



MODULE 4: Recordkeeping, Program Costs, Sanitation, and Monitoring

Maintaining accurate records is vital to ensure SFSP reimbursement accurately reflects the program's operations. The following pages include required record templates for your use and include detailed information regarding recordkeeping.

- Menu-Meal Template and Sample Menus
- Daily Meal Count Forms and Meal Count Record for Camps
- Consolidated Meal Count Forms
- Non-Reimbursable Meals
- Production Records
- Daily Meal Receiving Log, Meal Communication and Credit Log
- Nonprofit Food Service
- Program Cost Report
- Donated Food Log
- Allowable Costs and Needed Documentation
- Unallowable Costs
- Network Access and Claims
- Sanitation Requirements
- Monitoring Requirements and Forms
- Corrective Action Plan and Appeal Procedure
- Tips for Success and Annual Newsletter
- Requesting Advances
- At-Risk Afterschool Program



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
MENU - MEAL TEMPLATE

NAME OF SPONSOR					
NAME OF SITE				WEEK OF	YEAR
Breakfast	Monday ___/___/___	Tuesday ___/___/___	Wednesday ___/___/___	Thursday ___/___/___	Friday ___/___/___
Fluid Milk (8 oz.)					
Vegetable or Fruit (1/2 cup)					
Grain/Bread (1 slice/serving)					
Other Foods					
Lunch/Supper					
Fluid Milk (8 oz.)					
Meat/Meat Alternative (2 oz.)					
2 Vegetables and/or Fruits (3/4 cup total)					
Grain/Bread (1 slice/serving)					
Other Foods					
Snack <i>Serve 2 of 4 components</i>					
Fluid Milk (8 oz.)					
Meat/Meat Alternative (1 oz.)					
Vegetable or Fruit (3/4 cup)					
Grain/Bread (1 slice/serving)					
Other Foods					

Breakfast

Requirements for ages 6 – 18 years:

Milk – 8 oz. or 1 cup (1/2 pint)
 Fruit/Vegetable – ½ cup total
 Bread/grain – 1 slice or equivalent

Sample Breakfast Menus

Milk Oatmeal spiced with cinnamon and vanilla Yogurt Applesauce	Milk Cinnamon raisin biscuit Sausage Clementines	Milk Bagel Peanut butter Banana	Milk Whole grain cereal Cheese stick Cantaloupe cubes	Milk Whole grain waffle Baked ham slice Blueberries
Milk Biscuit (with gravy as an optional item) Apricots	Milk Ham Whole grain pancake Grapes	Milk Cheese breakfast pizza on English muffin Orange wedges	Milk Blueberry muffin Boiled egg Apple wedges	Milk Whole grain cereal Sausage Banana
Milk French toast sticks Sausage Pineapple cubes	Milk Biscuit Scrambled eggs Honeydew melon	Milk Whole grain cereal Banana Yogurt	Milk Oatmeal Peanut butter Orange wedges	Milk Refried bean & cheese tortilla Melon cubes

BREAKFAST

Lunch/Supper

Requirements for ages 6 – 18 years:

Meat/Meat Alternate – 2 oz.

Fruit/Vegetable – ¾ cup total

(Must serve at least 2 different varieties of fruit/vegetable)

Bread/grain – 1 slice or equivalent

Milk – 8 oz. or 1 cup (1/2 pint)

Sample Cold Lunch Menus

Milk Ham & cheese pita sandwich Carrot sticks Fresh blueberries	Milk Turkey & cheese on bun Cucumber slices Mixed fruit cup	Milk Ham & cheese hoagie roll Lettuce & tomato Apple	Milk Roast beef & cheese on bread Celery sticks Fresh banana	Milk HM Chicken salad Whole grain crackers Fresh broccoli Melon cubes
Milk Turkey/ham/cheese wrap Carrot sticks Peach slices	Milk Turkey/cheese in pita pocket Fresh peach Celery sticks	Milk Roast beef & cheese hoagie Black bean & corn salad Sliced pears	Milk HM Tuna salad on bread Tomato slices Watermelon	Milk Chef salad w/ turkey/ham/cheese WG crackers Mixed berries
Milk Turkey or ham and cheese on bun Cherry tomatoes Banana	Milk Roast beef & cheese on bun Spring mix salad Strawberries	Milk Peanut butter/jelly sandwich Cheese stick Fresh broccoli Watermelon	Milk Turkey & swiss cheese on bagel Carrot sticks Apple	Milk HM Tuna or chicken salad pita pocket Lettuce & tomato Orange slices

HM = Homemade

WG = Whole Grain



Sample Hot Lunch Menus

<p>Milk CN Chicken patty on bun Tater tots Blueberries</p>	<p>Milk Sliced roast beef Mashed potatoes Gravy Roll Peaches</p>	<p>Milk Hamburger on bun Corn on the cob Pineapple slices</p>	<p>Milk Chicken fajita Flour tortilla Refried beans Salsa Kiwi</p>	<p>Milk Sub sandwich with 1 oz. each turkey & cheese Oven fries Watermelon</p>
<p>Milk HM baked chicken Baby carrots Applesauce Roll</p>	<p>Milk Fish taco Lettuce, tomato, cheese Corn Salsa</p>	<p>Milk Cashew chicken with brown rice Mixed vegetables Clementines</p>	<p>Milk Spaghetti with turkey meat sauce Broccoli Apple wedges</p>	<p>Milk Vegetable soup Grilled cheese sandwich Banana</p>
<p>Milk HM sloppy joe on bun Coleslaw Grapes</p>	<p>Milk Fish fillet Green beans Bread Strawberries</p>	<p>Milk HM or CN pizza Carrot sticks Blackberries</p>	<p>Milk Meatloaf Mashed potatoes Roll Cantaloupe</p>	<p>Milk CN corn dog Baked beans Banana</p>
<p>Milk HM chicken tetrazzini with noodles Peas Strawberries</p>	<p>Milk Meatball sub Garden salad Whole wheat bun Watermelon</p>	<p>Milk Baked potato with chili (ground beef) Broccoli Grapes</p>	<p>Milk Baked ham Cauliflower Dinner roll Melon cubes</p>	<p>Milk Beef taco Whole wheat tortilla Black beans & corn Roll Oranges</p>

CN = Child Nutrition Label

HM = Homemade





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
DAILY MEAL COUNT FOR CONGREGATE MEALS

NAME OF SITE	SITE SUPERVISOR	DATE	<input type="checkbox"/> Delivered <input type="checkbox"/> Prepared on site
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MEAL <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper	MEAL SERVICE TIME Begin: _____ End: _____
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DELIVERY TIME	NUMBER OF MEALS DELIVERED	DELIVERY TEMPERATURE	LEFTOVER MEALS FROM PREVIOUS DAY SERVED AT THIS MEAL SERVICE
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First Meals Served to Children										
1	30	59	88	117	146	175	204	233	262	291
2	31	60	89	118	147	176	205	234	263	292
3	32	61	90	119	148	177	206	235	264	293
4	33	62	91	120	149	178	207	236	265	294
5	34	63	92	121	150	179	208	237	266	295
6	35	64	93	122	151	180	209	238	267	296
7	36	65	94	123	152	181	210	239	268	297
8	37	66	95	124	153	182	211	240	269	298
9	38	67	96	125	154	183	212	241	270	299
10	39	68	97	126	155	184	213	242	271	300
11	40	69	98	127	156	185	214	243	272	301
12	41	70	99	128	157	186	215	244	273	302
13	42	71	100	129	158	187	216	245	274	303
14	43	72	101	130	159	188	217	246	275	304
15	44	73	102	131	160	189	218	247	276	305
16	45	74	103	132	161	190	219	248	277	306
17	46	75	104	133	162	191	220	249	278	307
18	47	76	105	134	163	192	221	250	279	308
19	48	77	106	135	164	193	222	251	280	309
20	49	78	107	136	165	194	223	252	281	310
21	50	79	108	137	166	195	224	253	282	311
22	51	80	109	138	167	196	225	254	283	312
23	52	81	110	139	168	197	226	255	284	313
24	53	82	111	140	169	198	227	256	285	314
25	54	83	112	141	170	199	228	257	286	315
26	55	84	113	142	171	200	229	258	287	316
27	56	85	114	143	172	201	230	259	288	317
28	57	86	115	144	173	202	231	260	289	318
29	58	87	116	145	174	203	232	261	290	319

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

Total Second Meals Served to Children _____

NON-REIMBURSABLE MEALS

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

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

Total Meals Served to Non-Program Adults _____

Total Meals Served _____ Total Leftover Meals _____ Total Damaged Meals _____ Income from Adults Meals _____

SITE SUPERVISOR'S SIGNATURE	DATE
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Instructions for Completing Daily Meal Count for Congregate Meals

- **Name of Site:** Enter the name of the approved SFSP site.
- **Site Supervisor:** Print or type the site supervisor's first and last name.
- **Date:** Enter the complete date (mm/dd/yy) for which the meal count is being completed.
- **Mark Delivered or Prepared on site.**
- **Meal:** Mark the meal for which the count is being completed.
- **Meal Service Time:** Enter the time the meal service begins and ends.
- **Delivery Time:** Enter the time the meals arrived at the site.
- **Number of Meals Delivered:** Enter the number of meals delivered.
- **Delivery Temperature:** Take the meal and milk temperatures and record the temperatures in the space provided.
- **Number of leftover meals from previous day served at this meal service.** Enter the number of leftover meals served.
- **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.
- **Complete 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).
- **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 Meals Served:** Add Total First Meals Served to Children, Total Second Meals Served to Children, and enter the total here.
- **Total Leftover Meals:** Enter the number of meals leftover after the meal service.
- **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 Meals Served + Total Leftover Meals + Total Damaged Meals should be equal to Number of Meals Delivered.
- **Income from Adult Meals:** Record the amount of money received from paying adults, if applicable.
- **Site Supervisor's Signature and Date:** 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.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
DAILY MEAL COUNT FOR CONGREGATE MEALS

