

Food That's In When School Is Out!

Summer Food Service Program Sponsor Training 2020

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





The Summer Food Service Program provides children in low income areas free, nutritious meals when school is out!

Summer Food Service Program

Food That's In When School Is Out!

Summer Food Service Program



- Provides free meals
- Provides payment to sponsors
- Operates primarily in the summer months

SFSP Sponsors

A sponsor is an organization that contracts with the Missouri Department of Health and Senior Services to operate the SFSP.

An SFSP sponsor...

may have multiple sites

must sign agreements with unaffiliated sites

is responsible for overseeing program operations at all sites



Who Can Be A SFSP Sponsor?

A public or private nonprofit school food authority

A unit of local, county, municipal, state, or federal government

A public or private nonprofit college or university participating in the National Youth Sports and Upward Bound Programs

A public or private nonprofit residential camp

Any other type of private nonprofit organizations, such as the YMCA or Boys and Girls Club

2020 Reimbursement Rates

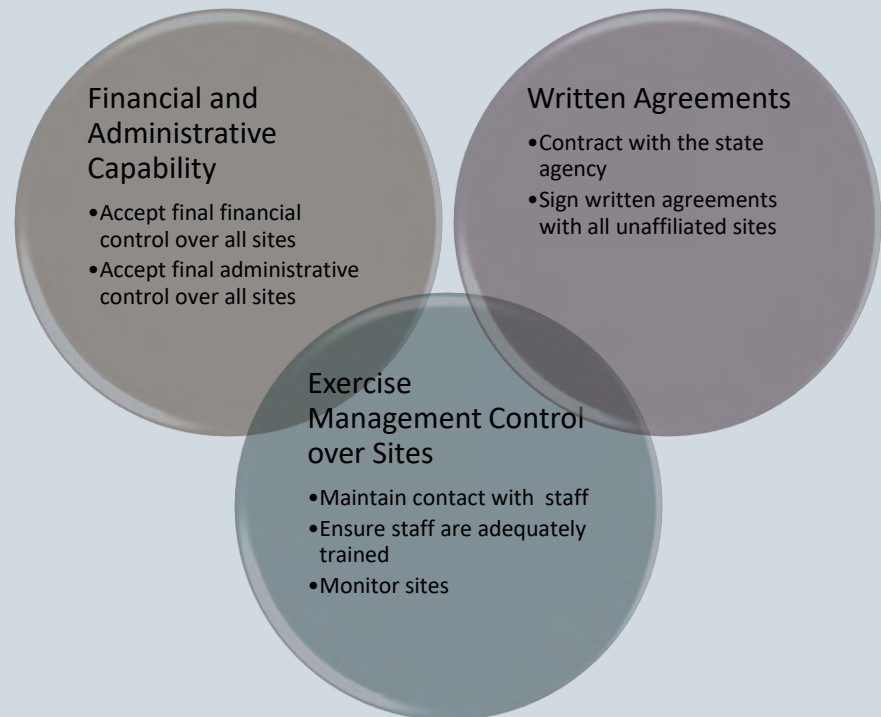
Rural or Self Prep Sites	
Breakfast	\$2.3750
Lunch/ Supper	\$4.1525
Supplement	\$0.9775
Urban Vended Sites	
Breakfast	\$2.3300
Lunch/ Supper	\$4.0875
Supplement	\$0.9550

SFSP Sponsor Responsibilities

Demonstrate financial and administrative capability

Exercise management control over sites

Sign written agreements



Non-Contractible Management Responsibilities

Complete SFSP training

Locate and recruit eligible sites

Conduct pre-operational visits of sites

Competitively procure foods to be prepared or contract with a vendor for meals to be delivered to meal sites

Monitor all sites

Prepare and submit claims for reimbursement

Conduct a nonprofit food service

Order meals

Assume official recordkeeping responsibilities

Train and monitor administrative and site staff

Announce availability of meals to the news media

Determine income eligibility and maintain income eligibility statements

Enforce corrective action

Prepare program applications

Sponsors may not delegate out these responsibilities!

SFSP Sites

Sponsors may operate one or more sites, or locations, where meals are served to children in a supervised setting

Eligible sites are those that serve children in low income areas or those that serve specific groups of low income children

Sponsors must provide documentation that sites meet the income eligibility criteria

Sponsors must complete a pre-operational site review of all new sites and for those sites that experienced operational problems in the previous year



Pre-Operational Site Review Form



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

Sponsor Name and Address		
Site Address		
Site Phone Number	Person to contact for use of site	
Type of Site	<input type="checkbox"/> Open	<input type="checkbox"/> Enrolled
<input type="checkbox"/> Recreation Center	<input type="checkbox"/> School	<input type="checkbox"/> Church
<input type="checkbox"/> Playground	<input type="checkbox"/> Settlement House	<input type="checkbox"/> Park
<input type="checkbox"/> Residential Camp	<input type="checkbox"/> Play-street	<input type="checkbox"/> Other
Estimated number of participants the site could serve		
Estimated number of supervisory personnel needed to adequately control food service		

- Completed for all new sites
- Completed for sites that experience operational problems in the previous year
- Maintained in the SFSP Sponsor files for 3 FFY

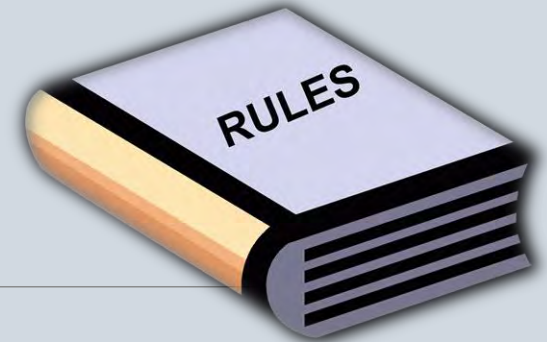
Available on the SFSP website!



SFSP Participants

MEAL SERVICES ARE FOR CHILDREN 18 YEARS OF AGE OR YOUNGER AND PERSONS WITH DISABILITIES OVER AGE 18 WHO PARTICIPATE IN SCHOOL PROGRAMS FOR INDIVIDUALS WHO ARE MENTALLY OR PHYSICALLY DISABLED

Operation Guidelines



All meals provided by a site must be eaten onsite

Second meals may only be served after all children have received a first meal

The maximum number of second meals a sponsor can be reimbursed for is 2% of sponsor's total first meals in a claiming period

Parents may assist their children in carrying or opening meal packages, but may not consume any part of the meal

Dates and Times of Operation

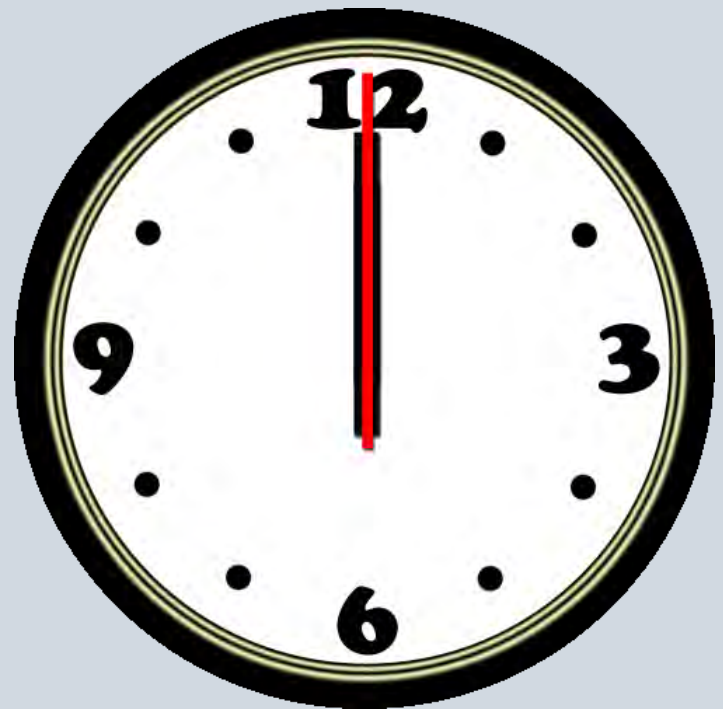
Meals may only be served during the approved meal times

Submit changes to meal service times, dates, and locations at any time through the online system

Submit changes online prior to implementing the changes

Have a plan for meal service during inclement weather

If applicable to your sites, apply for the Excessive Heat Demonstration Project



Planning for Extreme Weather Conditions



Sponsors must plan for extreme weather conditions to prepare for the health and safety of the children you serve

Sponsors must make arrangements for food service during periods of inclement weather

Excessive Heat Demonstration Project

Allowed for approved outdoor meal sites **without** temperature controlled alternate sites

May operate as a non-congregate site on days when experiencing excessive heat

Permitted only on days when the National Weather Service has issued a Heat Advisory, Excessive Heat Warning, or Excessive Heat Watch for the area of the meal site

Requires USDA and CFNA approval

Additional reporting may be required

**Application is available on the SFSP website
and will be mailed to SFSP Sponsors!**

**Required
Documentation
sent by email to
CFNA includes:**

National Weather Service
notice:

Excessive Heat
Advisory

Excessive Heat
Warning

Excessive Heat Watch

Name of the site or sites
participating

Meal types that will be
non-congregate

Maintain the National
Weather Service Advisory
Notice in the SFSP files!

