The DLS hearing officer will send the sponsor a letter giving the date, time, and location of the administrative hearing.
- Under Missouri law, corporations and LLCs must be represented by an attorney. A non-attorney cannot file motions or briefs, make legal arguments, or examine witnesses.
- DHSS will have legal counsel representation for both in-person hearings and abbreviated administrative (written) reviews.
- The DLS hearing officer must make a decision within 5 days of either holding an administrative hearing or receiving the written documentation from the sponsor and DHSS.

Remember these deadlines:

- DHSS must receive the sponsor's appeal request within 14 calendar days of the sponsor receiving notice of DHSS' actions;
- The sponsor must submit any written documentation to the hearing officer within 7 calendar days of submitting the appeal request.

For more information: Call DHSS at 888-435-1464.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. Services provided on a nondiscriminatory basis.

Corrective Action Plan Process (CAP)

The Summer Food Service Program Sponsor has the responsibility of responding to both site and sponsor review findings (instances of non-compliance) if they occur. There are two different types of reviews, Site reviews and Sponsor reviews. Each has different requirements as well as different lengths of time allotted to complete a Corrective Action Plan.

The CAP Process for Site Reviews:

Following a review by the SFSP Nutritionist, a letter detailing the events of the review, along with a report indicating if each requirement was in compliance will be mailed to the Sponsor. If findings (instances of non-compliance) occurred during the review, a corrective action plan will be requested.

A copy of the report will be included with the letter and report, for completion by the sponsor. On this form, the Sponsor will address each finding indicated on the report, explaining how each finding will be corrected, who will be responsible for correcting the finding, and a date by which the finding will be corrected.

Each Corrective Action Plan will have a due date. The Sponsor will have three weeks from the date of the letter to respond to the findings. Failure to respond to the report could affect the site and Sponsor's ability to participate in the SFSP. After the Nutritionist has approved the CAP, a closeout letter will be sent to the sponsor.

The CAP Process for Sponsor Reviews:

After the Nutritionist has conducted the sponsor review, a letter will be sent to the sponsor indicating that a review has been conducted and a report detailing compliance/non-compliance will be attached. If findings (instances of non-compliance) occurred during the review, a corrective action plan will be requested.

A Corrective Action Plan form will be included with the letter and report, for completion by the sponsor. On this form, the sponsor will address each finding indicated on the report, explaining how each finding will be corrected, who will be responsible for correcting the finding, and a date by which the finding will be corrected.

The sponsor will have **60** days from the date of the letter to respond to the findings. Failure to respond to the report could affect the Sponsor's ability to participate in the SFSP, and may result in the Sponsor being classified as Seriously Deficient. After the Nutritionist has approved the CAP, a closeout letter will be sent to the Sponsor.

Tips for Success

Five Keys to Success in the Summer Food Service Program

- Serve quality meals
- Keep sound financial records
- Ensure access to program
- Include activities
- Publicize the program



Finances

To reach your SFSP goals, figure out how much money is available to spend on the program:

- Calculate your maximum federal reimbursement
- Add funds from other possible sources, i.e., rebates, state government funding, grants, etc.
- Don't overestimate participation



Access

When it comes to transportation problems, consider:

- Working with rural school districts' bus operations
- Calling organizations that have vehicles to help transport children
- Renting a vehicle, at cost, to help the program
- Bringing the food to the children on a bus that stops at a number of pre-established locations

Remember to discuss non-traditional approaches to meal service with your State agency.

Activities

By including an activity program—athletic, academic or arts and crafts—at your site, you can help maintain high attendance. Partnerships with schools, parks and recreation departments, and nonprofit organizations can help keep costs down by organizing and supervising these activity programs.

Publicity

The Summer Food Service Program is not widely known. Including promotion of your SFSP plan can make the difference in having a successful program. Promoting your program through the media and the community will help get more kids to your site.

Be creative and include in your promotion efforts:

- an exciting, high-quality site operation
- presentations to key groups and individuals in the community
- distribution of materials to draw attention to your program
- coverage and support by the media

Tips for Increasing Participation at SFSP Feeding Sites: Ideas for Sponsors

SFSP sponsors play an important role in feeding needy children. Visit the Summer Food websites to find a variety of ideas, resources, and information for increasing participation.

