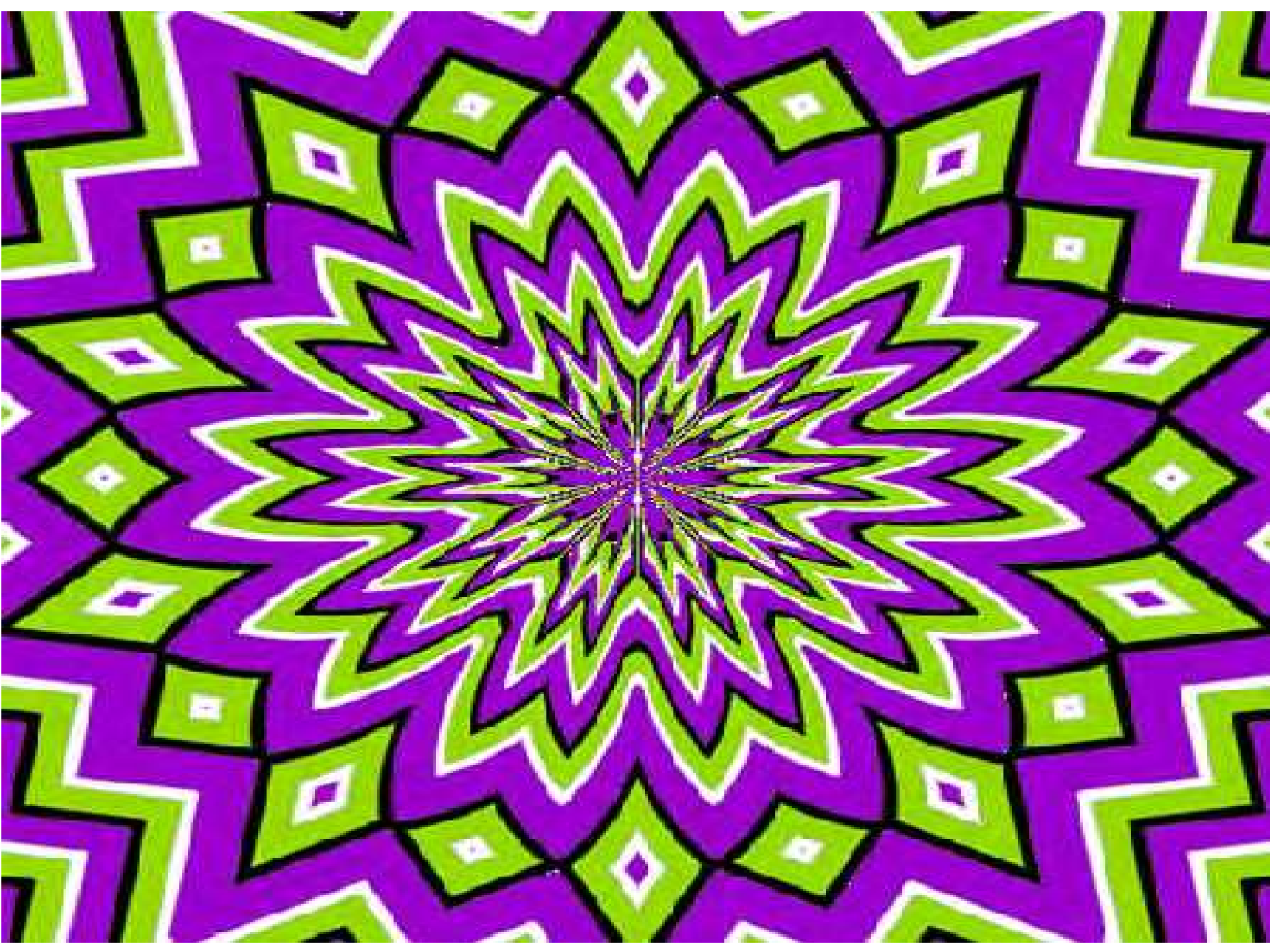





FORMS

Amy Bianco—2015





Summer Food Service Program

Main Page of Website


Illinois State Board of Education

Gary J. Chubb, Chairman
 Dr. Christopher Koch, State Superintendent

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SUPERINTENDENT'S WEEKLY MESSAGES

NEW Evaluation Systems

Nutrition and Wellness Programs


Summer Food Service Program

Everybody Wins with Summer Food!