Excessive Heat Demonstration Project
Required Documentation



Excessive Heat Demonstration Project

Weekly Required Documentation

Specific dates that participants were allowed to take food off site

Total number of days each site participated in the Excessive Heat Demonstration Project

Meals allowed to be taken off site

By meal type, the number of meals claimed that participants took off site

Sponsor Name and Number:		Date of Summary:	
Site Name and Number:	Dates participants allowed to take meals offsite	Meals allowed as non-congregate at this site (B,L,PM,S)	Total number of meals claimed that were non-congregate for each individual meal at this site
Example Mel's 1000-1	15-Jul		26
Example Mel's 1000-1	16-Jul	L	27
Example Barry 1000-2	17-Jul	L	30
Example Barry 1000-2	15-Jul	L	L-25, S-40
Example Barry 1000-2	16-Jul	L,S	L-15, S-25
Example Barry 1000-2	18-Jul	L,S	L-20, S-33



Summer Food Service Program Sites

AN SFSP SITE IS THE PHYSICAL LOCATION WHERE PROGRAM MEALS ARE SERVED AND WHERE CHILDREN CONSUME MEALS IN A SUPERVISED SETTING

Types of SFSP Sites

Open Site

- Restricted Open Site

Closed Enrolled Site

Camps

- Residential Camps and Nonresidential Camps

Migrant Site

National Youth Sports Program

Upward Bound Program



Open Site

50% or more of the children residing in the area are eligible for free or reduced-price meals

Meals are available to all children

Take steps to allow meal service access to all children requesting a meal at the site

Meal service must be publicized in the community served

Sponsor is reimbursed for complete meals served to all children at an open site

A school operating an accredited summer school program must operate as an open site on SFSP

Restricted Open Site

Site that is open but limits the meal site's attendance for reasons of space, security, safety, or control

Site must publicize that it is open on a first-come, first-serve basis to the community, but will be limited

Site must be located in a needy area where 50% or more of the children residing in the area are eligible for free or reduced-price meals

Sponsor is reimbursed for complete meals served to all children at a restricted open site

Closed Enrolled Site

Serves only the identified group of children enrolled at the site

Closed to the community at large

At least 50% of the children enrolled at the site are eligible for free or reduced-price school meals

Reimbursed for complete meals served to all children

Household income eligibility forms or area eligibility

Area eligibility may be offered to document eligibility at closed enrolled sites if waiver approved by the USDA

Camps: Residential and Nonresidential Summer Camps

Offer regularly scheduled food service as part of the program for enrolled children

Do not have to establish area eligibility

Must collect and maintain individual household income eligibility forms

Reimbursed **only** for those enrolled children that meet the free or reduced-price eligibility



Migrant Sites

Organization certifies that site serves over 50% migrant children initially

Site can be open or restricted open

Reimbursed for complete meals to all children (migrant and non-migrant children)

Migrant certification documentation required annually

Other Sites

National Youth Sports Program

Upward Bound Program

Continuous School Calendar

Mobile Sites

Farmers Market Sites



Game Time: Name that Site!

Serves all children in a community

Open

Serves limited number of children
due to space, safety, or security

Restricted Open

Closed to community at large, serves
specific group

Closed Enrolled

Reimbursed for only the children
than meet free/reduced eligibility

Camps

Initially serves over 50% migrant
children

Migrant Camps

Documenting Site Eligibility



[SFSP Area Eligibility Mapper](#)

School Data

Census Data

- ✓ Area Eligibility Mapper available on the USDA website

Household Income Eligibility Forms (IEF)

Certification from Migrant Organization

- ✓ Check out the SFSP Area Eligibility Mapper on the USDA website!

Income Eligibility Forms

Income Eligibility Forms must be used to determine income eligibility of children enrolled in:

Nonresidential Camps

Residential Camps

Closed enrolled sites

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

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

PART 1 CHILDREN ENROLLED IN THE PROGRAM

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

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

PART 2 HOUSEHOLD AND INCOME INFORMATION

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

IEFs are valid for 12 months.

Income Eligibility Forms

Automatic eligibility

- SNAP
- TANF

Foster Children

Maintain IEF on file

IEF must be completed by parent/guardian

Parent/guardian must sign and date and include SSN if eligibility based on income

Sponsor representative must determine eligibility, then sign and date IEF

IEF is effective from the first day of the month signed

IEF is effective for one year



Let's Talk Applications!



SPONSOR AND SITE APPLICATIONS

ONCE APPLICATION IS APPROVED, BE SURE TO LOG ON TO CNP WEB AND VERIFY THAT ALL OF YOUR SITES ARE LISTED AND THAT THE INFORMATION IS CORRECT!

Application Deadlines

Application Deadlines

April 1st ⇒ May Commodities

May 1st ⇒ June Commodities

May 1st ⇒ June Advance

Final deadline: All applications are due by May 15th or 30 days prior to the first day of operation!



Tools For Success!

- ✓ Use Application Checklist
- ✓ Use Site Operation Checklist
- ✓ All Applications and Forms are available on the SFSP website
- ✓ Make sure all blanks are completed
- ✓ Submit eligibility documentation for each open site
- ✓ Retain a copy of your SFSP application for your files

Missouri Summer Food Service Program (SFSP) Application Checklist

To get an SFSP application packet go to <http://www.health.mo.gov/sfsp>, click on "Applications and Forms" to download "the entire SFSP application packet in one file" or call the toll-free number, 888-435-1464 to request via mail, fax or email.

Application Deadlines (for complete applications only)

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

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

Missouri Department of Health and Senior Services
Bureau of Community Food and Nutrition Assistance
930 Wildwood
P.O. Box 570
Jefferson City, MO 65102
or via fax to: 573-526-3679
or via email: sfsp@health.mo.gov

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

- Form CACFP 1000 Sponsor Application
Ensure that the name on the Sponsor Application is an exact match to your business title with the Secretary of State.
<https://bsd.sos.mo.gov/BusinessEntity/BESearch.aspx?SearchType=0>
- Form CACFP 1001 Site Information Sheet (one for each meal site)
- Form CACFP 1002 Policy Statement for New Sponsors
- Form BMA Business Management Analysis
<https://health.mo.gov/stoz/bma/index.php>
The BMA is required to be submitted each January 1, for all sponsors.

Applications

New Applicants

- Complete full application packet www.health.mo.gov/sfsp

Returning Sponsors

- Complete online application
<https://dhssweb04.dhss.mo.gov/cnp/Login.asp>

REMEMBER: Applications are due by **May 15th** or **30 days** prior to the first day of operation!