NAME OF SITE	SITE SUPERVISOR	DATE	<input type="checkbox"/> Delivered <input type="checkbox"/> Prepared on site
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MEAL <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper	MEAL SERVICE TIME Begin: _____ End: _____
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DELIVERY TIME	NUMBER OF MEALS DELIVERED	DELIVERY TEMPERATURE	LEFTOVER MEALS FROM PREVIOUS DAY SERVED AT THIS MEAL SERVICE
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First Meals Served to Children																				
1	30	59	88	117	146	175	204	233	262	291	320	349	378	407	436	465	494	523	552	581
2	31	60	89	118	147	176	205	234	263	292	321	350	379	408	437	466	495	524	553	582
3	32	61	90	119	148	177	206	235	264	293	322	351	380	409	438	467	496	525	554	583
4	33	62	91	120	149	178	207	236	265	294	323	352	381	410	439	468	497	526	555	584
5	34	63	92	121	150	179	208	237	266	295	324	353	382	411	440	469	498	527	556	585
6	35	64	93	122	151	180	209	238	267	296	325	354	383	412	441	470	499	528	557	586
7	36	65	94	123	152	181	210	239	268	297	326	355	384	413	442	471	500	529	558	587
8	37	66	95	124	153	182	211	240	269	298	327	356	385	414	443	472	501	530	559	588
9	38	67	96	125	154	183	212	241	270	299	328	357	386	415	444	473	502	531	560	589
10	39	68	97	126	155	184	213	242	271	300	329	358	387	416	445	474	503	532	561	590
11	40	69	98	127	156	185	214	243	272	301	330	359	388	417	446	475	504	533	562	591
12	41	70	99	128	157	186	215	244	273	302	331	360	389	418	447	476	505	534	563	592
13	42	71	100	129	158	187	216	245	274	303	332	361	390	419	448	477	506	535	564	593
14	43	72	101	130	159	188	217	246	275	304	333	362	391	420	449	478	507	536	565	594
15	44	73	102	131	160	189	218	247	276	305	334	363	392	421	450	479	508	537	566	595
16	45	74	103	132	161	190	219	248	277	306	335	364	393	422	451	480	509	538	567	596
17	46	75	104	133	162	191	220	249	278	307	336	365	394	423	452	481	510	539	568	597
18	47	76	105	134	163	192	221	250	279	308	337	366	395	424	453	482	511	540	569	598
19	48	77	106	135	164	193	222	251	280	309	338	367	396	425	454	483	512	541	570	599
20	49	78	107	136	165	194	223	252	281	310	339	368	397	426	455	484	513	542	571	600
21	50	79	108	137	166	195	224	253	282	311	340	369	398	427	456	485	514	543	572	601
22	51	80	109	138	167	196	225	254	283	312	341	370	399	428	457	486	515	544	573	602
23	52	81	110	139	168	197	226	255	284	313	342	371	400	429	458	487	516	545	574	603
24	53	82	111	140	169	198	227	256	285	314	343	372	401	430	459	488	517	546	575	604
25	54	83	112	141	170	199	228	257	286	315	344	373	402	431	460	489	518	547	576	605
26	55	84	113	142	171	200	229	258	287	316	345	374	403	432	461	490	519	548	577	606
27	56	85	114	143	172	201	230	259	288	317	346	375	404	433	462	491	520	549	578	607
28	57	86	115	144	173	202	231	260	289	318	347	376	405	434	463	492	521	550	579	608
29	58	87	116	145	174	203	232	261	290	319	348	377	406	435	464	493	522	551	580	609

Total First Meals Served _____

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

Total Second Meals Served to Children _____

NON-REIMBURSABLE MEALS

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

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

Total Meals Served to Non-Program Adults _____

Total Meals Served _____ Total Leftover Meals _____ Total Damaged Meals _____ Income from Adults Meals _____

SITE SUPERVISOR'S SIGNATURE	DATE
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Instructions for Completing Daily Meal Count for Congregate Meals

- **Name of Site** Enter the name of the approved SFSP site.
- **Site Supervisor** Print or type the site supervisor's first and last name.
- **Date** Enter the complete date (mm/dd/yy) for which the meal count is being completed.
- **Mark Delivered or Prepared on site.**
- **Meal** Mark the meal for which the count is being completed.
- **Meal Service Time** Enter the time the meal service begins and ends.
- **Delivery Time** Enter the time the meals arrived at the site.
- **Number of Meals Delivered** Enter the number of meals delivered.
- **Delivery Temperature** Take the meal and milk temperatures and record the temperatures in the space provided.
- **Number of leftover meals from previous day served at this meal service.** Enter the number of leftover meals served.
- **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.
- **Complete 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).
- **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 Meals Served** Add Total First Meals Served to Children, Total Second Meals Served to Children, and enter the total here.
- **Total Leftover Meals** Enter the number of meals leftover after the meal service.
- **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 Meals Served + Total Leftover Meals + Total Damaged Meals should be equal to Number of Meals Delivered.
- **Income from Adult Meals** Record the amount of money received from paying adults, if applicable.
- **Site Supervisor's Signature and Date** 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.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
DAILY MEAL COUNT FOR NON-CONGREGATE MEALS

NAME OF SITE	SITE SUPERVISOR	DATE	DATE RANGE OF MEALS PROVIDED BEGIN: END:
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MODE OF NON-CONGREGATE MEAL DISTRIBUTION: (Check all that apply)
 Parent/Guardian Pick-Up Delivery to Homes Multi-Day Issuance Unitized Meals Bulk Meals Other: _____

NON-CONGREGATE MEALS PROVIDED <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper	FOR MULTI-DAY ISSUANCE, NUMBER OF DAYS ISSUED
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Prepared by FSMC/central kitchen Prepared on site

FSMC/CENTRAL DELIVERY TIME	NUMBER OF MEALS DELIVERED	DELIVERY TEMPERATURE	LEFTOVER MEALS FROM PREVIOUS DAY SERVED AT THIS MEAL
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Non-Congregate Meals Served to Children

1	30	59	88	117	146	175	204	233	262	291
2	31	60	89	118	147	176	205	234	263	292
3	32	61	90	119	148	177	206	235	264	293
4	33	62	91	120	149	178	207	236	265	294
5	34	63	92	121	150	179	208	237	266	295
6	35	64	93	122	151	180	209	238	267	296
7	36	65	94	123	152	181	210	239	268	297
8	37	66	95	124	153	182	211	240	269	298
9	38	67	96	125	154	183	212	241	270	299
10	39	68	97	126	155	184	213	242	271	300
11	40	69	98	127	156	185	214	243	272	301
12	41	70	99	128	157	186	215	244	273	302
13	42	71	100	129	158	187	216	245	274	303
14	43	72	101	130	159	188	217	246	275	304
15	44	73	102	131	160	189	218	247	276	305
16	45	74	103	132	161	190	219	248	277	306
17	46	75	104	133	162	191	220	249	278	307
18	47	76	105	134	163	192	221	250	279	308
19	48	77	106	135	164	193	222	251	280	309
20	49	78	107	136	165	194	223	252	281	310
21	50	79	108	137	166	195	224	253	282	311
22	51	80	109	138	167	196	225	254	283	312
23	52	81	110	139	168	197	226	255	284	313
24	53	82	111	140	169	198	227	256	285	314
25	54	83	112	141	170	199	228	257	286	315
26	55	84	113	142	171	200	229	258	287	316
27	56	85	114	143	172	201	230	259	288	317
28	57	86	115	144	173	202	231	260	289	318
29	58	87	116	145	174	203	232	261	290	319

Total Number of Children Served at Distribution: _____ X Number of Days Issued _____ = Total Non-Congregate Meals Served to Children _____

NON-REIMBURSABLE MEALS

Individual 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
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Total Individual Meals Served to Program Adults _____

Non-Congregate 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
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Total Number of Non-Program Adults Served at Distribution: _____ X Number of Days Issued _____ = Total Non-Congregate Meals Served to Non-Program Adults _____

Total Meals Served _____ Total Leftover Meals _____ Total Damaged Meals _____ Income from Adults Meals _____

Site Supervisor's Signature	Date
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Instructions for Completing Daily Meal Count for Non-Congregate Meals

- **Name of Site:** Enter the name of the approved SFSP site.
- **Site Supervisor:** Print or type the site supervisor's first and last name.
- **Date:** Enter the date of the distribution of the meals.
- **Date Range of Meals Provided:** Enter the date range of the meals provided.
- **Mode of Non-Congregate Meal Distribution:** Mark all that apply.
- **Non-Congregate Meals Provided:** Mark the meal(s) for which the count is being completed.
- **For Multi-Day Issuance, Number of Days Issued:** If you are issuing meals/snacks for multiple days, enter the number of days.
- **Mark Prepared by FSMCS/central kitchen or Prepared on Site.**
- **FSMC/Central Delivery Time:** Enter the time the meals arrived at the site.
- **Number of Meals Delivered:** Enter the number of meals delivered by FSMC/central kitchen.
- **Delivery Temperature:** Take the meal and milk temperatures and record the temperatures in the space provided.
- **Number of leftover meals from previous day served at this meal service.** Enter the number of leftover meals served.
- **Non-Congregate Meals Served to Children:** As non-congregate meals are distributed to the child(ren) or their parent/guardian (i.e., at the point of distribution), put a slash mark through each consecutive number. Only count complete meals (containing all required components).
- **Individual Meals Served to Program Adults:** After all of the non-congregate meals have been distributed, the program adults may be served an individual meal for the day of distribution. 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 distributing the meals and/or supervising the meal distribution. These meals are non-reimbursable, but SFSP funds may be used to cover the cost of these meals.
- **Non-Congregate Meals Served to Non-Program Adults:** Sponsors may choose to provide non-congregate meals to non-program adults, but these are not reimbursable, and the SFSP funds may not be used to cover the cost of these meals. Sponsors may choose to charge for these meals or use separate funds to cover the cost of these meals. Documentation of the funds used for these non-program adult meals must be kept on file.
- **Total Meals Served:** Add Total Non-Congregate Meals Served to Children + Total Individual Meals Served to Program Adults + Total Non-Congregate Meals Served to Non-Program Adults, and enter total here.
- **Total Leftover Meals:** Enter the number of meals leftover after the meal service.
- **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 Meals Served + Total Leftover Meals + Total Damaged Meals should be equal to Number of Meals Delivered.
- **Income from Adult Meals:** Record the amount of money received from paying adults, if applicable.
- **Site Supervisor's Signature and Date:** 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.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
DAILY MEAL COUNT FOR NON-CONGREGATE MEALS