The Summer Food Service Program (SFSP) was instituted to provide nutritious meals to children during the summer months when school is not in session. The program is funded by the United States Department of Agriculture (USDA) and administered by the Illinois State Board of Education (ISBE).

Sponsoring organizations include:

- Public or private non-profit local education agencies;
- Entities of state, local, municipal, or county government;
- Residential camps; and
- Private nonprofit organizations with 501(c)(3) status.



SFSP 2013 Maximum Reimbursement Rates		
Combined (Operating and Administrative)		
	Retail or Self-Prep	Other
Breakfast	\$1,5800	\$1,5425
Lunch/Supper	\$1,4700	\$3,8125
Supplement	\$0,0000	\$0,0000

An alternative to the SFSP for providing meals to your children in the summer months is the Seamless Summer Option, formerly Seamless Summer Lunch. This program is available to local education agencies that already participate in the National School Lunch (NSLP) and/or School Breakfast Program (SBP). Some school food service authorities had the Seamless Summer Option for several years and receive less

Resources

- ▶ Calendar
- ▶ Child Nutrition Programs
- ▶ Civil Rights Compliance and Enforcement
- ▶ CNP Email Alerts Archive
- ▶ Contracts/Procurement for School-Based Child Nutrition Programs
- ▶ Eligibility, Income, and Reimbursement Information
- ▶ Food Retail Information
- ▶ Illinois Commodity System/USDA Food Distribution Programs
- ▶ Instructions for Online Applications and Reports
- ▶ Legislation, Regulations, and Policy
- ▶ Map-Illinois Nutrition Programs
- ▶ Monitoring and Program Requirements Newsletter
- ▶ Training Resources and Workshops
- ▶ Contact Us
- ▶ Nutrition Programs Home

Reimbursement Rates

Nutrition and Wellness Programs

Summer Food Service Program

Everybody Wins with Summer Food!

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Sponsoring organizations include:

- Public or private non-profit local education agencies.
- Entities of state, local, municipal, or county government.
- Residential camps; and
- Private nonprofit organizations with 501c (3) status.

	Combined (Operating and Administrative)	
	Rural or Self-Prep	Other
Breakfast	\$1,3000	\$1,5425
Lunch/Supper	\$3,4700	\$3,4125
Supplement	\$0,0000	\$0,0000

Access Forms

[New Sponsors](#)

[Forms and Documents](#)

[Handbooks](#)

[Resources](#)

[Seamless Summer Option](#)

Access Forms (continued)









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FAB
Eng. Language Learning
External Assurance
Financial Services
Funding & Disbursements
Grants & RFPs

Nutrition Programs

Summer Food Service Program (SFSP) Forms and Documents

- ▶ [Administrative Review Checklist](#) 
- ▶ [Blank Breakfast Menu Form](#) (ISBE 67-04B) 
- ▶ [Blank Lunch Menu Form](#) (ISBE 67-04A) 
- ▶ [Blank Supplement Menu Form](#) (ISBE 67-04C) 
- ▶ [Clarification of Participation](#) (ISBE 67-81) 
- ▶ [Daily Meal Count Form](#) 
- ▶ [Food Donation Documentation](#) 
- ▶ [Food Service Agreement](#) (ISBE 68-70) 

Resources

- ▶ [Calendar](#)
- ▶ [Child Nutrition Programs](#)
- ▶ [Civil Rights Compliance and Enforcement](#)
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- ▶ [Data and Other Useful Information](#)
- ▶ [Forms, Documents, and Resources](#)
- ▶ [Illinois Commodity System Food Distribution Program](#)
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Nutrition Programs

Summer Food Service Program (SFSP) Resources/Handbooks

- ▶ [Administrive Guidance and Administrative Guidance Reference Section](#)
- ▶ [Allowable Administrative Costs](#)
- ▶ [Allowable Operating Costs](#)
- ▶ [A Guide to Starting the Summer Food Service Program in your Community](#)
- ▶ [Eligibility Guidance Manual](#)
- ▶ Nutrition Education
 - [National Agricultural Library](#)
 - [National Food Service Management Institute](#)
 - [USDA - Food and Nutrition Service](#)

Resources

- ▶ Calendar
- ▶ Child Nutrition Programs
- ▶ Civil Rights Compliance and Enforcement
- ▶ Contracts/Procurement for School-Based Child Nutrition Programs
- ▶ Data and Other Useful Information
- ▶ Forms, Documents, and Resources
- ▶ Illinois Commodity System Food Distribution Program
- ▶ Instructions for Online Applications and Reports