Applications: New SFSP Applicants



Sponsor Application and Budget

Site Information Sheet(s) for **each** site

Policy Statement for New Sponsors

Network User Access Request Form must be completed for one to two individuals for access to SFSP database

Vendor Input/ ACH-EFT Application (direct deposit form)

Food Service Management Contract for sponsors with vended/catered meals

IRS letter for Non-profit organizations

Business Management Analysis (BMA)

Submit E-verify with signed contract

Applications: Returning SFSP Sponsors

Update Sponsor Information Sheet
on CNP web-based system

Update all Site Information Sheets
on CNP web system

Food Service Management
*sponsors with vended/catered meals
only*

Business Management Assessment
(BMA)



Returning Sponsor Applications: Meal Site Review Waiver

✓ Pre-Operational

Required for new sites and sites that had significant findings in prior years

✓ 1st Week Site Review

Must visit all sites at least once during 1st week of operation

Certification

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

✓ 4th Week Site Review

Must review each site within the first 4 weeks of operation even if 1st week review waived

→ **Monitoring Forms will be discussed later in this training!**

Meal Preparation Methods



Self- prep

- Prepares their own meals on site or at a central kitchen
- Receives the higher reimbursement

Central Kitchen

- A type of self-prep
- Prepares meals on site at one centralized location and delivers to other sites under the same sponsor

Vended

- Purchases meals from a School Food Authority (SFA) or a Food Service Management Company (FSMC)
- Requires a contract between the sponsor and the vendor
- Receives the lower reimbursement if they are urban vended
- **School Food Authority**-Written agreement between the SFA and sponsor
 - Does not require the formal competitive purchasing procedures
- **Food Service Management Company**-Competitive purchasing practices must be followed
 - DHSS must be present for bid openings exceeding \$250,000
 - FSMC Bid Packet at www.health.mo.gov/sfsp, Applications and Forms

Budget:

How to calculate reimbursement?

Estimated daily meals to be served

X # of days

X Reimbursement rate by meal type

= **Estimated SFSP reimbursement for budget**

<u>Breakfast</u>	<u>Lunch</u>	
120	175	Estimated meal count by meal
23	23	# of days of operation
\$2.2975	\$4.0325	Reimbursement rate by meal type
\$6,341.10	\$16,230.81	Potential reimbursement by meal
	\$22,571.91	Total estimated reimbursement

Business Management Assessment

The Business Management Assessment or BMA is an online administrative and data collection form

The BMA must:

- be completed by all DHSS contractors
- be completed by both new and returning SFSP sponsors
- be completed each calendar year

The BMA is completed on the Missouri Department of Health and Senior Services website

Print confirmation and note date of completion for your records

Questions?

contact the Missouri Department of Health and Senior Services, Division of Administration at 573-526-5548

New SFSP Sponsors: Sign and Return Your Contract



WHEN YOU RECEIVE THE CONTRACT, BE SURE TO READ IT THOROUGHLY!
THEN SIGN IT AND RETURN IT TO THE ADDRESS SPECIFIED ON MDHSS COVER LETTER.

COMPLETE AND RETURN ALL APPLICABLE ATTACHMENTS!

Making Changes

Notify CFNA of any site changes, such as:

- Meal service times
- Meal types
- Increases or decreases in estimated attendance
- Field trips
- Site closings
- Changes in personnel

Changes are made on the CNP web-based system

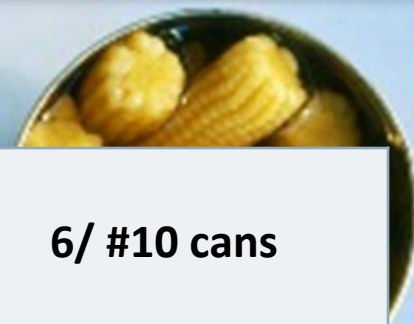
Make sure changes made online are submitted into *Pending Approval Status*

→ Use the Site Information Sheet form for new site openings and site location changes

→ Submit via fax or email



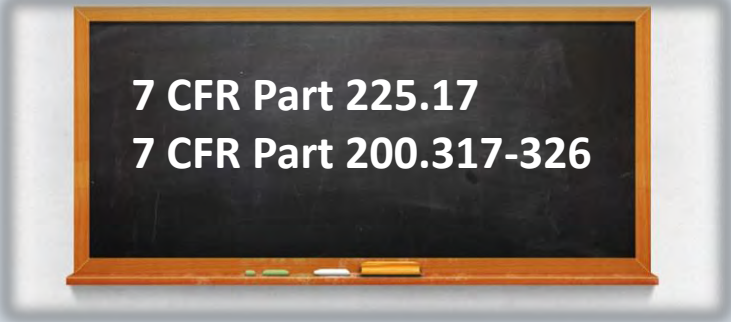
Meals may not be
claimed for a site
until the site is
approved!!



Applesauce, Unsweetened	6/ #10 cans
Peach Slices	6/ #10 cans
Green Beans	6/ #10 cans
Applesauce Cups	96/ 4.5 ounce cups

- DSS, Family Support Division, Food Distribution Unit (FDU)
- Sponsors may scan, email, or fax the USDA Foods Agreement/Offer Notice to FDU
- Contact information will be on the notice
- FDU 573-751-4328

2020 USDA Commodity Food Items



7 CFR Part 225.17
7 CFR Part 200.317-326

Procurement Methods

Micro-Purchases

- Purchases \$10,000 or less

Small Purchases

- Purchases between \$10,000-\$250,000
- Sponsors are required to document the date, vendor consulted, and quotes received
- Bid packet available on SFSP website

Competitive Sealed Bids

- Purchases over \$250,000
- Preparing the Invitation for bid
- Public Announcement not less than 14 days before bids are open
- Publicly opening all bids
- Submitting bid to State Agency prior to accepting
- Must have a bid bond

Schools Agreements

If seeking a vendor, sponsors are encouraged to first consider their local School Food Authority (SFA) as a source for obtaining meal service

Sponsors that use local SFA facilities must enter into a written agreement with the school, but are not required to utilize the competitive bid procedures if the school itself does not obtain its meals from a FSMC

Sponsors cannot enter into an agreement with an SFA who uses a FSMC



Training Requirements

Missouri
DHSS
Department of Health and Senior Services

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM
DOCUMENTATION OF TRAINING TO PROGRAM PERSONNEL

Name & Address of Sponsor		Date of Training	
Name of Trainer(s)		Location of Training	
Check the topics covered and list any additional. Topics listed here are the minimum required.	<input type="checkbox"/> Purpose of the Program	<input type="checkbox"/> Site Operations	<input type="checkbox"/> Civil Rights
	<input type="checkbox"/> Meal Pattern Requirements	<input type="checkbox"/> Recordkeeping	<input type="checkbox"/> _____
	<input type="checkbox"/> Site Eligibility	<input type="checkbox"/> Duties of a Monitor	<input type="checkbox"/> _____
Attach additional pages if necessary or attach copy of training program outline.			
Training Participant (print name)	Participant's Signature	Title	Name of Participant's Site

Must train all administrative and site staff prior to operation of the program or any site

Must document training with a sign-in sheet and list of topics covered

Must submit proof of training prior to an advance

Training Requirements

Purpose of SFSP

Meal Pattern Requirements


Site Eligibility

Site Operations

Recordkeeping

Duties of a Monitor

Civil Rights



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
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<input type="checkbox"/> Site Eligibility			
<input type="checkbox"/> Duties of a Monitor			
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Training Participant (print name)	Participants Signature	Title	Name of Participant's Site

Training Checklist



MONITORING STAFF

How to conduct site visits and reviews

Sites for which they will be responsible

Monitoring schedule

Reporting procedures

Office procedures

Local sanitation and health laws

Civil Rights requirements

Reporting racial/ethnic data

Personal safety precautions

Check out the Sponsor Monitor's Guide!