NAME OF SITE	SITE SUPERVISOR	DATE	DATE RANGE OF MEALS PROVIDED BEGIN: _____ END: _____
--------------	-----------------	------	---

MODE OF NON-CONGREGATE MEAL DISTRIBUTION: (Check all that apply)
 Parent/Guardian Pick-Up Delivery to Homes Multi-Day Issuance Unitized Meals Bulk Meals Other: _____

NON-CONGREGATE MEALS PROVIDED <input type="checkbox"/> Breakfast <input type="checkbox"/> A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper	FOR MULTI-DAY ISSUANCE, NUMBER OF DAYS ISSUED _____
--	---

Prepared by FSMC/central kitchen Prepared on site

FSMC/CENTRAL DELIVERY TIME	NUMBER OF MEALS DELIVERED	DELIVERY TEMPERATURE	LEFTOVER MEALS FROM PREVIOUS DAY SERVED AT THIS MEAL
----------------------------	---------------------------	----------------------	--

Non-Congregate Meals Served to Children

1	30	59	88	117	146	175	204	233	262	291	320	349	378	407	436	465	494	523	552	581
2	31	60	89	118	147	176	205	234	263	292	321	350	379	408	437	466	495	524	553	582
3	32	61	90	119	148	177	206	235	264	293	322	351	380	409	438	467	496	525	554	583
4	33	62	91	120	149	178	207	236	265	294	323	352	381	410	439	468	497	526	555	584
5	34	63	92	121	150	179	208	237	266	295	324	353	382	411	440	469	498	527	556	585
6	35	64	93	122	151	180	209	238	267	296	325	354	383	412	441	470	499	528	557	586
7	36	65	94	123	152	181	210	239	268	297	326	355	384	413	442	471	500	529	558	587
8	37	66	95	124	153	182	211	240	269	298	327	356	385	414	443	472	501	530	559	588
9	38	67	96	125	154	183	212	241	270	299	328	357	386	415	444	473	502	531	560	589
10	39	68	97	126	155	184	213	242	271	300	329	358	387	416	445	474	503	532	561	590
11	40	69	98	127	156	185	214	243	272	301	330	359	388	417	446	475	504	533	562	591
12	41	70	99	128	157	186	215	244	273	302	331	360	389	418	447	476	505	534	563	592
13	42	71	100	129	158	187	216	245	274	303	332	361	390	419	448	477	506	535	564	593
14	43	72	101	130	159	188	217	246	275	304	333	362	391	420	449	478	507	536	565	594
15	44	73	102	131	160	189	218	247	276	305	334	363	392	421	450	479	508	537	566	595
16	45	74	103	132	161	190	219	248	277	306	335	364	393	422	451	480	509	538	567	596
17	46	75	104	133	162	191	220	249	278	307	336	365	394	423	452	481	510	539	568	597
18	47	76	105	134	163	192	221	250	279	308	337	366	395	424	453	482	511	540	569	598
19	48	77	106	135	164	193	222	251	280	309	338	367	396	425	454	483	512	541	570	599
20	49	78	107	136	165	194	223	252	281	310	339	368	397	426	455	484	513	542	571	600
21	50	79	108	137	166	195	224	253	282	311	340	369	398	427	456	485	514	543	572	601
22	51	80	109	138	167	196	225	254	283	312	341	370	399	428	457	486	515	544	573	602
23	52	81	110	139	168	197	226	255	284	313	342	371	400	429	458	487	516	545	574	603
24	53	82	111	140	169	198	227	256	285	314	343	372	401	430	459	488	517	546	575	604
25	54	83	112	141	170	199	228	257	286	315	344	373	402	431	460	489	518	547	576	605
26	55	84	113	142	171	200	229	258	287	316	345	374	403	432	461	490	519	548	577	606
27	56	85	114	143	172	201	230	259	288	317	346	375	404	433	462	491	520	549	578	607
28	57	86	115	144	173	202	231	260	289	318	347	376	405	434	463	492	521	550	579	608
29	58	87	116	145	174	203	232	261	290	319	348	377	406	435	464	493	522	551	580	609

Total Number of Children Served at Distribution: _____ X Number of Days Issued _____ = Total Non-Congregate Meals Served to Children _____

NON-REIMBURSABLE MEALS

Individual 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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Total Individual Meals Served to Program Adults _____

Non-Congregate 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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Total Number of Non-Program Adults Served at Distribution: _____ X Number of Days Issued _____ = Total Non-Congregate Meals Served to Non-Program Adults _____

Total Meals Served _____ Total Leftover Meals _____ Total Damaged Meals _____ Income from Adults Meals _____

SITE SUPERVISOR'S SIGNATURE	DATE
-----------------------------	------

Instructions for Completing Daily Meal Count for Non-Congregate Meals

- **Name of Site:** Enter the name of the approved SFSP site.
- **Site Supervisor:** Print or type the site supervisor's first and last name.
- **Date:** Enter the date of the distribution of the meals.
- **Date Range of Meals Provided:** Enter the date range of the meals provided.
- **Mode of Non-Congregate Meal Distribution:** Mark all that apply.
- **Non-Congregate Meals Provided:** Mark the meal(s) for which the count is being completed.
- **For Multi-Day Issuance, Number of Days Issued:** If you are issuing meals/snacks for multiple days, enter the number of days.
- **Mark Prepared by FSMCS/central kitchen or Prepared on Site.**
- **FSMC/Central Delivery Time:** Enter the time the meals arrived at the site.
- **Number of Meals Delivered:** Enter the number of meals delivered by FSMC/central kitchen.
- **Delivery Temperature:** Take the meal and milk temperatures and record the temperatures in the space provided.
- **Number of leftover meals from previous day served at this meal service.** Enter the number of leftover meals served.
- **Non-Congregate Meals Served to Children:** As non-congregate meals are distributed to the child(ren) or their parent/guardian (i.e., at the point of distribution), put a slash mark through each consecutive number. Only count complete meals (containing all required components).
- **Individual Meals Served to Program Adults:** After all of the non-congregate meals have been distributed, the program adults may be served an individual meal for the day of distribution. 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 distributing the meals and/or supervising the meal distribution. These meals are non-reimbursable, but SFSP funds may be used to cover the cost of these meals.
- **Non-Congregate Meals Served to Non-Program Adults:** Sponsors may choose to provide non-congregate meals to non-program adults, but these are not reimbursable, and the SFSP funds may not be used to cover the cost of these meals. Sponsors may choose to charge for these meals or use separate funds to cover the cost of these meals. Documentation of the funds used for these non-program adult meals must be kept on file.
- **Total Meals Served:** Add Total Non-Congregate Meals Served to Children + Total Individual Meals Served to Program Adults + Total Non-Congregate Meals Served to Non-Program Adults, and enter total here.
- **Total Leftover Meals:** Enter the number of meals leftover after the meal service.
- **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 Meals Served + Total Leftover Meals + Total Damaged Meals should be equal to Number of Meals Delivered.
- **Income from Adult Meals:** Record the amount of money received from paying adults, if applicable.
- **Site Supervisor's Signature and Date:** 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.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
MEAL COUNT RECORD FOR CAMPS

SPONSOR NAME	SITE	SITE SUPERVISOR
--------------	------	-----------------

WEEK OF:	KEY: B = Breakfast L = Lunch Su = Supper Sn = Snack 1 = First Meal 2 = Second Meals
----------	--

PARTICIPANTS NAME	MONDAY				TUESDAY				WEDNESDAY				THURSDAY				FRIDAY				SATURDAY				SUNDAY							
	DATE:				DATE:				DATE:				DATE:				DATE:				DATE:											
	B	L	Su	Sn	B	L	Su	Sn	B	L	Su	Sn	B	L	Su	Sn	B	L	Su	Sn	B	L	Su	Sn	B	L	Su	Sn				
	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2	1/2
Number Of Program Adult Meals Served																																
Number Of Non-Program Adult Meals Served																																
Number Meals Served to Non-Eligible Children																																
Number Meals Served to Eligible Children																																
TOTAL MEALS SERVED																																

INSTRUCTIONS FOR COMPLETING THE MEAL COUNT RECORD FOR CAMPS

Enter the sponsor name, site name, and supervisor.

- Enter the date.
- List all of the children enrolled in the camp program in the Participant's Name column (preferably in alphabetical order). All children should be listed, including those who do not qualify for free meals, so that there is no overt identification of the children who do qualify for free meals.
- For each meal served, place a check mark under the appropriate meal type for each child. If a child is not served a particular meal, the box should be left blank.
- Enter the total number of meals served to eligible children. This number will be the sum of the check marks under each meal type each day for the children who qualify for free meals.
- Enter the total number of program adult meals served and the total number of non-program adult meals served at each meal service.
- Enter the total number of meals served to non-eligible children (those who do not qualify for free meals).
- Add the total number of meals served. This includes meals served to eligible children, meals served to program adults, nonprogram adults, and non-eligible children.