Forms

- **Sample forms**
 - **Summer Food Service Program website**
 - ***Administrative Guidance for Sponsors handbook***
- **Create your own**





Planning Checklist

- **Organize “to do” list**
- **Document everything**
- **Date all materials**
- **Keep records together**
- **Perform record keeping on a timely basis**
- **Check the Application and Claim Entry System (ACES) regularly**
- **Administrative Guidance, Attachment #11**



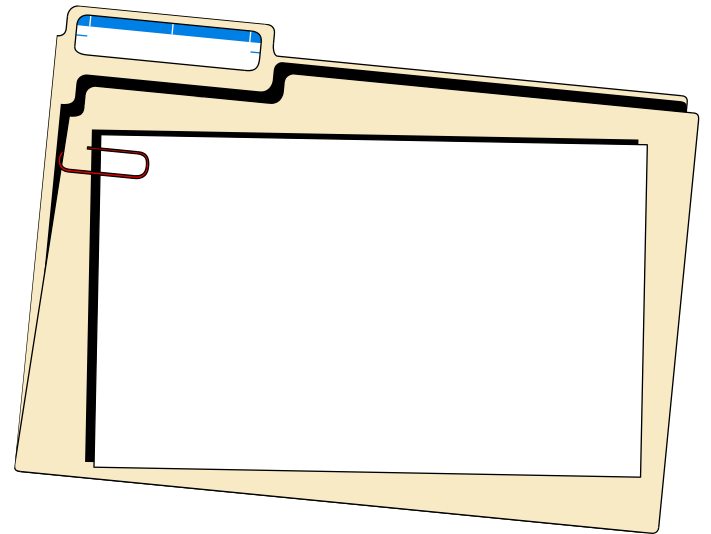
PLANNING CHECKLIST: SUMMER FOOD SERVICE PROGRAM	
Date completed	Action
1. _____	Meet with community leaders, if possible, or survey community for assistance in determining suitable site locations.
2. _____	Choose possible sites and compile written documentation supporting the eligibility of each site. This involves determining the method to be used to show need (such as area eligibility based on census tract or school district data, or the enrollment of each participating child).
3. _____	Choose method of meal preparation (self-preparation of meals or purchase of meals from a school food authority or a public or private food service management company).
4. _____	If meals will not be prepared by the sponsor, contact local schools and other possible vendors concerning vending meals for the Program.
5. _____	Contact recreation departments, schools, and local service organizations to coordinate recreation activities with planned food service at sites.
6. _____	Contact reliable site supervisors from previous year(s) to determine if they have an interest in continuing in the Program.
7. _____	Attend training workshops offered by State agency personnel.
8. _____	Hire secretarial staff to assist the program director.
9. _____	Develop specifications for the invitation to bid (if applicable).
10. _____	Publicly advertise the bid, at least 14 days before bid openings (if applicable).
11. _____	Estimate potential Program reimbursement and develop budget and staffing plans for the Program.
12. _____	Solicit volunteers or help at sites whenever possible.
13. _____	Hire an assistant program director, if necessary.
14. _____	Design forms, use the State agency's sample forms, or the sample forms in the Reference Section of this handbook for all aspects of Program operations.

Pre-operational Visit Checklist

- An eleven day cycle menu (Required meal pattern)
 - Self-prep
 - Contract
 - Offer vs Serve
- Health Department letter
 - Send a copy to the local health department—also revisions
 - Send a signed copy to the IL State Board of Education (ISBE)—Attn: Amy Bianco
- Program announcement
 - Send to the local media outlet (newspaper, radio, TV, etc)
- Grassroot letters
 - Send to community organizations
- Training dates and agenda
 - Hold training prior to the start of the program
- Monitoring plan
 - Pre-operational visit (must be completed before ISBE staff arrives)
 - First Week Site visit
 - Four Week Review
 - Follow-up Reviews
- Administrative Labor Worksheet
 - Email a copy to ISBE—Attn: Amy Bianco
- Accounting System
 - Record costs (General Ledger)
 - Document costs (Receipts, Time sheets)
- Online Application
 - Sponsor application
 - Site application
 - Budget
- Claims for Reimbursement
 - Process to submit claim (consolidate and verify)
- Civil Rights Compliance
 - Front line training
 - “And Justice For All” posters
 - Beneficiaries
- Household Income Applications – if applicable
 - Process for obtaining information and approving