Training Checklist: *Food Service Staff*

Importance of
preparing nutritious
foods

Food Safety rules

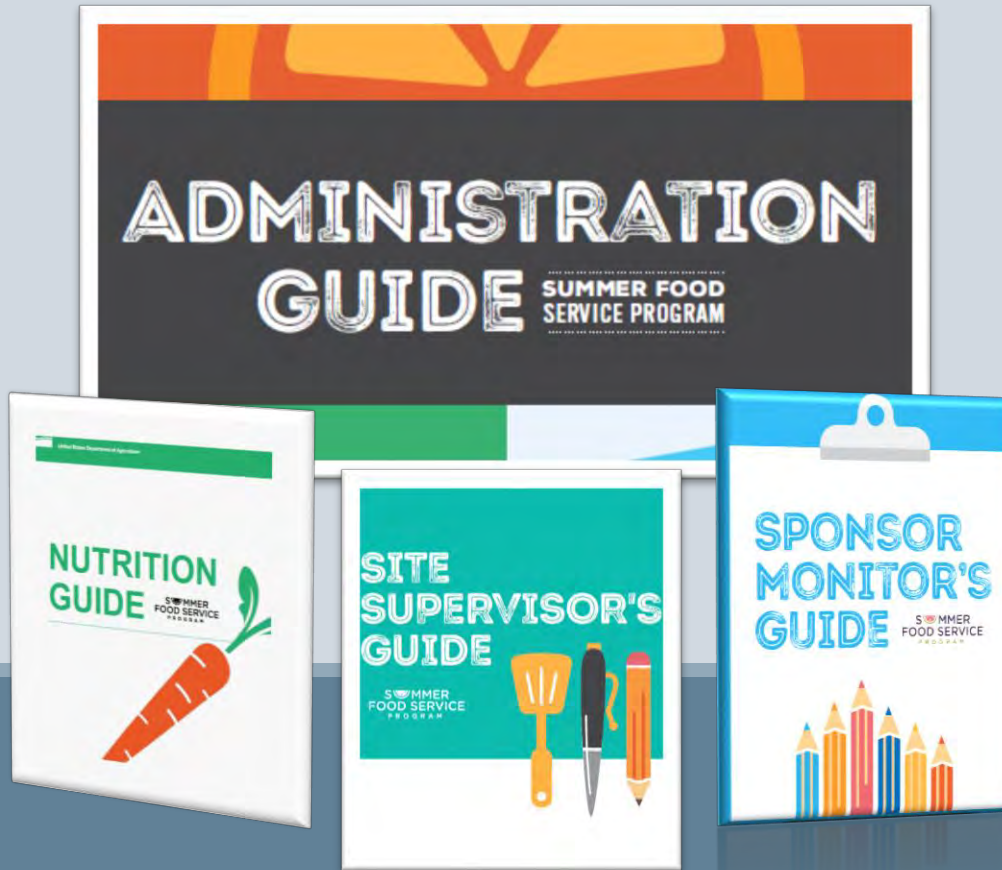
Sanitation guidelines

Operation of food
service equipment

Development and
following of
standardized recipes



Training Resources



USDA Manuals

Administration Guide

Nutrition Guide

Site Supervisor's Guide

Sponsor Monitor's Guide

Available on the SFSP
website!

Definitions

Civil Rights

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

Discrimination

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



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

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





Civil Rights training is required annually

Online Civil Rights Training available on the SFSP website

Civil Rights Requirements

Civil Rights

DISPLAY FULL 11"X17"
POSTER IN PROMINENT
PLACE AT ALL SPONSOR
AND SITE LOCATIONS



Civil Rights Requirements

Make SFSP information available to the public upon request

Take steps to ensure meaningful access to services for limited English proficient persons

Ensure that translated materials are accurate concerning the availability and nutrition benefits of the program

Make reasonable modification in policies and procedures to ensure individuals with disabilities have equal access to the program

Include the nondiscrimination statement and instructions for filing a complaint in their public release and in any program information

Ensure meals are served to all attending children regardless of their race, color, national origin, sex, age or disability

Ensure that children have equal access to services and facilities at the site regardless of their race, color, national origin, sex, age or disability

Collecting Ethnic and Racial Data

Collect and maintain the ethnic/racial category data for each site

Collect data annually

Use visual identification

Document on Monitor Site Review Form

Maintain all records for 3 years

Beneficiary Data				
Indicate the number of participants in attendance who are of Hispanic, Latino or Spanish origin:				
Indicate the number of participants in attendance in each racial category.				
American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
_____	_____	_____	_____	_____



Meal Service Requirements

7 CFR 225.16

Meal Service Requirements

Allowable meal combinations

Allowable Meal Combinations	
Breakfast Only	Lunch Only
Supper Only	Snack Only
Breakfast and Lunch	Breakfast and Snack
Breakfast and Supper	Lunch and Snack
Supper and Snack	Two Snacks

Camps or migrant site sponsors may serve up to 3 meals (including snacks) per day with CFNA approval!

Meal Service Rules



Serve the same meal to all children at the site

Ensure children eat all meals on site

Ensure all children are served one meal before any second meals are served or any adult meals are served

Adhere to local sanitation codes and health department regulations

Make arrangements for inclement weather

Serve meals at the approved and advertised times

Vended meals may not be delivered sooner than one hour prior to start of the meal service

Taking a food component off site...

Sponsor's discretion to allow

One food item only

One fruit, vegetable, or grain

Taken from child's own plate or a share table

Unused, whole, or unopened pre-packaged item

No perishable foods

Adequate site staff to monitor



Share Table Guidelines

Must be in compliance with state and local health safety codes

Must be unopened, unused, whole items

Other children may take food from share table, if want additional helpings

Leftover, unopened cartons of milk may be left on share table, but must be held at proper temperature

Sponsors may create a share table or stations where children may return whole items they choose not to eat.



Meal Pattern Adjustments

Teenagers, ages 12-18

- May provide larger portion sizes
- Reimbursement remains the same

Young Children, ages 1 to 5

- Smaller portion sizes for younger children may be approved
- Requires prior CFNA approval
- Must follow Child and Adult Care Food Program age appropriate meal pattern
- Must follow all meal pattern requirements such as fat content of milk, whole grain foods, sugar limits, etc.
- May be required to maintain additional documentation

Infants, ages 0-11 months old

- Needs based on individual development
- Requires prior CFNA approval
- Must follow Child and Adult Care Food Program infant feeding guidelines
- May be required to maintain additional documentation



4 Food Components

in SFSP Menu Planning



Milk



Meat or Meat Alternates



Vegetables and Fruits



Grains or Breads

Food Chart – Summer Food Service Program

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

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

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

USDA is an equal opportunity provider and employer.

SFSP Meal Pattern Requirements- Required components by meal type

Breakfast

One 8-ounce serving of milk

One serving of a vegetable, fruit, or 100% juice

One serving of grain or bread

May serve a meat or meat alternate but it is not required



Lunch and Supper

One 8-ounce serving of milk

Two or more servings of vegetables and/or fruits or 100 % juice

One serving of grain or bread

One serving of meat or meat alternate



Snack

Must contain two of the four components listed below:

One 8-ounce serving of milk

One or more servings of vegetables and/or fruits and 100% juice

One serving of a grain or bread

One serving of meat or meat alternate



Milk Component

The milk component includes pasteurized fluid milk. It can be unflavored or flavored; whole milk, reduced-fat milk, low-fat milk, fat-free milk, buttermilk, or lactose-reduced milk.

- Can be served as beverage or on cereal at breakfast or snack meals
- Must be served as a beverage at lunch or supper meals
- Required component at breakfast, lunch, and supper
- Milk may be served as one of the two components at snack



Meat or Meat Alternates Component

The meat and meat alternates component includes lean meat, fish, poultry, eggs, cheese, yogurt, dry beans and peas, nuts seed and their butters.

- Nuts and seeds may fulfill the entire requirement at a snack meal and up to half the requirement at lunch and supper meals
- Commercially processed meat/meat alternates require a CN label or Product Formulation Statement (PFS)
- Limit lunch meats and cold cuts including hot dogs to one time per week



Vegetables and Fruits Component

The vegetable and fruit component includes fresh, canned, dried, and frozen fruits and vegetables.



- Two different types required at lunch and supper meals
- May be **ONE** of the two components at snack meal
- Juice can meet half of the component at lunch and supper meals
- Juice must be full strength 100% juice
- Juice cannot be served with milk as the only two components at a snack meal
- Cooked dry beans or peas may be used as a meat/meat alternate or as a vegetable but not as both in one meal

Grains or Breads Component



The grains or breads component includes whole grain or enriched bread, cereal, crackers, pasta, cereal, tortillas, rolls, and rice.

- Serve ready-to-eat cereal at breakfast and snack only
- Non-sweet snack foods such as hard pretzels, hard bread sticks and chips made from whole grain or enriched meal or flour can be used to meet the grain requirement at lunch, supper, or snack meal
 - These foods should be limited to no more than two times per week
- Sweet type breads and grains are creditable at breakfast and snack meals only
- Recommended to limit sweet type breads and grains to no more than two times per week

Activity:

Is this a reimbursable Breakfast Meal?

8 ounces of low-fat milk
½ cup of homemade granola
¼ cup fresh blueberries

Is this a reimbursable breakfast meal?