Go to: <http://www.health.mo.gov/sfsp/> and choose **Resources**

OR, Go to: <http://www.fns.usda.gov/cnd/Summer> and visit the USDA Summer Toolkit

Programs Data Newsroom Research Forms

Search

Site Map Advanced Search Help Search Tips A to Z Map

Home » Programs » Child Nutrition Programs » Summer Food Service Program (SFSP)

Facebook Twitter YouTube Email Flickr RSS

Summer Food Service Program (SFSP)

Print

How To Help

- > Find a site
- > Sponsor a site
- > Manage a site
- > Raise Awareness

SFSP Tools

- > Webcast Series
- > Mapping Tools
- > Program Guidance
- > Summer Toolkit
- > Best Practices
- > SFSP Meal Patterns

Browse by Subject

- > SFSP Fact Sheet
- > Frequently Asked Questions
- > Federal Register Documents
- > Legislation
- > Policy
- > Regulations
- > Expansion and Support
- > Contact State Agency

School's Out!
POWER UP
for
Summer Fun!

Find a Summer Meal

Look for the new and improved site finder to locate summer meals being served near you!

1/4 << || >>

The Summer Food Service Program (SFSP) ensures that low-income children continue to receive nutritious meals when school is not in session. This summer, USDA plans to serve more than 200 million free meals to children 18 years and under at approved SFSP sites.

Help us ensure that no child goes hungry this summer.

	Find Free Summer Meals for Children in Your Community		Becoming a SFSP site sponsor
	Managing a SFSP site		Raise Awareness in Your Community



Show Me Summer Food Newsletter



The SFSP state team is privileged to witness the outstanding achievements and hard work of sponsors across Missouri who provide nutritious meals to children through the Summer Food Service Program (SFSP). We would like to recognize some of your creative, successful strategies in our fall edition of the *Show Me Summer Food* newsletter to share them with other sponsors throughout the state.

For the annual newsletter, we are accepting articles that feature sponsors in the following five categories:

Outstanding Outreach
Magnificent Menus
Greatest Growth
Spectacular Staff
Perfectly Partnered

ELIGIBILITY: Any sponsor operating the SFSP is eligible to be recognized for all categories.

NARRATIVE: Narratives are limited to 1 page and should address the questions under the appropriate category. Pictures are also welcome. Please include a signed release form for any person appearing in the photos. Please submit narratives no later than December 22, of the previous year.

NARRATIVE CONTENT:

1. Outstanding Outreach: This is an SFSP sponsor that uses creative strategies to promote participation of eligible children in its program. Your narrative should describe your efforts and results in promoting your program, including:

- Steps taken to promote your program and reach eligible children, and their impact;
- The most effective techniques used in reaching the children;
- Any challenges or barriers encountered and how they were addressed;
- Any non-program resources (e.g., monetary contribution, in-kind donations, volunteers, partnerships with other organization) that were utilized in your efforts;
- How children's participation was sustained over the course of the program, and the outlook for the next year.

2. **Magnificent Menus:** This is the SFSP sponsor whose menus utilize food in a nutritional and inventive way. Menu items have nutritional content, color, variety, cultural awareness, and inventive food promotions. Sponsors should send in summer menus along with a narrative highlighting your effective menu planning techniques.

3. **Greatest Growth:** This is the SFSP sponsor that has had an increase in number of participants or sites from the previous year.

4. **Spectacular Staff:** This can either be an individual or the entire SFSP staff who are hard working, creative, dedicated, and committed to upholding the integrity of the SFSP. Please provide examples of how the staff has exemplified these characteristics.

5. **Perfectly Partnered:** This is a sponsor that has partnered with an organization and together have positively impacted a community. The narrative should include the benefits of the partnership, the outstanding outcomes, and how the organizations became partnered. An example of a partnership may include a private non-profit organization and a school district.

Management Responsibilities

(7 CFR 225.15 (a)(3))

Sponsors may not contract out management responsibilities of the program, including but not limited to the following tasks:

Meal ordering;

Assuming official recordkeeping responsibilities, including meal count information to substantiate claims;

submitting claims;

Training and monitoring administrative and site staff;

announcing availability of meals to the news media; and

■ determining income eligibility and maintaining individual income eligibility statements.