Record-Keeping Labels

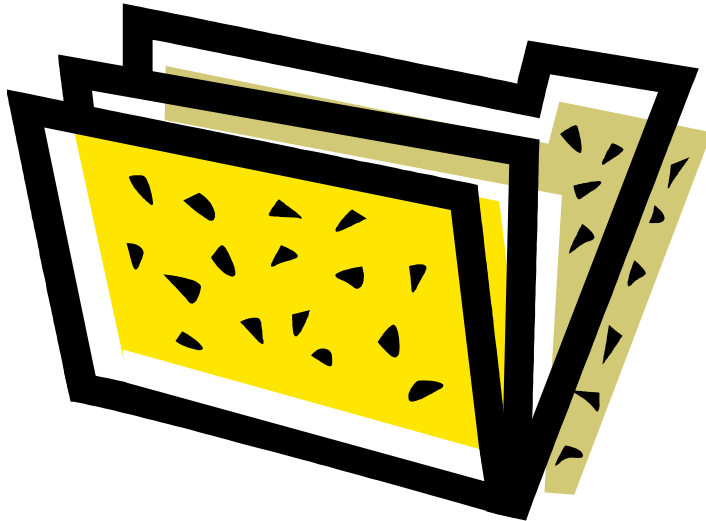
- **Put on folders**
- **Keep folders together**
- **Organize**
- **Document**



Sponsor/Site Agreement

Use this form when:

- **Multiple sites**
- **Sites are non-affiliated organizations**



**SPONSOR/SITE AGREEMENT
FOR THE SUMMER FOOD SERVICE PROGRAM**

Name of site: _____

Address of site: _____

Site supervisor/State agency official: _____

Telephone: _____

The person named above agrees to:

1. Serve meals to all needy children 18 years of age and under (or persons 19 and over who are mentally or physically disabled and participating in a public or private nonprofit school program for the mentally or physically disabled).
2. Serve meals that meet the minimum meal pattern requirements.
3. Provide adequate supervision during the meal service.
4. Maintain and submit promptly such reports and records that the sponsor requires.
5. Report to the sponsor any changes in the number of meals required as attendance fluctuates.
6. Report any other problems regarding the meal services.
7. Comply with civil rights laws and regulations.
8. Attend sponsor training sessions.

Site Supervisor/State Agency Official

Date

Sponsor

Date

Site Checklist

- File in each site folder with copy of site application
- Site supervisor complete
- Assist at Administrative Review





	A	B	C	D	E
1	Sponsor:				
2	Site Number:				
3	Site Name:				
4	Site Supervisor:				
5			Yes	No	N/A
6	Site Application Submitted				
7	Dates of Operation				
8	Highest Daily Participation				
9	Site Supervisor Training				
10	Site Staff Training				
11	Training Held Before Start Date				
12	Site Approved				
13	Site Approved Before Start Date				
14	Nondiscrimination Poster Displayed				
15	Eligibility				
16	School Data or Census Data				
17	Income Applications				
18	If Yes, Applications on File				
19	Other				
20	Monitoring				
21	Pre-Operational Visit				
22	First Week Visit				
23	4th Week Review				
24	Follow-Up Review				
25	Follow-Up Review				
26	Follow-Up Review				
27	Meals				
28	Breakfast—Times				



Grassroots Letter

- **Send before the start of the program**
- **Community groups**
- **Outreach**

SAMPLE NOTIFICATION LETTER
TO GRASSROOTS AND MINORITY
ORGANIZATIONS

(DATE)

(NAME AND ADDRESS)

Dear Madam/Sir:

This is to notify your organization that (name of sponsoring organization) will conduct a Summer Food Service Program during the summer. The address(es) and date(s) of operation:

(Name[s] and Address[es])

(Date[s] of Operation)

The Summer Food Service Program is available to all eligible children regardless of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

If you are interested in further information regarding this program, please contact (staff member) at (phone number).


Sincerely,

(Authorized Sponsor Representative)

Health Notification Letter

- Each sponsor **MUST** attach a **SIGNED** copy of the letter they sent to their local health department to their **WINS** application
- **Must be updated as necessary**





SAMPLE HEALTH DEPARTMENT NOTIFICATION LETTER

(DATE)

(Name of Local Health Department Official)
(Name of Health Department)
(Street Address)
(City, State and Zip Code)

Dear Madam/Sir:

This is to notify you that (name of sponsoring organization) will conduct a Summer Food Service Program at (number) location(s) during the summer. The address(es) and date(s) of operation:

(Name[s] and Address[es])

(Date[s] of Operation)

We will notify you of any changes during the operation of the program.