Yes

No



NO

Activity:

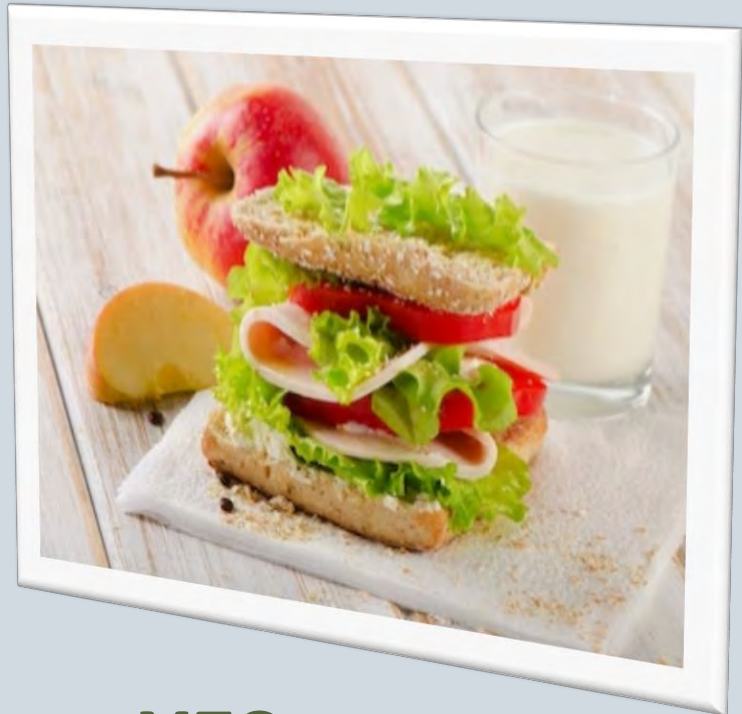
Is this a reimbursable Lunch Meal?

- 8 ounces of milk
- 2 slices of whole wheat bread
- 1 small apple
- ¼ cup tomato
- ¼ cup lettuce
- 2 ounces of lean turkey

Is this a reimbursable lunch meal?

Yes

No



YES

Activity:

Is this a reimbursable Snack Meal?

1 slice of whole grain bread

½ cup of avocado slices

¼ cup of tomato slices

Is this a reimbursable snack meal?

Yes

No



YES



Required Serving Size per Meal	Container Size	Number of Servings per Container
8 ounces	Half pint	1
8 ounces	Gallon jug	16

Milk purchase requirements are based on the sponsor's claim for reimbursement

Sponsor must ensure adequate milk is purchased for all breakfast, lunch, and supper meals served

Tip:

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



Milk Purchasing Calculation Example:

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



For gallons:

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

There are 128 ounces of milk per gallon.

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



For half-pints:

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

Meal Pattern Substitutions

Meal pattern modifications must be made when a condition is recognized as a “disability” by a recognized medical authority.

Disability: A physical or mental impairment which substantially limits one or more of “Major Life Activities.”

Major Life Activities include the operation of a major bodily function including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

If a participant is requesting a substitution to the meal pattern that is not due to a medical or special dietary reason, it is at the sponsor’s discretion and will be made on a case-by-case basis.

Documenting Meal Pattern Substitutions

Requires a written statement from a state licensed healthcare professional such as a physician or nurse practitioner.

Medical Statement should include:

Description of physical or mental impairment

Explanation of accommodation needed, such as...

- What foods must be omitted
- What food are recommended as alternatives

Additional information may be requested if medical statement is unclear or lacks sufficient detail.



If accommodation can be made within the meal pattern, a written statement from a medical authority is not required!

Fluid Milk Substitutions

Non-dairy milk substitutions must be nutritionally equivalent to cow's milk

Schools following the National School Lunch Program (NSLP) must receive a written request from a physician, nurse practitioner, or parent/guardian

Sponsors following SFSP must only serve non-dairy beverages in place of fluid milk when supported by a medical statement from a licensed health care professional



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



Child Nutrition (CN) Labels and Product Formulation Statements (PFS)

Processed Food Documentation

Child Nutrition (CN) Label

CN

096123

Four 0.85 oz. fully cooked, tender-shaped breaded chicken pattie fritters provide 2.00 oz. equivalent meat/meat alternate and 1.00 oz. equivalent grains, for the Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 05-84.)

CN



A child nutrition label includes:

- A distinctive border
- Product ID number
- USDA/FNS authorization statement
- Month and Year of approval

Sponsor must maintain CN labels on file for state review.

Product Formulation Statement (PFS)

1. Product Name
2. Product Code
3. Serving or Portion Size
4. Creditable Ingredients
5. Information to determine how a product contributes toward the meal pattern requirements

Must be on signed company letterhead!

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

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

James Smith Director of Manufacturing
James Smith Title

XYZ Burrito Factory August 23, 2015



Offer Versus Serve (OVS)

Gives children a greater variety of choices and allows them to select foods they intend to eat!



Food Component

One of the food groups that comprise a reimbursable meal.

Example: Vegetables/Fruit Component



Food Item

A specific food offered within the food components.

Example: Hamburger patty



Combination Food

A food that contains more than one food item from different food components that cannot be separated.

Example: Beef and cheese burrito

Key Terms

Important Terms for operating Offer Versus Serve (OVS)

OVS Breakfast Meal

Choose at least 3 items from the 4 items offered:

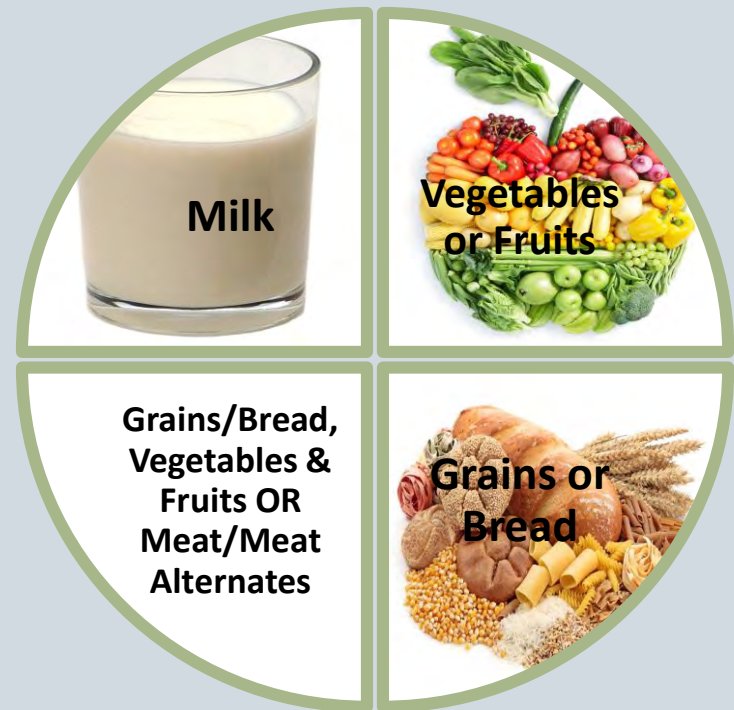
One serving of fluid milk

One serving of vegetable or fruit

One serving of grains or breads

One serving of either:

- Vegetables or fruits
- Grains or breads
- Meat or meat alternates



All food items offered must be different from each other!

OVS Lunch or Supper Meal

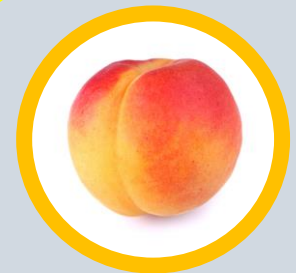
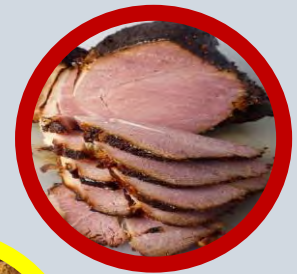
Choose at least 3 components
from the 5 items offered:

One serving of fluid milk

Two different items of vegetable(s) or
fruit(s)

One serving of grains or breads

One serving of meat or meat
alternates



OVS Snack Meal



NO!

OVS NOT ALLOWED FOR USE IN SNACK MEALS!

OVS and Combination Foods



Combination foods served as an entrée may credit for a meat/meat alternate plus a maximum of 2 of the required meal components if amounts are sufficient to meet the meal pattern requirements.