Sponsors should check with the State agency before allowing a Food Service Management company to undertake any other tasks that may be considered management functions or any tasks that are related to the bulleted items listed above.

Non-Reimbursable Meals

Sponsors may claim reimbursement only for those meals that meet SFSP requirements. Reimbursement may not be claimed for:

Meals not served as a complete unit (except in “offer versus serve” sites where complete meals must be offered to participants);

Meal patterns or types not approved by State agencies;

Meals served at sites not approved by State agencies;

Meals consumed off-site, except in the case of approved field trips (this does not include a fruit or vegetable that the State agency and sponsor **may** allow to be taken off-site);

More than one meal served to a child at a time;

Second meals in excess of 2 percent of the number of first meals served by type during the claiming period;

Meals served outside of approved timeframes or approved dates of operation;

Meals served to ineligible children in camps (those not meeting the income eligibility guidelines for free or reduced price school meals);

Meals that are spoiled or damaged;

Meals in excess of the site’s approved level of meal service (cap for vended sponsors);

Meals that were not served; and

Meals served to anyone other than eligible children.

FNS Instruction 796-

Children, provides information on establishing standards, principles and guidelines in the development and maintenance of financial management systems. The State agency can provide this information.

SFSP Operation Guidelines

The SFSP operates during school vacations, primarily in the summer months from May through August. This program also may provide meals during vacation breaks where schools are operated on a year-round basis or a continuous school calendar, or during emergency school closures from October through April.

Sponsoring organizations are responsible for overseeing Program operations and assuring that all sites adhere to federal regulations. Sponsors receive Federal reimbursement from the State agency to cover the administrative and operating costs of preparing and serving meals to eligible children at one or more feeding sites. A sponsoring organization can be very large and have many sites or be small with only one or two sites.

General Site Rules for SFSP Programs:

- Meal services are for children 18 years or younger
- Food provided by the site as part of SFSP cannot be taken from the site, all meals must be eaten on site
- Second meals may only be served after all children have received a first meal. Only 2% of first meals served may be claimed as second meals, therefore, it is critical that sites adjust their meal preparations daily to avoid over production of meals
- Parents may assist their children in carrying or opening meal packages, but may not consume any part of the meal

Dates/Times of Operation

Meals will only be served during the approved meal times. The approved meal times are the times listed on the approved Site Information Sheet in the Summer Food Service Program application and claims database. You must adhere to your approved meal time(s) and meal date(s), or meals will be disallowed. A sponsor may submit site level changes to meal services time(s), meal services date(s) at any time during the operation of the site, however, it is critical that these changes be submitted for approval prior to implementing the changes.

A site that does not in operate or is able to serve the proposed meal(s) at the approved date and mealtime may be closed by the Missouri Department of Health and Senior Services. This includes being inoperable due to a non-disclosed field trip or inclement weather. 7 CFR Ch. II (1-1-12 Edition) 225.6 states that Sites will make (D) Arrangements for food service during periods of inclement weather. This requirement may be met by providing an alternate location during a weather event. According to (SFSP) Policy Memorandum SP 46-2011, SFSP 19-2011, inclement weather includes excessive heat. All sponsors that operate sites outdoors must have a plan for serving meals during inclement weather, including excessive heat.

A site may be closed for the following;

- Failure to provide a meal service on a date or during a time submitted and approved on the Site Information sheet

- Failure to request prior approval for a change in meal types served
- Failure to request prior approval for a change in serving times
- Failure to request prior approval for site operation location changes
- Failure to request prior approval for site operation dates
- Failure to complete and submit a site application for site
- Failure to report Field Trips prior to the trip date
- Failure to adhere to the inclement weather policy

Meal and Milk Documentation Requirements

During each monitoring review, a Missouri Department of Health and Senior Services – Community Food and Nutrition Assistance (MDHSS-CFNA) Nutritionist will examine food receipts and invoices to determine whether the sponsor has purchased adequate food to meet the minimum meal pattern requirements and support the provided menu. Key food items of interest, which are easily tracked through the monitoring process, are grains, milk and fresh produce purchases. These items must be routinely purchased due to their limited shelf life.