The Illinois State Board of Education recommends all Summer Food Service Program sites be inspected by the local health department prior to operation. Please contact (staff member) at (phone number) to arrange a date and time.

Sincerely,

(Authorized Sponsor Representative)

Training

- **Operating staff**
- **Administrative staff**
- **Before the start of the program**
- **Participants sign-in**
- **Continue training for the duration of the program**
- **Document**



SAMPLE TRAINING AGENDA

PROGRAM OVERVIEW

- PURPOSE
- ELIGIBILITY
- MEAL REQUIREMENTS
- NONDISCRIMINATION COMPLIANCE

CIVIL RIGHTS COMPLIANCE

- FACT SHEET
- SAMPLE COMPLAINT FORM
http://www.isbe.net/nutrition/pdf/civil_rights_sample_complaint_form.pdf
- FRONT LINE PRESENTATION
http://www.isbe.net/nutrition/ppt/civil_rights_front_sfsp.ppt

PROGRAM OPERATION

- HOW MEALS WILL BE PROVIDED
- DELIVERY SCHEDULE (IF APPLICABLE)
- MEAL ADJUSTMENTS
- ACCURATE POINT-OF-SERVICE MEAL COUNTS
- FIELD TRIP PROCEDURES

RECORD KEEPING REQUIREMENTS

- DAILY RECORD KEEPING REQUIREMENTS
- DELIVERY RECEIPTS
- SECONDS, LEFTOVERS, AND SPOILED MEALS
- DAILY LABOR—TIME SHEETS
- RECEIPTS/INVOICES, ETC. TO DOCUMENT EXPENSES
- COLLECTION OF DAILY RECORD FORMS

JOB DUTIES OF EACH STAFF MEMBER

- WHO THEY ANSWER TO
- WHAT THEY ARE RESPONSIBLE FOR
- ACCOUNTABILITY

Clarification of Participation

- **Sponsor participates in a Child And Adult Care Food Program in addition to the Summer Food Service Program (SFSP)**
- **Serves meals to children in BOTH programs**
- **Attach to WINS application**

CLARIFICATION OF PARTICIPATION

DIRECTIONS: Complete if at any time during the year this site serves meals to children in BOTH the Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP). CACFP provides reimbursement for children's meals birth through 12 years. SFSP allows children to participate through age 18.

NAME AND ADDRESS OF FOOD SERVICE SITE THAT PARTICIPATES IN BOTH CACFP AND SFSP (Street, City, State, Zip Code)	SFSP SPONSOR AGREEMENT NUMBER
	SPONSOR SITE NUMBER
	CACFP SPONSOR AGREEMENT NUMBER
NAME AND TITLE OF PERSON IN CHARGE AT SITE	TELEPHONE (Include Area Code)

- Yes No Is the Child and Adult Care Food Program (CACFP) site licensed by the Illinois Department of Children and Family Services (DCFS)?
- Yes No Are the children in the Summer Food Service Program (SFSP) also fed at this location?
IF NO, where are the SFSP children fed?

- Yes No Can a child receive meals from both the CACFP and SFSP?
IF YES, explain.

4. What meals are claimed in SFSP? Check (✓) appropriate meal services:
 Breakfast Lunch Supper AM Supplement PM Supplement

CERTIFICATION

We certify that this information is true and correct.

_____ Date

_____ Signature and Title of Authorized Representative

FOR ISBE USE ONLY

Allowed to participate in SFSP.

Date Name

VERIFICATION OF INFORMATION

Certifications

- **Eligibility Documentation**
 - Migrant sites
 - Upward Bound sites

- **Attach to WINS application**

- **Must have before site is approved**



Migrant Eligibility Certification

Summer Food Service Program—2012



Please check one:

I certify that all of the participants in the Summer Food Service Program for site(s) number _____ are serving children of migrant worker families.

I certify that the participants in the Summer Food Service Program for site(s) number _____ are predominantly serving children of migrant worker families.

(Sponsor is reimbursed for 100 percent of meals served to all attending children)

Upward Bound Certification

Summer Food Service Program



Closed-enrolled site(s)—check one:

I certify that all of the participants in the Summer Food Service Program (SFSP) for site(s) number _____ meet the guidelines of the Upward Bound Program.