- Combination foods **may not be declined for breakfast** because a child may only decline one of the 4 required items
- Combination foods containing 3 food items **may not be declined during lunch or supper** because a child may only decline 2 food items

OVS Activity: Breakfast

Breakfast Meal Offered:

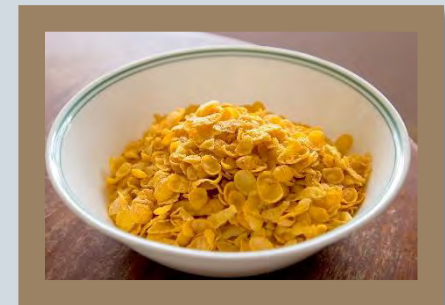
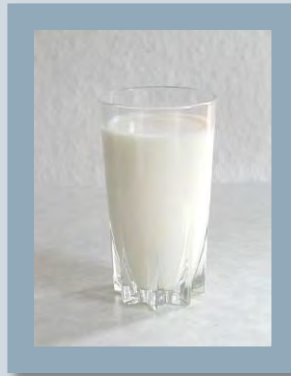
A serving of ...

Milk

Cereal

Muffin

Strawberries



Note: All food items served meet minimum serving size requirements.

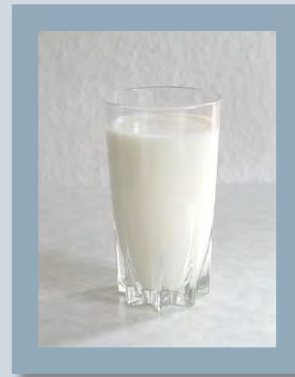
Is this a creditable breakfast?

The child chooses:

Muffin

Cereal

Milk



Yes

No

YES

OVS Activity: Breakfast

Breakfast Meal Offered:

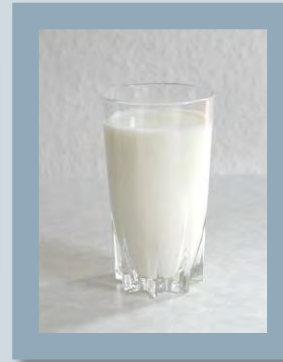
A serving of ...

Waffle with mixed fruit
(combination)

Slice of toast

Orange slices

Milk



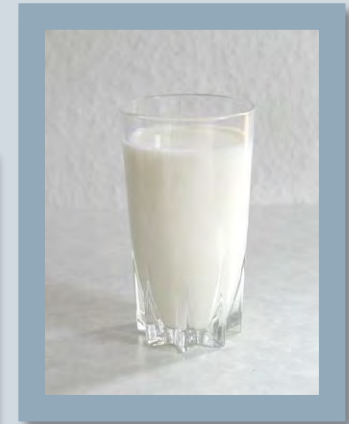
Note: All food items offered meet minimum serving size requirements.

Is this a creditable breakfast?

The child chooses:

Milk

Waffle with mixed fruit



Yes

No

YES

OVS Activity: Lunch

Lunch Meal Offered:

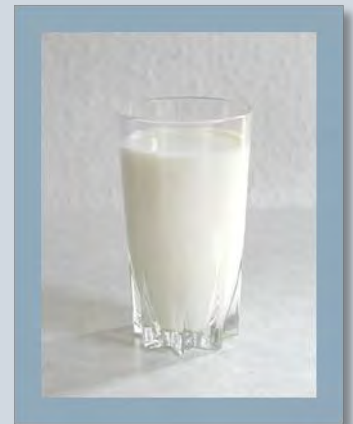
A serving of ...

Milk

Turkey sandwich with tomato slices

Green beans

Crackers



Note: All food items offered meet minimum serving size requirements.

Is this a creditable lunch?

The child chooses:

Turkey sandwich
with tomato slices



Yes

No

YES

OVS Activity: Supper

Supper Meal Offered:

A serving of ...

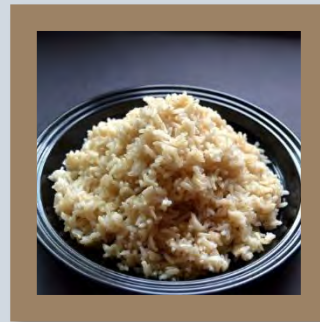
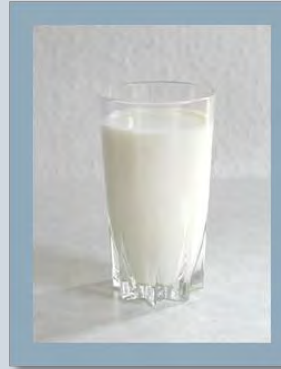
Milk

Roasted chicken

Brown rice

Broccoli

Apple slices



Note: All food items offered meet minimum serving size requirements.

Is this a creditable supper?

The child chooses:

Roasted chicken

Apple slices

Broccoli



Yes

No

No

Serving Local Foods

Why?

- Increased participation
- Consumption of healthier foods
- Support of local economies
- Improved meal quality and appeal

How?

- Organize gardening activities at your local community garden
- Taste test with local produce at your meal sites
- Take field trips to farmer's markets or local farms
- Host farmer visits to your summer meal sites

Serve locally sourced foods to create a positive impact!




SFSP Menu-Meal Template

Daily Dated Menu

Components by Meal Type

Keep with SFSP records

Note: Minimum serving sizes and guidelines for each food component must be met for a SFSP reimbursable meal!



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
Meat/Meat Alternate					
Fruit or Vegetable					
Grain/Bread					
Fluid Milk					
Other Foods					
Snack <i>Serve 2 of 4</i>					
Meat / Meat Alternate					
Fruit and/or Vegetable					
Grain/Bread					
Fluid Milk					
Other Foods					
Lunch					
Meat/ Meat Alternate					
Fruit and/or Vegetable <i>2 servings</i>					
Grain/Bread					
Fluid Milk					
Other Foods					

Note: Minimum serving sizes per age group and meal requirements as listed on the meal Food Charts must be followed for a creditable SFSP meal.

Point of Service (POS)

Trained site staff must complete daily meal count forms at Point of Service!

POS = at the time the child receives the meal

Staff member conducting meal count should be at the end of the serving line to ensure each child receives a complete meal

- **Note:** A tray count is **NOT** an acceptable meal count method


Meal counts must be consolidated either weekly or monthly



Accurate Point of Service Meal Counts are Critical!

Daily Meal Count Form

1. Name of Site
2. Date
3. Meal
4. Site Supervisor
5. Delivery Time
6. Total Meals Delivered/Prepared
7. Meal Service Time
8. First Meals Served to Children*
9. Second Meals Served to Children*



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

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

First Meals Served to Children:

1	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 _____

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
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

* Reimbursable Meals

Daily Meal Count Form: Non-Reimbursable Meals

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 Adult Meals _____																											
Site Supervisor's Signature:														Date:													



10. Meals Served to Program Adults
11. Meals Served to Non-Program Adults
12. Total Meals Served
13. Total Leftover Meals
14. Total Damaged Meals
15. Income From Adult Meals
16. Site Supervisor's Signature and Date

Note: These are Non-Reimbursable Meals!

Camp Meal Count Instructions

Enter the sponsor name, site name, and supervisor

- Enter the date
- List **all** children enrolled in the camp program
- For each meal served, place a check mark under the appropriate meal type for each child
- Enter the total number of meals served to eligible children; total number of free meals
- Enter the total number of meals served to non-eligible children; total number of meals that do not qualify as free
- Add the total number of meals served, including meals served to eligible children, meals served to program adults, non-program adults, and non-eligible children

Consolidating Meal Counts

WEEKLY

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

Site Name and Address: _____ Week of: _____

	Monday			Tuesday			Wednesday			Thursday			Friday			Weekly Totals		
	Break	Lunch	Snack	Break	Lunch	Snack	Break	Lunch	Snack	Break	Lunch	Snack	Break	Lunch	Snack	Break	Lunch	Snack
Number of Meals Served																		
Meals Received or Prepared																		
Meals Leftover from Previous Day																		
First Meals Served to Children																		
Second Meals Served to Children																		
Total Meals Served																		
Meals Served to Program Adults																		
Meals Served to Non-Program Adults																		
Total Damaged/Incomplete Meals																		
Total Meals Leftover																		
Income from Adult Meals																		
Comments																		

MONTHLY

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
SUMMER FOOD SERVICE PROGRAM
SITE MEAL COUNT CONSOLIDATION FORM

Sponsor Name: _____ Month/Year: _____
Completed by: Sponsor DHSS Reviewer

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								
Site Totals	0	0	0	0	0	0	0	0

**Weekly Consolidation
or
Monthly Consolidation:
Meal Count-Monthly Consolidation Form
Site Meal Count Consolidation Form**

Non-reimbursable Meals

Meals that are not reimbursable include...