Note: The meal count record for camps must be completed at the time of the meal service. Sponsor personnel must physically count the children eating at each meal.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
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																		
Leftover Meals 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 or Incomplete Meals																		
Total Leftover Meals																		
Income from Adult Meals																		

Comments:



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
SITE MEAL COUNT CONSOLIDATION

Completed by:
 Sponsor
 DHSS Reviewer

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

Instructions for Completing the Site Meal Count Consolidation

This is an optional form. It should be used to consolidate the meal counts for each site, one form per site. The totals from each site's worksheet should be added to get the sponsor's monthly claim totals. If the sponsor has only one site, this form may be used in lieu of the Monthly Consolidation Form.

This form is available at: <https://health.mo.gov/living/wellness/nutrition/foodprograms/sfsp/forms.php>.

Sponsor Name: Enter the sponsoring organization's name.

Site Name: Enter the name of the site for which meal counts are being recorded

Month/Year: Enter the name of the month and year for which meal counts are being recorded.

Date: For each calendar date, enter the number of breakfasts, lunches, suppers and/or snacks served as first meals to children and second meals to children. Do not enter meals on dates the site wasn't open (such as Saturdays, Sundays, and holidays), and do not enter numbers for meals that weren't approved and served (e.g., if the site is approved to serve breakfasts and lunches, do not record meals under suppers and snacks).

Site Totals: Enter the totals for each column; if using the spreadsheet, totals will calculate.

Multiple Site Totals: When one form is complete for each site, use the space below to add the Site Total for Child 1st Meals for Breakfast from each site's form, to get the total breakfast first meals served to children for the month. Add each additional column in the same manner for each site, to get all other totals for the monthly consolidation form and claim for reimbursement.

Sponsor Name					Month/Year			
Site Name or Number	Breakfast		Lunch		Supper		Snack	
	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals	Child 1st Meals	Child 2nd Meals
Total Meals								



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 SUMMER FOOD SERVICE PROGRAM (SFSP)
SFSP ENROLLMENT FORM FOR CAMPS AND CLOSED ENROLLED SITES

PERMISSION TO PARTICIPATE

I (Parent/Guardian Name) _____ give permission for my child(ren) listed below to participate in the enrolled SFSP site:

(Site Name) _____ located at

(Site Address) _____

and to receive SFSP meals from:

(Sponsor name) _____

CHILD(REN)

FIRST/LAST NAME	AGE

PARENT/GUARDIAN CONTACT INFORMATION

FULL NAME _____

ADDRESS _____

CITY	STATE	ZIP CODE	COUNTY

PHONE NUMBER _____

EMAIL ADDRESS _____

Parent/Guardian Signature: _____ Date: _____

Non-Reimbursable Meals

When counting and consolidating meals, please be advised that the following meals are not eligible or allowed for reimbursement:

Meals Served at Unapproved Sites/Times

- Meals served outside of approved timeframes or approved dates of operation.
- Meals served at sites not approved by the state agency.
- Meals consumed off site without prior approval. Sponsors must notify the Department of Health and Senior Services-Community Food and Nutrition Assistance 24 hours in advance and get approval of all field trips.
- Meals consumed off site under the Demonstration Project for Non-Congregate Feeding for Outdoor Summer Meal Sites where the site has not been preapproved by application, and where a heat advisory, watch, or warning has not been issued for the site in question.

Meal Service Issues

- Meals that do not meet meal pattern requirements.
- Meals not served as a complete unit (except in approved “offer versus serve” sites where complete meals must be offered to participants).
- Meal patterns or types not approved by the state agency.
- More than one meal served to a child at a time (this is not referencing second meals served after all children have been served a first meal).
- Meals that are spoiled or damaged.

Incorrect Claiming Procedures

- Meals that were served to adults. Do not claim meals served to program or non-program adults.
- Meals that were not served to children (leftover meals).
- Second meals claimed in excess of 2% of the total of 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.
- Meals served to ineligible children in camps (those not meeting the income eligibility guidelines for free or reduced-price school meals).
- Meals in excess of the sites’ approved level of meal service (capacity for vended sponsors).
- Meals that were not served.
- Meals served to anyone other than eligible children.



Production Records

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:

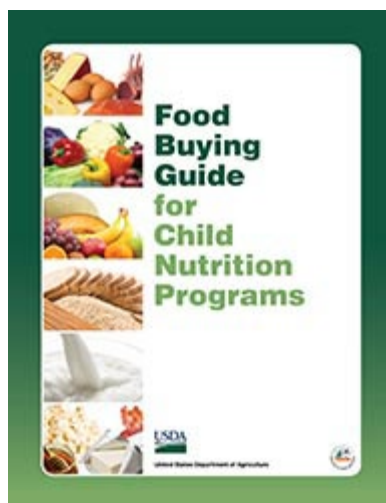
- List all food items used. Do not include condiments or seasonings.
- List the serving size for each item served.
- List the total amount of food prepared in specific quantities, such as in pan sizes, pounds, package sizes, can sizes, and weights.
- Maintain production records for all meals and snacks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

A Daily Vended Meal Receiving Log and a Vended Meal Communication and Credit Log are included in this manual for sponsors to document the date and time food was received at the site, food temperatures, and any problems with the foods received. These forms are also available on the SFSP website.

Food Buying Guide for Child Nutrition Programs

The United States Department of Agriculture's **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 Manuals on the Summer Food Service Program website:

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





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
FOOD PRODUCTION RECORD

SPONSOR

SITE NAME

DATE

BREAKFAST (E X F = G)

A Food Components	B Food Items Used	C Serving Size	D Preparation Units (pans, lbs, cans, size, etc.)	E Servings per Preparation Units Used	F Number of Preparation Units Used	G Total Servings Prepared	H Number of Meals Served
Fluid Milk							
Vegetable/Fruit							
Grain/Bread							
Other Food							
Other Food							

LUNCH/SUPPER (E X F = G)

A Food Components	B Food Items Used	C Serving Size	D Preparation Units (pans, lbs, cans, size, etc.)	E Servings per Preparation Units Used	F Number of Preparation Units Used	G Total Servings Prepared	H Number of Meals Served
Fluid Milk							
Meat/Meat Alternative							
Vegetable/Fruit							
Vegetable/Fruit							
Grain/Bread							
Other Food							
Other Food							

SNACK (Serve at least 2 of the 4 components.) (E X F = G)

A Food Components	B Food Items Used	C Serving Size	D Preparation Units (pans, lbs, cans, size, etc.)	E Servings per Preparation Units Used	F Number of Preparation Units Used	G Total Servings Prepared	H Number of Meals Served
Fluid Milk							
Meat/Meat Alternative							
Vegetable/Fruit							
Grain/Bread							
Other Food							
Other Food							

At a minimum, columns B, C, G, and H must be completed.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
DAILY MEAL RECEIVING LOG

For use in Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP).

Instructions: Use this log for receiving food or meals delivered from an off site or a central kitchen location. Record the hot and cold food temperatures of at least one meal. **Document meals to credit due to damage, unacceptable temperatures, etc. on the Meal Communication and Credit Log.

Date	Rec'd Time	Hot Food Name	Temperature rec'd 135 degrees or above	Cold Food Name	Temperature rec'd 41 degrees or less	Rec'd by initials	# of meals ordered	# of meals rec'd	Less # of meals to credit**	# of meals to pay FSMC



MEAL COMMUNICATION AND CREDIT LOG

For use in Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP).

Instructions: Use this log to document unacceptable food or meals as noted on the Daily Meal Receiving Log. These are meals that require FSMC credit due to damage, unacceptable temperature, or for other contractual reasons.

Date	Food Product Name	Problem - reason meals not accepted on receiving log	Communication with FSMC Name/Date/Time	FSMC comments	Total # of meals to credit	Contact made by (initials)

Nonprofit Food Service

Sponsors must maintain a nonprofit food service program as required in 7 CFR 225.6(i) and must be able to account for the receipt, obligation, and expenditure of all Summer Food Service Program (SFSP) funds. Sponsors must ensure that all SFSP reimbursements are being used solely for conducting nonprofit food service operations. In order to do this, the following items are required:

- Sponsors must 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. The Program Cost Report form is provided on the next page to document programs costs. It is also available on the SFSP website.
- 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 SFSP.
 - Keeping the excess funds for next year's SFSP operations.
 - Paying for allowable costs of other Child Nutrition Programs.
- Donations received by an SFSP site must be documented and comply with program regulations and those regulations governing the distribution of donated foods in the SFSP (7 CFR 250.61). The Donated Food Log is included in this manual and on the SFSP website.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
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		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	
		X		X		+		=	

- 1. Total Labor Costs for Period..... _____
 - 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 Program Costs (sum of lines 1 through 12)** _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
DONATED FOOD LOG

Instructions: When a food donation is made to your agency, document the information below. An example is provided. Agencies may use donated foods received from the community for preparing meals that will be served to participants.

- Donated foods must be inspected to assure they are in good condition, not expired or outdated, and not tampered with.
- Donated foods must be creditable and meet the meal pattern requirements. See USDA's Food Buying Guide for Child Nutrition Programs.
- Families are NOT required to donate food.
- Food purchased with WIC or SNAP funds CANNOT be accepted as donations.
- All sponsors must keep accurate records of their operating costs to document the nonprofit status of their food service.

Date	Food Item Donated	Donation Quantity	Donation Source	Signature of Donor
1/15/XXXX	Cheerios (12 oz.)	3 Boxes	Parent	<i>John Doe</i>

Allowable Costs and Needed Documentation

Operating costs are allowable costs incurred by the sponsor for preparing and serving meals to eligible children and program adults. These costs include, but are not limited to, cost of food used, labor, nonfood supplies, and space for the food service. Rural sites may include costs that are directly incurred in transporting children from rural homes to rural food service sites. All costs must be fully documented and they must represent actual program costs.

ADMINISTRATIVE COSTS	
COST	DOCUMENTATION
LABOR Completing the sponsor application Attending sponsor training Conducting pre-operational and 2 nd 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 or 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

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 overclaim and other federal debts.
- Contributions and donations including contingency reserves, the United States Department of Agriculture (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.
- Costs 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 foods that are not part of the meal pattern. Sites wishing to serve additional foods that do not meet the Summer Food Service Program (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 of 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.
- 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 capacity, spoiled or unwholesome meals, or meals that do not meet requirements or quality standards.