Infant Meals (7 CFR 225.16(f)(2))

All meals served to infants must comply with the infant meal pattern requirements outlined in Section 226.20(b) of the Child and Adult Care Food Program (CACFP) regulations. Sponsor must receive prior approval from the MDHSS-CFNA to serve meals to infants one (1) year of age or younger.

Meals for Children Age 1 to 6 (&CFR 225.16(f)(2))

SFSP regulations allow for adjusting the meal portion sizes for children younger than 6 years of age. The sponsor must demonstrate to the MDHSS-CFNA that it can control portion sizes and follow the age-appropriate meal pattern requirements for children as stated in Section 226.20(c) of CACFP regulations. Sponsors must receive prior approval from MDHSS-CFNA to serve smaller portions to children under age 6.

Meal Pattern Requirements (7 CFR 225.16(d))

Meal patterns establish the minimum portions of the various meal components that must be served to each child in order for the participating sponsor to receive reimbursement for each meal.

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

- One serving of milk (8 ounces or ½ pint)
- One serving of a vegetable or fruit or full strength juice; and
- One serving of grain or bread

A meat or meat alternate is optional

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

- One serving of milk (8 ounces or ½ pint)
- Two or more servings of vegetables and/or fruits;
- One serving of grain or bread; and
- One serving of meat or meat alternate.

Milk Purchase Requirement

Fluid milk is a required meal component at all breakfast, lunch and supper meals. Milk purchase requirements are based on the Sponsor's monthly claim for reimbursement for these meals.

<u>Required Serving Per Meal</u>	<u>Servings Per Gallon</u>	<u>Age of Participants</u>
8 oz. (1 cup)	16 servings	1 to 18 or
half pint (8 ounces)	1 serving	1 to 18

Sample calculation:

If the Nutritionist determines that the site served (claimed) a total of 1,527 breakfasts and lunches, the Nutritionist will calculate the required milk purchase as follows, based on an eight (8) ounce serving of milk per child:

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

There are 128 ounces of milk per gallon.

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

Or

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

Using this example, the Sponsor would be required to have purchased 95 ½ gallons or 1,527 half pints of milk to meet minimum meal pattern requirements for their claim.

If the DHSS-CFNA Nutritionist has determined that the sponsor has not purchased adequate quantities of milk, disallowances will be made based on the percentage of meals that met minimum meal pattern requirements.

Requesting Advances for your SFSP

Request advances that are reasonable and accurately reflect estimated site attendance and meal reimbursements in accordance with 7 CFR 225.6(3) First advances shall not be paid until the sponsor has a fully executed contract with the department.

Advances are payments that may be received before the program begins to pay for administrative and operating costs that are incurred before the program starts. When determining the amount of the advance payment, the State agency will make the best possible estimate based on the sponsor's request and any other available data. These payments are advances on the reimbursement that sponsors will receive for a month of operations and will be deducted from future reimbursement payments.

Sponsor requesting an advance for SFSP;

- Must Sign and return a fully executed contract with DHSS to operate as a SFSP sponsor prior to receiving any advance funds
- Must Be in good standing with Missouri Food and Nutrition Programs
- Cannot miss a payment for Missouri Food and Nutrition Programs debt deadline from a previous SFSP operational year

If a second or third advance is requested, the sponsor must provide accurate attendance information to the Department by June 20 for the second advance and by July 21 for the third advance, in accordance with 7 CFR Section 225.9.

Debt Repayment

In the event that overpayments are identified and pursuant to 7 CFR 225.12, the sponsor must agree to an overpayment payment schedule and that such overpayments shall be deducted from future claim payments except in the event that no future claim payments are due. For such an event, the Contractor shall remit the full amount of the overpayment pursuant to 7 CFR 225.12, within 30 days of receipt of the notice of the overpayment.

Any and all representatives of the contractor that signs this agreement on behalf of the contractor is aware of his/her personal responsibility for repayment in the case of an overpayment and acknowledges that he/she is personally liable for repayment of any overpayment. In addition, all principals of the contractor are aware of his/her personal responsibility for repayment in the case of an overpayment and acknowledge that he/she is personally liable for repayment of any overpayment.