- Meals served to adults
- Meals that fail to meet meal pattern requirements
- Meals not served as a complete unit
- Meals served at sites not approved by CFNA
- Meals consumed off site without prior approval
- Meals not served to children, including leftovers
- Second meals in excess of maximum amount
- Meal types not approved by CFNA
- More than one meal served to a child at a time, not referring to second meals
- Meals served outside of approved time frames
- Meals served outside of approved dates of operation
- Meals that are spoiled or damaged
- Meals served in excess of the site's approved capacity
- Meals that were not served
- Meals served to anyone other than eligible children



Food Production Records

List all food items used

- Do not need to include condiments or seasonings

List the total amount of each food item used

- Record specific quantities in pounds, package size, can size, weight

Maintain production records for all meals, **including snacks**

List the total number of meals served to:

- Eligible children
- Program adults
- Non-program adults
- Ineligible children

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

Sponsor: _____
Site Name: _____
Date: _____

Breakfast

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

Lunch/Supper

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

Snack (Serve at least Two of the Four Components)

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

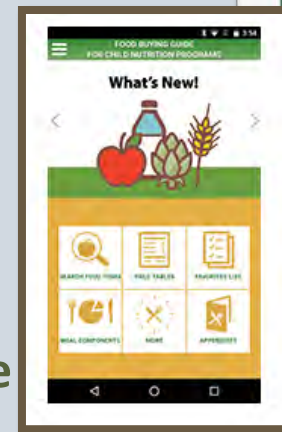
At a minimum, columns B, D, F, and H must be completed.

Production records are required for Vended Sites!

USDA Food Buying Guide

The USDA Food Buying Guide is a great tool to help sponsors determine the amount of food to purchase based on the number of servings needed.

Available as downloadable version, interactive web-based tool and as a mobile app!



Nonprofit Food Service

Sponsors must maintain documentation of all program income and expenses

All program expenses must be allowable, properly identified, and properly documented

Excess program funds:

- Improve the meal service or other aspects of the current SFSP meal service
- Apply toward next year's SFSP
- Apply toward other Child Nutrition Programs

SFSP Program Costs

ADMINISTRATIVE COSTS

Costs incurred by the sponsor for activities related to planning, organizing, and administering the program.

Administrative costs may include:

Labor Costs

Office Costs

Transportation Costs

OPERATING COSTS

Costs incurred by the sponsor for preparing and serving meals to eligible children and program adults.

Operating costs may include:

Food

Labor

Non-food supplies



Unallowable Costs

Bad debts

Repayment of overclaim and other Federal debts

Fines or penalties for non-compliance with Federal, State or local laws

Entertainment and fundraising

Rental cost for periods beyond the close-out date of SFSP operations

Costs for excess meals - such as meals served to non-program adults

Expenditures for non-creditable foods

Costs of meals served in violation of program requirements such as meals served outside approved serving times

Vended: Cost of meals delivered by a FSMC to a non-approved site, or meals delivered outside contract delivery times, spoiled meals, meals that do not meet the requirements, meals in excess of the approved cap

Network Access and Claims

- Must have SFSP user ID and password to enter a claim
- SFSP Network User Access Request form available on SFSP website
- Complete and send to CFNA via fax: 573-526-3679
- Limited to 2 users per program
- If there is a change in user, CFNA must be notified immediately



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




Claims **MUST** be submitted within **60 days** after the last day of the month!

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

Claim Deadlines

Food Safety Inspections

SFSP sponsors must maintain proper sanitation and health standards in compliance with all state and local health regulations.



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

TIME IN	TIME OUT
PAGE 1 of 2	

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.

ESTABLISHMENT NAME:	SPONSOR:	SITE NO.:
ADDRESS:		COUNTY:
CITY/ZIP:	PHONE:	FAX:

ESTABLISHMENT TYPE: SFSP AT-RISK PURPOSE: CENTRAL KITCHEN SELF-PREP VENDED/SITE PRE-OPENING ROUTINE FOLLOW-UP ATTEMPT

SEWAGE DISPOSAL: PUBLIC PRIVATE WATER SUPPLY: COMMUNITY NON-COMMUNITY PRIVATE Results
Date Sampled

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 COG = corrected on-site

COMPLIANCE	Demonstration of Knowledge	OBSERVED VIOLATION(S)	COS
IN OUT	Person in charge present, demonstrates knowledge, and performs duties		
IN OUT	Employee Health		
IN OUT	Ill employees restricted or excluded, sores and wounds are properly covered		
IN OUT N/O	Good Hygienic Practices		
IN OUT N/O	No eating, tasting, drinking or tobacco use		
IN OUT N/O	No discharge from eyes, nose and mouth		
IN OUT N/O	Preventing Contamination by Hands		
IN OUT N/O	Hands clean and properly washed		
IN OUT N/O	No bare hand contact with ready-to-eat foods		
IN OUT	Adequate handwashing facilities supplied & accessible		
IN OUT	Approved Source		
IN OUT	Food obtained from approved source		
IN OUT N/O N/A	Food received at proper temperature		
IN OUT	Food in good condition, safe and unadulterated		
IN OUT N/O N/A	Potentially Hazardous Foods		
IN OUT N/O N/A	Proper cooking, time and temperature		
IN OUT N/O N/A	Proper reheating procedures for hot holding		
IN OUT N/O N/A	Proper cooking time and temperatures		
IN OUT N/O N/A	Proper hot holding temperatures		
IN OUT N/A	Proper cold holding temperatures		
IN OUT N/O N/A	Proper date marking and disposition		
IN OUT N/O N/A	Highly Susceptible Populations		
IN OUT N/O N/A	Pasteurized foods used, prohibited foods not offered		
IN OUT	Chemical		
IN OUT	Toxic substances properly identified, stored and used		
IN OUT N/A	Conformance with Approved Procedures		
IN OUT	Time as a public health control		
IN OUT	Written procedures reviewed, compliant		
IN OUT	Records reviewed		
IN OUT N/A	Compliance with approved Specialized Process and HACCP plan		
IN OUT N/A	Protection from Contamination		
IN OUT	Food separated and protected		
IN OUT N/A	Food-contact surfaces cleaned & sanitized		
IN OUT N/O	Proper disposition of returned, previously served, reconditioned, and unsafe food		

Person in Charge / Title:		Date:	
Inspector:	Telephone No.	EPHS No.	Follow-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date:

MO 590-3123 (4-16) DISTRIBUTION: WHITE - SPONSOR CANARY - SEHS PINK - FILE COPY 68-39

FOR OFFICIAL USE	DATES OF OPERATION: APPROVED/DENIED BY:	MEALS/TIMES: DATE:	REIMBURSEMENT: REASON:
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Food Safety and Sanitation

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

Local and State Sanitarians

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

Food Safety

Promote key food safety practices for a successful summer meal site!

1

2

3

1. Practice good personal hygiene
2. Check and document food safety temperatures
3. Properly clean and sanitize

#1

Personal Hygiene

- ✓ Healthy Staff
- ✓ Handwashing
- ✓ Proper Glove Use



Wash Hands Often!



Handwashing

When should it be done?