For more information towards allowable use of program funds see the USDA Policy Memo SFSP 06-2012, "Serving Additional Foods in the Summer Food Service Program."

Network User Access and Claims

- Claims are submitted online. Sponsors must have a Summer Food Service Program (SFSP) user ID and password to enter a claim.
- New users must complete a Network User Access Request available at: <http://health.mo.gov/sfsp>.
- Send completed form to Department of Health and Senior Services-Community Food and Nutrition Assistance (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.
- Online Application Instructions and Online Claiming Instructions are available at: <http://health.mo.gov/sfsp>.
- To access the web-based system, go to <http://health.mo.gov/sfsp> and click on Web Log In Screen.
- Claims will not be paid if submitted more than 60 days after the last day of the claim period.

DON'T MISS
THE DEADLINE!

Deadlines for Original and Revised Claims

May Claim	June Claim	July Claim	August Claim
July 30	August 29	September 29	October 30

Sanitation Requirements

Food safety is a topic that touches everyone. Sponsors must maintain proper sanitation and health standards in conformance with all applicable state and local laws and regulations (7 CFR 225.6(e)(2)(iv)(F)). Some facilities may not be required to meet all state and local health and safety requirements; for example, those that do not prepare food on site. When inspecting these sites, local sanitarians conduct a routine food safety and sanitation inspection. Staff preparing foods should follow safe food handling practices. Inspectors will focus on items such as cooking and reheating temperatures, cooling procedures, hot and cold holding temperatures, cross-contamination issues, personal hygiene, proper hand-washing practices, and food storage practices. In order to adhere to all state and local sanitation regulations and requirements, contact your local sanitarian. It is of tremendous benefit to establish a rapport with your local sanitarian. They can provide training and technical assistance in all regulations and requirements. To find contact information for your local sanitarian and Local Public Health Agency (LPHA), please visit: <http://health.mo.gov/living/lpha/lphas.php>.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD SAFETY INSPECTION REPORT FORM FOR SUMMER FOOD AND AT-RISK SITES

ESTABLISHMENT NAME:	CONTACT/PC:	SITE NO.:	TIME IN:	TIME OUT:
ADDRESS:			PAGE 1 OF 2	
CITY/ZIP:	PHONE:	COUNTY:	FAX:	
ESTABLISHMENT TYPE: <input type="checkbox"/> SFSP <input type="checkbox"/> AT-RISK		PURPOSE:		
<input type="checkbox"/> CENTRAL KITCHEN <input type="checkbox"/> SELF-PREP		<input type="checkbox"/> VENDED/SITE <input type="checkbox"/> PRE-OPENING <input type="checkbox"/> ROUTINE <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> ATTEMPT		
SEWAGE DISPOSAL: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY: <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY Date Sampled: <input type="checkbox"/> PRIVATE Results		

The REPORT BELOW DOCUMENTS AN INSPECTION CONDUCTED THIS DAY. THE ITEMS NOTED BELOW IDENTIFY THE STATUS OF THE OPERATION OR FACILITY. VIOLATIONS MUST BE CORRECTED ON-SITE OR BY THE TIME SPECIFIED FOR THE FOLLOW-UP INSPECTION. FAILURE TO COMPLY WITH ANY TIME LIMITS FOR CORRECTIONS SPECIFIED IN THIS NOTICE MAY RESULT IN CESSATION OF YOUR FOOD OPERATIONS.

This inspection sheet documents the status of compliance. It provides the observed violations and corrective measures or the needed corrective action. Operators/sponsors must address violations marked "OUT". **Items that cannot be corrected on-site (COS) must be followed-up on.**

Key to compliance status at the time of the inspection. IN = in compliance; OUT = not in compliance; N/A = not applicable; N/O = not observed; and COS = corrected on-site

COMPLIANCE	Food Temperature Control	OBSERVED VIOLATION(S)	COS
IN OUT N/O N/A	Adequate equipment for temperature control		
IN OUT N/O N/A	Approved training methods used		
IN OUT N/O N/A	Thermometers provided and accurate		
Proper Use of Utensils			
IN OUT N/O N/A	Re-use utensils: properly stored		
IN OUT N/O N/A	Utensils, equipment and linens: properly stored, dried, labeled		
IN OUT N/O N/A	Single-use/throw-away service articles: properly stored, used		
IN OUT N/O N/A	Gloves used properly		
Utensils, Equipment and Wareing			
IN OUT N/O N/A	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
IN OUT N/O N/A	Warewashing facilities: installed, maintained, used; test strips used		
IN OUT N/O N/A	Nonfood-contact surfaces clean		
Food Identification			
IN OUT N/O N/A	Food properly labeled, original container		
Prevention of Food Contamination			
IN OUT N/O N/A	Insects, rodents, and animals not present		
IN OUT N/O N/A	Contamination prevented during food preparation, storage and display		
IN OUT N/O N/A	Personal cleanliness: clean outer clothing, hair, respirator, fingerails and jewelry		
IN OUT N/O N/A	Wiping cloths: properly used and stored		
IN OUT N/O N/A	Fruits and vegetables washed before use		
Physical Facilities			
IN OUT N/O N/A	Hot and cold water available; adequate pressure		
IN OUT N/O N/A	Plumbing installed; proper backflow devices		
IN OUT N/O N/A	Sewage and wastewater properly disposed		
IN OUT N/O N/A	Toilet facilities: properly constructed, supplied, cleaned		
IN OUT N/O N/A	Garbage/refuse properly disposed; facilities maintained		
IN OUT N/O N/A	Physical facilities installed, maintained, and clean		

MENU

FOOD	LOCATION	TEMPERATURE (°F)	FOOD	LOCATION	TEMPERATURE (°F)

COMMENTS/REMARKS/CORRECTIVE MEASURES

Person in Charge /Title: _____ Date: _____

Inspector: _____ Telephone No. _____ EPHS No. _____ Follow-up: Yes No
Follow-up Date: _____

NO 960-1123 (4-16) DISTRIBUTION: WHITE - SPONSOR; CANARY - SEHS; PINK - FILE COPY 68.39

FOR OFFICIAL USE	DATES OF OPERATION:	MEAL/TIMES:
	APPROVED/DENIED BY:	REIMBURSEMENT:
	REASON:	DATE:

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF ENVIRONMENTAL HEALTH SERVICES
FOOD SAFETY INSPECTION REPORT FORM FOR SUMMER FOOD AND AT-RISK SITES

ESTABLISHMENT NAME:	ADDRESS:	SITE NO.:	TIME IN:	TIME OUT:
ADDRESS:			PAGE 2 OF 2	
CITY/ZIP:	PHONE:	COUNTY:	FAX:	
ESTABLISHMENT TYPE: <input type="checkbox"/> SFSP <input type="checkbox"/> AT-RISK		PURPOSE:		
<input type="checkbox"/> CENTRAL KITCHEN <input type="checkbox"/> SELF-PREP		<input type="checkbox"/> VENDED/SITE <input type="checkbox"/> PRE-OPENING <input type="checkbox"/> ROUTINE <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> ATTEMPT		
SEWAGE DISPOSAL: <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE		WATER SUPPLY: <input type="checkbox"/> COMMUNITY <input type="checkbox"/> NON-COMMUNITY Date Sampled: <input type="checkbox"/> PRIVATE Results		

This inspection sheet documents the status of compliance. It provides the observed violations and corrective measures or the needed corrective action. Operators/sponsors must address violations marked "OUT". **Items that cannot be corrected on-site (COS) must be followed-up on.**

Key to compliance status at the time of the inspection. IN = in compliance; OUT = not in compliance; N/A = not applicable; N/O = not observed; and COS = corrected on-site

COMPLIANCE	Food Temperature Control	OBSERVED VIOLATION(S)	COS
IN OUT N/O N/A	Adequate equipment for temperature control		
IN OUT N/O N/A	Approved training methods used		
IN OUT N/O N/A	Thermometers provided and accurate		
Proper Use of Utensils			
IN OUT N/O N/A	Re-use utensils: properly stored		
IN OUT N/O N/A	Utensils, equipment and linens: properly stored, dried, labeled		
IN OUT N/O N/A	Single-use/throw-away service articles: properly stored, used		
IN OUT N/O N/A	Gloves used properly		
Utensils, Equipment and Wareing			
IN OUT N/O N/A	Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		
IN OUT N/O N/A	Warewashing facilities: installed, maintained, used; test strips used		
IN OUT N/O N/A	Nonfood-contact surfaces clean		
Food Identification			
IN OUT N/O N/A	Food properly labeled, original container		
Prevention of Food Contamination			
IN OUT N/O N/A	Insects, rodents, and animals not present		
IN OUT N/O N/A	Contamination prevented during food preparation, storage and display		
IN OUT N/O N/A	Personal cleanliness: clean outer clothing, hair, respirator, fingerails and jewelry		
IN OUT N/O N/A	Wiping cloths: properly used and stored		
IN OUT N/O N/A	Fruits and vegetables washed before use		
Physical Facilities			
IN OUT N/O N/A	Hot and cold water available; adequate pressure		
IN OUT N/O N/A	Plumbing installed; proper backflow devices		
IN OUT N/O N/A	Sewage and wastewater properly disposed		
IN OUT N/O N/A	Toilet facilities: properly constructed, supplied, cleaned		
IN OUT N/O N/A	Garbage/refuse properly disposed; facilities maintained		
IN OUT N/O N/A	Physical facilities installed, maintained, and clean		

MENU

FOOD	LOCATION	TEMPERATURE (°F)	FOOD	LOCATION	TEMPERATURE (°F)

COMMENTS/REMARKS/CORRECTIVE MEASURES

Person in Charge /Title: _____ Date: _____

Inspector: _____ Telephone No. _____ EPHS No. _____ Follow-up: Yes No
Follow-up Date: _____

NO 960-1123 (4-16) DISTRIBUTION: WHITE - SPONSOR; CANARY - SEHS; PINK - FILE COPY 68.39

Time as a Public Health Control

If a summer food service vendor or sponsor intends to handle and serve potentially hazardous foods using *time as the only public health control*, **they must contact their local sanitarian to obtain the necessary guidance for developing their Time as a Public Health Control plan, then the local sanitarian must approve the plan before it is utilized.** When using Time as a Public Health Control, a sponsor must develop written procedures that address the requirements of 3-501.19 of the Missouri Food code. All other local sanitation code requirements must be met as well. The approved procedure must be kept on site for staff reference.