- Before preparing food
- Throughout the day, when soiled
- After handling raw meats
- After going to the restroom
- After using a tissue
- After smoking, eating, or drinking
- After handling money, cell phones, etc.
- After cleaning or handling garbage

Set-up: separate sink reserved for handwashing or temporary set-up

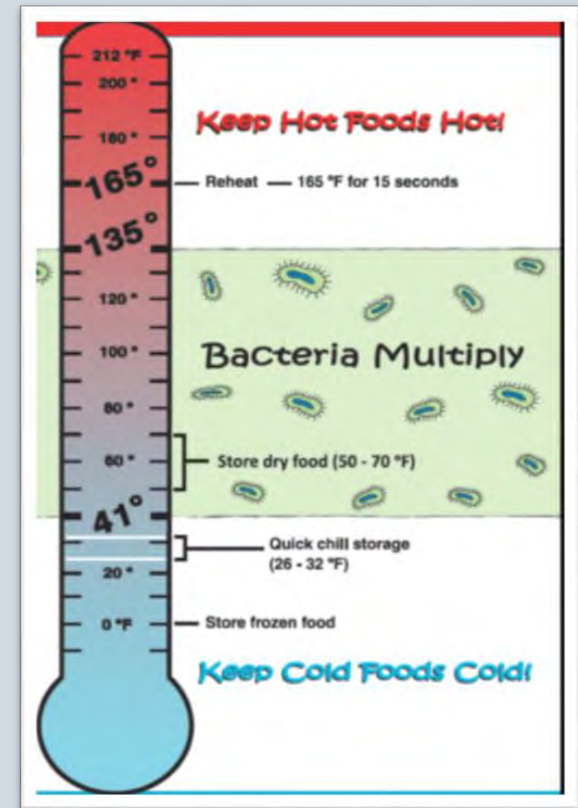
- Water
- Soap
- Paper Towels
- Wastebasket



#2

Food Temperatures

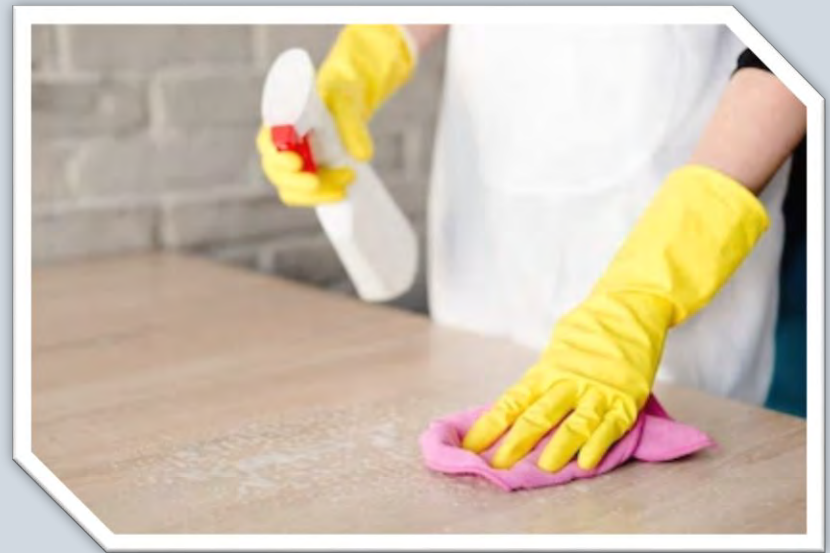
- ✓ Watch the Temperature Danger Zone
 - ✓ Calibrate Thermometers
 - ✓ Check and Record Temperatures



#3

Cleaning and Sanitizing

✓ Clean and sanitize all tables, work surfaces, and equipment that come into contact with food!





Time as Public Health Control

A procedure must be approved by the local sanitarian before utilizing time as control!

Missouri Food Code

3-501.19

Sponsor responsibilities include:

Develop a Time as Public Health Control procedure

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 time frame specified, in approved procedure, will be discarded

Contact local public health personnel for guidance

Food	Macaroni & Cheese	Hamburgers	Milk
Employee initials	JS	JS	JS
Number of Trays	2	4	5
Temperature	135°	145°	41°
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

Monitoring Your Sites

Monitors Must...


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

Monitoring

Pre-operational Site Review

1st and 4th week Site Reviews for

- Self- Prep Sites
- Vended Sites



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

1st 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
Type of Site	<input type="checkbox"/> Open	<input type="checkbox"/> Enrolled	<input type="checkbox"/> Camp <input type="checkbox"/> Migrant <input type="checkbox"/> Other
Meal Service Reviewed	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Supper <input type="checkbox"/> Snack
Approved Average Daily Participation			
	_____ Breakfast	_____ Lunch	_____ Supper _____ Snack

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

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

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

State Agency Review: Site Reviews

Review records and observe meal service at sites to ensure compliance.

A review of...

Civil Rights requirements

Meal ordering

Menus

Meal service

Meal counts



Reviews may be announced or unannounced!

State Agency Review: Sponsor Review

Review sponsor records to determine whether the sponsor is in compliance with program requirements and regulations.

SFSP Contract

Sanitation Inspections

Training Documentation

Invoices and Receipts

Monitoring Reviews

Civil Rights Beneficiary Data

Menus and Meal Production
Records

Outreach Material

Meal Count Records

✓ **Review the Monitoring Checklist!**

Monitoring Checklist

CFNA will conduct site and sponsor monitoring reviews of SFSP Sponsors!

- ✓ Organization is key
- ✓ Binders are your friends

Monitoring Checklist

During your Summer Food Service Program (SFSP) Review, the Nutritionist or 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 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.*
- Pre-operational visit, 1st week and 4th week site monitoring reports (4th week only for returning sponsor 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).*
- 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 (if recorded separately from 1st/4th-week monitoring reports).*
- Media release, brochure, or other printed outreach material.
- Copy of the program application and permanent agreement/contract.
- Income Eligibility applications (IEFs) [camps and enrolled sites only] (Refer to *Income Eligibility Guidance for Camps and Enrolled Sites*).

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



Common Findings

Review Common Findings listed in your SFSP Manual!

Review Findings

If non-compliance issues are found at a site or sponsor review, the sponsor will be required to provide a Corrective Action Plan (CAP) to permanently correct those issues.

What?

- What is the finding?

Why?

- Why is it occurring?

How?

- How can it be corrected?

When?

- When will the finding be corrected?

Who?

- Who will be responsible to ensure it is corrected?



**The CAP is due 3
weeks from
notice of the
findings!**

Corrective Action Plan

SITE REVIEWS

Site Visit Finding/CAP form mailed/emailed to SFSP Sponsor

- Indicates if an action is required
- Indicates if finding(s)/no finding

If finding(s), CAP requested to be completed on the corresponding Site Visit Finding Form

- Meal and Menu findings
- Food Service Record findings
- Sanitation findings
- Meal Count findings

CAP must be completed on the Site Visit Finding Form and returned to CFNA by date indicated

SPONSOR REVIEWS

Monitoring letter sent to sponsor detailing compliance/non-compliance

If finding(s), CAP must be completed

CAP form will be included with the letter for completion by the sponsor

Failure to respond to findings may affect sponsors ability to participate in the SFSP

Once CAP approved, a closeout letter will be sent to the sponsor

CAP due in 3 weeks from notification!

Appeal Procedures

SFSP sponsors have the right to appeal findings or actions that result in claim revisions, disallowances of meals, or actions that affect participation in the SFSP.

A written appeal must be received by CFNA no later than **14** calendar days from receipt of notice!



Tips for Success

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



Annual Newsletter

1. Outstanding Outreach
2. Magnificent Menus
3. Spectacular Staff
4. Perfectly Partnered



Share your successes with us throughout the year by sending stories and pictures to sfsp@health.mo.gov

Advance payments will be deducted from future reimbursement payments!



Sponsors Requesting SFSP Advances..

Must have a fully executed contract with DHSS to operate SFSP

Must be in good standing with MO food and nutrition programs

Cannot miss a payment for debt from previous year's program

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



Resources

***Links to these resources and more
on the SFSP website!***

Summer Food Service Food Program website

- Mobile Map
- Access to CNP web-based claiming system
- Videos
- Reference Guides
- SFSP Signs

USDA Summer Food Service Program

- USDA Summer Meals Newsletter-highlights new resources
- USDA webinar series

USDA Farm to School

Missouri Department of Agriculture

- Farmer's market map

Institute for Child Nutrition

- USDA standardized recipes
- Training
- Food Safety

Choose My Plate

- Tips for healthy eating

How do participants find SFSP sites?

→ Map on SFSP website

→ Mobile friendly map

→ Text "Summer Meals" to 97779!

At-Risk Afterschool Program

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

Program Eligibility

Organization Eligibility

Area Eligibility

Participant Eligibility

Licensing, Health and Safety Requirements



[CACFP: At-Risk Afterschool Program](#)



True or False

Sponsors that receive a monitoring waiver are not required to review all sites within 4 weeks of operation.

False

Children that are served outside of the approved meal time may be claimed for meals as long as they are served a complete meal.

False

An SFSP sponsor who has attended the state agency training and has only one site is not required to provide additional training.

False

Milk is a required component at a breakfast meal unless 100% juice is served as a beverage.

False

Share tables must be in compliance with state and local health safety codes.

True

Thank You!

You help make Missouri's future bright by nourishing our children with the Summer Food Service Program!



“Food That’s In When School is Out!”