***The approved procedure must be kept available onsite for staff reference.**

Some vendor or sponsor responsibilities that will need to be developed are:

- Develop a procedure that will address:
 - Documentation specifying the time frame (four to six hours) that will be used as stated in section 3-501.19.
 - Method of marking the product when it is removed from temperature control.
 - Monitoring of temperature prior to removal from temperature control.
 - Method of marking the product with the discard time.
 - Disposition of the food at the end of the time period.
 - Included in the procedure:
 - What food is the procedure being used for?
 - The amount of food?
 - Who is responsible for monitoring?
 - The records that are to be kept and how long will they be kept?
- Provide training to personnel on procedure developed.
- Record how management will monitor and verify that the procedure is being applied properly.
- Assure that products in unmarked containers or packages or those that are marked with a time that exceeds the timeframe specified in the procedure will be discarded.

Local Public Health Agency inspection personnel responsibilities:

- Provide technical assistance to summer food service vendors or sponsors proposing to use time as a public health control.
- Review and comment on proposed procedures during inspection.
- During inspections review and verify application/implementation of procedure by:
 - Direct observation,
 - Review of at least three randomly selected records from the establishment's files including the day of inspection,
 - Record compliance status on the inspection report, and
 - Note any observations, violations, and corrective actions concerning the time as a public health control procedures, on the inspection report.
- Discard products in unmarked containers or packages or products marked with a time that exceeds the timeframe specified in the procedure.

Written procedures are required for potentially hazardous foods that are being held using time only as a public health control method. The written procedure must identify the food(s), the method of tracking the food once it is removed from temperature control, and what action will be taken at the end of the time frame.

See **Example** on next page.

Example: Written Procedure for Tracking Temperature

- Foods:
 - Macaroni and cheese.
 - Hamburgers.
 - Milk.
- Tracking:
 - Use yellow and red dots.
 - Write the time, on the yellow dot, the food was taken out of temperature control.
 - Place yellow dot on the left corner of each tray.
 - Write the "Discard Time on a red dot (maximum four hours).
 - Place red dot on right corner of each tray.
- Food Disposition:
 - Monitor time and assure that foods are discarded after four hours.
 - Discard expired and unused food in the kitchen garbage.
- Documentation:
 - Document all required information on the chart.
 - The approval chart must be completed for each day of service.
 - The chart will be maintained in the office at the central kitchen for at least 30 days.

Food	Macaroni & Cheese	Hamburgers	Milk
Employee initials	JS	JS	JS
Number of trays	2	4	5
Temperature	140°	145°	39°
Time taken out of temperature control	9:30 am	9:30 am	9:30 am
Time to be discarded or completely served	1:30 pm	1:30 pm	1:30 pm
Comments	Completely served	3 hamburgers discarded in kitchen garbage	6 cartons of milk poured down sink in kitchen

Reviewer's Signature

Date

Monitoring Your Sites

Monitoring is essential to making a program successful. Having knowledgeable, trained monitors will enable program operations to comply with program requirements and run more smoothly. Having an efficient and capable monitoring staff is one of the first steps towards successful operations. A monitor serves as a direct link between the sponsor's administrative office and the actual meal service sites. Establishing a proper monitoring system will help prevent problems from occurring and will make it easier to correct any problems that arise during the summer. The sponsor must ensure that the monitor's responsibilities and authority are clear to the monitoring staff and site supervisors.

Monitors must:

- ❖ Participate in annual training from the sponsor, and understand program requirements, including civil rights requirements.
- ❖ Ensure sites operate according to program guidelines.
- ❖ Carry a supply of all necessary forms during site visits and reviews.
- ❖ Provide training and technical assistance for site personnel when needed.
- ❖ Spend enough time at each site to ensure proper program operations.

Visits and Reviews:

Monitors are required to perform site visits and site reviews at various times throughout program operations. Regulation requires the following site monitoring: 1. A pre-operational site visit prior to opening a new site. 2. A site review within the first two weeks of operation. 3. A site review within the first four weeks of operation.

- Site Visit: Requires the monitor to ensure the food service is operating smoothly and any apparent problems are immediately resolved.
- Site Reviews: Requires the monitor to determine if the site is meeting all the various program requirements. Monitors must observe a complete meal service from beginning to end, including delivery or preparation of meals, the meal service, and clean up after meals.

For your convenience, the Site Review forms for both self-prep and vended sites are included in this manual. They are also available on the Summer Food Service Program webpage at: www.health.mo.gov/sfsp under Applications and Forms. For further information on sponsor monitoring requirements, please see the USDA's *Sponsor Monitor's Guide* also available on our webpage under Manuals.



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

2nd Week Review 4th Week Review

NAME OF SPONSOR	NAME OF SITE
DATE OF REVIEW	SITE SUPERVISOR
TIME OF ARRIVAL	TIME OF DEPARTURE

DATES OF SITE OPERATION	BEGINNING DATE	ENDING DATE
-------------------------	----------------	-------------

MEAL SERVICE REVIEWED <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack	TYPE OF SITE <input type="checkbox"/> Open <input type="checkbox"/> Closed Enrolled <input type="checkbox"/> Camp <input type="checkbox"/> Migrant <input type="checkbox"/> Conditional Non-Congregate <input type="checkbox"/> Other
---	--

TYPE OF MEAL SERVICE <input type="checkbox"/> Congregate <input type="checkbox"/> Rural Non-Congregate	MODE OF NON-CONGREGATE MEAL DISTRIBUTION (CHECK ALL THAT APPLY) <input type="checkbox"/> Parent/Guardian Pick-up <input type="checkbox"/> Delivery to Homes <input type="checkbox"/> Multi-Day Issuance - No. of Days _____ <input type="checkbox"/> Unitized Meals <input type="checkbox"/> Bulk Meals <input type="checkbox"/> Other
---	---

APPROVED AVERAGE DAILY PARTICIPATION
 _____ Breakfast _____ Snack _____ Lunch _____ Snack _____ Supper _____ Snack

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

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

	Yes	No	N/A	Comments
Are meals served within the approved time frame?				
Does the meal served meet meal pattern requirements?				
Are adequate quantities of all food components served?				
If production records are maintained, do they completely and accurately document the amount of food prepared? (Required for vended sites only.)				
Are foods served creditable?				
Is food prepared, handled, and served in a sanitary manner?				
Does the food preparer(s) maintain good personal hygiene and wash hands prior to the meal service?				

	Yes	No	N/A	Comments
Are facilities clean and free from rodents and insects?				
Are attendance records kept for closed enrollment sites, non-congregate sites, and camp sites?				
Are meals served as a unit?				
Are meals consumed by participants on site?				
Are meals planned and prepared with one meal per participant in mind?				
Are accurate counts taken of meals served?				
Is the required health department certification available for inspection?				
Is an inventory record being kept?				
Are receiving reports and purchase invoices kept?				
Does staffing pattern correspond to that listed on approved application?				
Has the site supervisor attended training?				
Are records of adult meals kept?				
Is there documentation of participants eligible for free or reduced-price meals available if applicable?				
Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent location?				
Are meals served to all attending participants regardless of race, color, national origin, age, sex (including gender identity and sexual orientation), or disability?				

Beneficiary Data (Ethnic and racial data must be from a source in which the respondent has self-identified and self-reported.)

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

Indicate the number of participants in attendance in each racial category.

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

Source:

Corrective Action Plan:

<input type="checkbox"/> No Findings Findings:	Follow-up: <input type="checkbox"/> N/A <input type="checkbox"/> Follow-up Plan/Corrective Action Taken <input type="checkbox"/> Corrective Action Taken by Sponsor following Sanitation Inspection <input type="checkbox"/> Follow-up Review planned by Sponsor
---	--

The monitor conducted an Announced Site Review Unannounced Site Review

SIGNATURE OF SPONSOR MONITOR	DATE
SITE SUPERVISOR SIGNATURE	DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 SUMMER FOOD SERVICE PROGRAM (SFSP)
MONITOR SITE REVIEW FORM (for Vended Sites)

2nd Week Review 4th Week Review

NAME OF SPONSOR	NAME OF SITE
DATE OF REVIEW	SITE SUPERVISOR
TIME OF ARRIVAL	TIME OF DEPARTURE

DATES OF SITE OPERATION	BEGINNING DATE	ENDING DATE
-------------------------	----------------	-------------

MEAL SERVICE REVIEWED <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper <input type="checkbox"/> Snack	TYPE OF SITE <input type="checkbox"/> Open <input type="checkbox"/> Closed Enrolled <input type="checkbox"/> Camp <input type="checkbox"/> Migrant <input type="checkbox"/> Conditional Non-Congregate <input type="checkbox"/> Other
---	--

TYPE OF MEAL SERVICE <input type="checkbox"/> Congregate <input type="checkbox"/> Rural Non-Congregate	MODE OF NON-CONGREGATE MEAL DISTRIBUTION (CHECK ALL THAT APPLY) <input type="checkbox"/> Parent/Guardian Pick-up <input type="checkbox"/> Delivery to Homes <input type="checkbox"/> Multi-Day Issuance - No. of Days _____ <input type="checkbox"/> Unitized Meals <input type="checkbox"/> Bulk Meals <input type="checkbox"/> Other
---	---

APPROVED AVERAGE DAILY PARTICIPATION
 _____ Breakfast _____ Snack _____ Lunch _____ Snack _____ Supper _____ Snack

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

	Yes	No	NA	Comments
Are meals served within the approved time frame?				
Does the meal served meet meal pattern requirements?				
Are adequate quantities of all food components served?				
Are production records maintained that completely and accurately document the amount of food prepared?				
Are foods served creditable?				
Is food prepared, handled, and served in a sanitary manner?				
Do food handlers maintain good personal hygiene and wash hands prior to the meal service?				
Are facilities clean and free from rodents and insects?				
Are the meals counted before signing the delivery receipt?				
Are food temperatures taken when meals are delivered?				
Are meals checked for quality and completeness?				
Is there proper sanitation or 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?				

	Yes	No	NA	Comments
Is the site supervisor following procedures established to make 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 an excessive number of meals provided to be served as second meals?				
Are accurate counts taken of meals served?				
Does the site staffing pattern correspond to that listed on the approved application?				
Has the site supervisor attended training?				
Are records of adult meals kept?				
Is there documentation of participants eligible for free or reduced-price meals available if applicable?				
Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent location?				
Are meals served to all attending participants regardless of race, color, national origin, age, sex (including gender identity and sexual orientation), or disability?				
Are attendance records kept for closed enrolled sites, non-congregate sites, and camp sites?				

Beneficiary Data (Ethnic and racial data must be from a source in which the respondent has self-identified and self-reported.)

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

Indicate the number of participants in attendance in each racial category.

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

Source:

Corrective Action Plan:

<input type="checkbox"/> No Findings Findings:	Follow-up: <input type="checkbox"/> N/A <input type="checkbox"/> Follow-up Plan/Corrective Action Taken <input type="checkbox"/> Corrective Action Taken by Sponsor following Sanitation Inspection <input type="checkbox"/> Follow-up Review planned by Sponsor
---	--

The monitor conducted an Announced Site Review Unannounced Site Review

SIGNATURE OF SPONSOR MONITOR	DATE
SITE SUPERVISOR SIGNATURE	DATE

Monitoring Checklist

During your Summer Food Service Program (SFSP) Review, the Nutritionist or the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) representative will review program records for compliance with federal and state regulations. The following checklist should assist in preparation for the review. This list presents an overview of the major areas that will be evaluated. Records for the entire fiscal year should be available for review.

Forms and program requirements can be obtained at the DHSS-CFNA's SFSP webpage: www.health.mo.gov/sfsp.

Note: Sponsors must have a claim in Pending Approval before the sponsor monitoring can be held.

Required Documentation for SFSP Sponsor Review Monitoring:

- Documentation of Training to Program Personnel.*
- Pre-Operational Site Visit form, Monitor Site Review form for 2nd and 4th-week site monitoring reports (4th week only for returning sponsors that requested a waiver on the application).*
- Dated, daily menus (all sponsors).*
- Meal production records (vended sponsors only).*
- Child Nutrition (CN) labels or Product Formulation Statements for all commercially processed foods such as entrees and breaded meat items.
- Meal count records (daily meal counts; weekly or monthly consolidated records).*
- Attendance Records for Closed Enrolled Sites, Rural Non-Congregate Sites (including Conditional Non-Congregate Sites), and Camps. Must have an attendance record for each day of operation.
- Meal delivery receipts (vended programs only).
- Source documents (food purchase/delivery receipts, utility bills, payroll records, etc.) for all program costs.
- Copy of the completed claim for reimbursement.
- Sanitation inspection report(s).
- Civil rights beneficiary data forms: Outreach and Beneficiary Data Survey and Beneficiary Data Report (if recorded separately from 2nd or 4th week monitoring reports).*
- Notification to the community of the availability of free meals through media releases, brochures, or other printed outreach material.
- Copy of the program application and permanent agreement/contract.
- Enrollment Forms are required for Closed Enrolled Sites and Camps. Must have an enrollment form for each child. *
- Income Eligibility Forms (IEFs) for Conditional Non-Congregate Sites, Camps, and Closed Enrolled Sites (when applicable). Refer to *Income Eligibility Guidance for Camps, Non-Congregate Sites, and Closed Enrolled Sites*. *

*Available under Applications & Forms at: www.health.mo.gov/sfsp

Common Findings

In an effort to assist sponsors in operating the Summer Food Service Program (SFSP) successfully, some common situations from reviews that have resulted in findings have been identified. Use these as a guidepost to avoid some of the more common operational errors that have occurred with the SFSP.

MENU and MEAL SERVICE FINDINGS

- All meals served did not meet the minimum meal pattern requirements as outlined in the meal chart.
- The meal contained a non-creditable component. Refer to the United States Department of Agriculture's Food Buying Guide for Child Nutrition Programs 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. If your meal service times change, you must update the information online and gain approval prior to implementing the change.
- 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 the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) 24 hours in advance of site closings and/or field trips.
- The sponsor did not have Child Nutrition (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.

PRODUCTION RECORD FINDINGS (vended meals only)

- 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, the food items used, the serving size of each food item used, the total amount of each food item prepared in package/container sizes and/or weight, the amount of each food item leftover, and the number of children and adults served.
- At a vended site, production records were not being maintained.

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 or prepared on a daily basis, resulting in an excess number of leftover meals.
- Leftover meals 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 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.
- 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. While there is no regulation stipulating a certain child-to-staff ratio, a recommended ratio is 15 children to every program adult.

SANITATION FINDINGS (Contact your local sanitarian for technical assistance)

- **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 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 135°F or above to avoid bacterial contamination.
- Food was left sitting at room temperature for more than two hours.
- The site did not have adequate facilities or equipment 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.
- 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.
- The refrigerator did not have a thermometer. All refrigerators must have a working thermometer to enable site personnel to monitor the temperature of the equipment. Temperature in the refrigerators and freezers must be monitored on a regular basis.
- Time as a Public Health Control was being utilized without an approved plan.

Corrective Action Plan

A Summer Food Service Program (SFSP) sponsor has the responsibility of responding to both site visit and sponsor review findings (instances of non-compliance) if they occur by completing a Corrective Action Plan (CAP). There are two different types of reviews, site visit reviews and sponsor reviews.

The CAP Process for Site Visit Reviews:

Following the site visit review by the SFSP Nutritionist/Nutrition Specialist, the outcome of the review will be discussed with the site supervisor and the sponsor, if present. A site review form indicating if each requirement was in compliance will be completed. If findings (instances of non-compliance) occurred during the review, additional site visit finding form(s) will be completed and a CAP will be requested.

If the sponsor is present at the time of the site review, the sponsor will be given the opportunity to correct the finding on site and document the correction on the site visit finding form(s). If the sponsor is not present at the time of the site review, a copy of the site review form and site visit finding form(s) will be emailed to the sponsor for completion. On the site visit finding form(s), the sponsor will address each finding indicated, 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 CAP will have a due date. The sponsor will have **three weeks** from the date of the site review to respond to the findings. Failure to respond to the review could affect the site and sponsor's ability to participate in the SFSP. After the Nutritionist/Nutrition Specialist has reviewed and approved the CAP, a closeout email will be sent to the sponsor.

The CAP Process for Sponsor Reviews:

After the SFSP Nutritionist/Nutrition Specialist has conducted the sponsor review, a review letter will be sent to the sponsor indicating that a review has been conducted and include details of compliance or non-compliance. If findings (instances of non-compliance) occurred during the review, a CAP will be requested.

A CAP form will be included with the review letter, for completion by the sponsor. On the CAP 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 CAP will have a due date. The sponsor will have **three weeks** from the date of the review letter to respond to the findings. Failure to respond to the review letter 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/Nutrition Specialist has reviewed and approved the CAP, a closeout letter will be sent to the sponsor.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CORRECTIVE ACTION PLAN (CAP)

DISTRICT NUTRITIONIST: _____

Program <input type="checkbox"/> CACFP <input type="checkbox"/> SFSP	Name of Sponsor:	Sponsor Number:
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Name of Center/Site:	Name of Authorized Representative:
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Location where CAP documentation (written policies and staff training documentation) will be maintained:

Complete form and email to: District Nutritionist as instructed in the letter OR mail to: Missouri Department of Health and Senior Services Community Food and Nutrition Assistance P.O. Box 570 Jefferson City, MO 65102	Director's Name:
	Director's Date of Birth:
	Owner or Board Chairman's Name:
	Owner or Board Chairman's Date of Birth:

FINDING (as noted in the letter or on the report)	ACTIONS TO FULLY AND PERMANENTLY CORRECT THE FINDING	WHO IS RESPONSIBLE	CHECK IF THERE IS A WRITTEN POLICY	DATE OF EXPECTED COMPLETION	DATE STAFF WILL BE TRAINED ON PROCEDURE

COMPLETED BY (PRINTED NAME):	SIGNATURE:	DATE:
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Appeal Procedure

Appeals of the Department of Health and Senior Services (DHSS) actions are conducted before an independent administrative hearings officer in the DHSS Appeals Unit. To contact the DHSS Appeals Unit, call (573) 522-1699, fax (573) 751-0247, or email DHSS.Appeals@health.mo.gov.

What can be appealed?

A sponsor may appeal any of the following actions the DHSS takes relating to its participation in the Summer Food Service Program (SFSP) or claims for reimbursement (7 CFR 225.6(b)(3) and 7 CFR 225.13):

- Denial of an application for participation.
- Denial of a sponsor's request for an advance payment.
- Denial of a sponsor's claim for reimbursement (except when submitted after the deadline [See 7 CFR § 225.9(d)(6)]).
- DHSS' 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.
- Claim against a sponsor for remittance of a payment.
- Termination of a sponsor's or a site's participation in the program.
- Denial of a sponsor's application for a site.
- Denial of a food service management company's application for registration, if applicable.
- Revocation of a food service management company's registration, if applicable.

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

How can a sponsor appeal?

- Appeal requests must be in writing.
- A sponsor can either:
 - ✓ Email the appeal request to SFSP@health.mo.gov
 - ✓ Fax the appeal request to 573-526-3679; or
 - ✓ Mail the appeal request to:
Missouri Department of Health and Senior Services
Community Food and Nutrition Assistance
ATTN: SFSP Appeals
PO Box 570
Jefferson City, MO 65102
- The DHSS must receive the appeal request no more than 14 calendar days after the sponsor receives the notice of the DHSS's action.

What should 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 or 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 the DHSS to take instead (i.e., the remedy the sponsor is seeking).
- Whether the sponsor is requesting an abbreviated administrative review and/or an administrative hearing.

What are the types of administrative review?

- **Abbreviated administrative review:** a review of written documentation only.
 - In an abbreviated review, both the sponsor and the DHSS submit written documentation and information 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 and information in support of its appeal to the hearing officer within seven 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 the DHSS submit verbal testimony and evidence.
 - The Appeals Unit 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.

Additional information:

- The Appeals Unit hearing officer will send the sponsor a letter giving the date, time, and location of the administrative hearing (if an administrative hearing was requested) and/or the date any written documentation and information in support of the sponsor's appeal is due and submission information.
- If the sponsor requests an administrative hearing and fails to appear at the hearing, the sponsor waives the right to an in-person appearance before the Appeals Unit hearing officer unless the hearing officer agrees to reschedule the hearing.
- The sponsor may retain private legal counsel or may be represented by another person. *7 CFR 225.13(b)(5).*
- The DHSS will have legal counsel representation for both in-person hearings and abbreviated administrative (written) reviews.
- The Appeals Unit hearing officer must make a decision within five business days of either holding an administrative hearing or receiving the written documentation from the sponsor and the DHSS.

Remember these deadlines:

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

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

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

Tips for Success

Five Keys to Success in the Summer Food Service Program (SFSP)

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

Finances

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

- Estimate your total SFSP expenses for the summer.
- Then estimate your total federal reimbursement from SFSP participation. Add funds from other possible sources such as rebates, state government funding, grants, donations, etc. you will have for the summer.
- Use those numbers and a backward planning technique to plan and reconcile the income and expenses your program will incur for the summer.
- Make sure you are able to cover the necessary program expenses and are able to efficiently operate the SFSP.
- Don't overestimate participation.

Access

When it comes to transportation challenges, consider:

- Working with rural school districts' bus operations.
- Collaborating with organizations that have vehicles to help transport children.
- Renting a vehicle, at cost, to use for the program.
- Creating a mobile meal site route!

Remember to discuss non-traditional approaches to meal service with the Department of Health and Senior Services-Community Food and Nutrition Assistance.

Activities

Activities at meal sites draw a higher number of children and provide sustainment for the SFSP. They also provide opportunities to increase the health and development of children during the summer months. Partnerships with schools, parks and recreation departments, and nonprofit organizations can help keep costs down by organizing and supervising these activity programs.

Publicity

While awareness of the SFSP has increased greatly in the past few years, there are still plenty of parents and community stakeholders who are unaware of the program and its benefits to the communities where meal sites are located. Including promotion in your SFSP plan can make a tremendous difference in having a successful program. Promoting your program through the media, social media, and the community will help increase meal participation.

For tips and resources to make your SFSP a success, see the United States Department of Agriculture's Program Operator page at: <https://www.fns.usda.gov/sfsp/program-operator>.

Annual Newsletter

The Summer Food Service Program (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 SFSP. We would like to recognize your creative, successful strategies in the annual SFSP newsletter. This is your opportunity to brag shamelessly about your program! Don't be shy!

Any sponsor operating the SFSP is eligible to be recognized for all categories. Due to limited space available, narratives need to be limited to one page and address the questions under the appropriate category. Pictures are highly encouraged! Please include a signed release form for any person appearing in the photos. Please submit your information no later than November 30.

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

- 1. Outstanding Outreach:** Are you an SFSP sponsor that uses creative strategies to promote participation of eligible children in your program? Describe in your narrative 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 contributions, in-kind donations, volunteers, partnerships with other organizations) that were utilized in your efforts.
 - How children's participation was sustained over the course of the program.
 - What is your anticipated outlook for the next year?
- 2. Magnificent Menus:** Are you an SFSP sponsor whose menus utilize food in a nutritional and inventive way? Do your menu items have nutritional content, color, variety, cultural awareness, and have you used inventive food promotions? Send in your summer menus along with a narrative highlighting your effective menu planning techniques. Please include drool worthy photos of your magnificent creations!
- 3. Greatest Growth:** Have you had exponential meal site participation growth from the previous year? If so, please tell us all about it so we can share your strategies!
- 4. Spectacular Staff:** Do you have a rock star or an entire team who worked with your SFSP? Were they hard working, creative, dedicated, and committed to upholding the integrity of the SFSP? Did they meet the needs of the children and communities they served? If so, tell us about your rock star(s)!
- 5. Perfectly Partnered:** Did your SFSP partner with an organization and create a team that positively impacted a community? Well then, tell us about it so we can celebrate with you! Include the benefits of the partnership you formed, the outstanding outcomes, and how your organizations came to be partners. We love a good partnership!

Requesting Advances

Advances are payments that may be received before the Summer Food Service Program (SFSP) begins, to pay for administrative and operating costs that are incurred before the program starts. When determining the amount of the advance payment, the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) 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.**

If a sponsor requests an advance, then the request must reasonably and accurately reflect estimated site attendance and meal reimbursements in accordance with 7 CFR 225.6(a)(3). First advances shall not be paid until the sponsor has a fully executed contract with the DHSS.

Sponsors requesting an advance for the SFSP:

- Must sign and return a fully executed contract with the DHSS to operate as an 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.
- Must operate at the site for 10 days or more to request an advance for that site's meals.

If a second or third advance is requested, the sponsor must provide accurate attendance information to the DHSS-CFNA by mid-June for the second advance and by mid-July for the third advance, in accordance with 7 CFR 225.9(c)(1)(ii).

Debt Repayment

In the event overpayments are identified, pursuant to 7 CFR 225.12, the sponsor must agree to a repayment schedule and that such repayments shall be deducted from future claim payments except in the event that no future claim payments are due. For such an event, the sponsor 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 sponsor that sign the contract on behalf of the sponsor shall be aware of the personal responsibility for repayment in the case of an overpayment and acknowledge personal liability for repayment of any overpayment. In addition, all principals of the sponsoring organization are aware of the personal responsibility for repayment in the case of an overpayment and acknowledge the personal liability for repayment of any overpayment.



At-Risk Afterschool Program

The At-Risk Afterschool Program is a component of the Child and Adult Care Food Program (CACFP). It offers federal funding to Afterschool Programs that serve a meal or snack to children, 18 and under, in eligible areas. The United States Department of Agriculture's (USDA) Food and Nutrition Service (FNS) administers the CACFP at the national level. The Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) administers the program in Missouri.

Many existing SFSP sites are well-positioned to offer afterschool meals during the school year through the At-Risk Afterschool Program. Both organizations and communities benefit when meals are offered to children in eligible communities year-round. Organizations benefit from having the ability to hire year-round staff, a continuous flow of reimbursements providing additional financial stability, and recognition in the community as a stable source of services. Communities benefit by having a partner that provides year-round nutrition services for children and brings increased federal funds into the local economy.

At-Risk Afterschool Eligibility Requirements:

Organizations may apply to participate in the At-Risk Afterschool Program either as an independent afterschool program or through a sponsor. Eligible organizations must meet state and/or local licensing or health and safety standards in order to participate. Following are eligibility requirements that must be met in order to apply and participate in the program.

Program Eligibility: An afterschool program must:

- Be organized primarily to provide care for children after school or on the weekends, holidays, or school vacations during the regular school year.
- Provide organized, regularly scheduled education or enrichment activities in a structured and supervised environment that are open to all children.
- Be located in an attendance area of a school where at least 50 percent or more of the children are eligible for free or reduced-price meals.

Organization Eligibility: At-Risk Afterschool Programs may be operated by:

- Public agencies such as schools or city governments.
- Tax-exempt nonprofit organizations.

- For-profit centers that meet the requirements of serving at least 25 percent of children who are eligible for free or reduced-price meals based on their family income; or receive benefits under title XX of the Social Security Act and the center receives compensation under title XX.

Area Eligibility: As noted above, to be eligible to participate in the At-Risk Afterschool Program, it must be located in an eligible area. This means the site is located in the attendance area of a public school where at least 50 percent of the students are eligible for free and reduced-price meals under the National School Lunch Program (NSLP). This is referred to as area eligibility.

Participant Eligibility: At-Risk Afterschool Programs may claim reimbursement only for meals and snacks served to children who are age 18 or under at the start of the school year. Programs may be either drop-in or enrolled. Children do not have to participate in the enrichment activities in order to be served a meal. Reimbursement also may be claimed for participants who turn age 19 during the school year. There is no age limit for persons with disabilities.

Licensing and Health and Safety Requirements: Federal law does not require licensing for centers participating in the At-Risk Afterschool Program. However, states or local jurisdictions may require licensing. In the state of Missouri, afterschool programs must be licensed by the Missouri Department of Health and Senior Services' Section for Child Care Regulation, or be exempt from licensing requirements. Exempt organizations must, however, submit documentation to show that minimum health and safety standards are being met. At a minimum, documentation must include a fire safety inspection report and a sanitation report. Schools are exempt from the licensing requirement in Missouri.

For more information regarding the At-Risk Afterschool Program please visit USDA's website at: <https://www.fns.usda.gov/cacfp/afterschool-programs>

OR

For more information, including how to apply, please visit Missouri's At-Risk Afterschool Program webpage: www.health.mo.gov/cacfp



Expand from Summer Meals!

If you are a summer meals provider, consider applying to the CACFP to serve meals and snacks during the school year through an afterschool program.