Program Announcement

- Determined by which eligibility method used for site
- All sponsors must complete
- Camp sponsors and those sites who use parent income applications for eligibility—send to participants only
- **New sponsors—attach to WINS application**



ILLINOIS STATE BOARD OF EDUCATION

Nutrition Programs Division
100 North First Street, W-270
Springfield, Illinois 62777-0001

SPONSORS USING AREA DATA

SITE ELIGIBILITY

Attachment to ISBE 89-71, Application/Agreement

NAME OF SPONSORING ORGANIZATION

AGREEMENT NUMBER

PROGRAM ANNOUNCEMENT/POLICY STATEMENT:

The _____ today announced plans to participate in the Summer Food Service Program (SFSP). Free meals, which meet SFSP federal guidelines, will be made available to all children 18 years of age and under and to persons over 18 years who are enrolled in a state-approved educational program for the mentally or physically disabled. Meals are made available to all eligible participants without regard to race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Free meals will be provided at the sites listed below beginning _____ and ending _____

For further information contact _____ at _____

[LISTING OF SITES]

Site Name	Address (Street, City, State, Zip Code)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

I certify that the above program announcement/policy statement constitutes this organization's policy regarding the service of free meals to participants in the Summer Food Service Program and the above announcement has been/will be submitted to _____ on _____

Date

Signature of Authorized Sponsor Representative

Household Eligibility Application

- **Camps serving three meals must use Parent Income Applications for eligibility purposes**
- **Sites that do not meet area (school) data or census data can use Parent Income Applications for eligibility**
- **Upward Bound sites may use Parent Income Applications for eligibility**

SUMMER FOOD SERVICE PROGRAM HOUSEHOLD ELIGIBILITY

1. All Household Members

NAMES OF ALL HOUSEHOLD MEMBERS <small>First, Middle Initial, Last</small>	Age <small>(Children Only)</small>	SNAP OR TANF CASE NUMBER (If any, for each household members) <small>Skip to Part 5 if you list a SNAP or TANF case number.</small>										Check if NO Income	Check if Foster Child
			-			-		-				<input type="checkbox"/>	<input type="checkbox"/>
			-			-		-				<input type="checkbox"/>	<input type="checkbox"/>
			-			-		-				<input type="checkbox"/>	<input type="checkbox"/>
			-			-		-				<input type="checkbox"/>	<input type="checkbox"/>
			-			-		-				<input type="checkbox"/>	<input type="checkbox"/>
			-			-		-				<input type="checkbox"/>	<input type="checkbox"/>
			-			-		-				<input type="checkbox"/>	<input type="checkbox"/>

2. Total Household Gross Income (before deductions) You must tell us how much and how often.

A. NAMES <small>(LIST ALL HOUSEHOLD MEMBERS WITH INCOME)</small>	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)									
	B. Earnings From Work <small>(Before Deductions)</small>		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other Income)			
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i. EXAMPLE: Jane Smith	\$ 200.00	Weekly	\$ 150.00	weekly	\$ 100.00	monthly	\$		\$	
ii.	\$		\$		\$		\$		\$	
iii.	\$		\$		\$		\$		\$	
iv.	\$		\$		\$		\$		\$	
v.	\$		\$		\$		\$		\$	

3. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application, if Part 3 is completed or if no income is checked in Part 1, the adult signing the form must also list the last four digits his or her social security number or mark the I do not have a social security number box.

X X X - X X -

Social Security Number

I do not have a social security number.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose their benefits and I may be prosecuted.

Date

Printed Name of Adult Household Member

Signature of Adult Household Member

4. Contact Information (Optional)

Work Telephone Number (include Area Code)

Home Telephone Number (include Area Code)

Home Address (Number, Street, City, State, Zip Code)

5. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity:

Hispanic/Latino

Not Hispanic/Latino

Mark one or more racial identities:

Asian

White

Black or African American

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

SFSP SPONSOR ONLY—must use annual conversion on all applications

Convert income only if different frequencies of pay are reported.

INITIAL DETERMINATION

Annual Income Conversion Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME \$

Per:

Week

Every 2 Weeks

Twice a Month

Month

Year

NUMBER IN HOUSEHOLD:

CHANGE IN STATUS:

Date

Free based on:

SNAP or TANF

foster child

household's income

Denied—Reason:

Income too high

Incomplete application

Non-qualifying SNAP/TANF

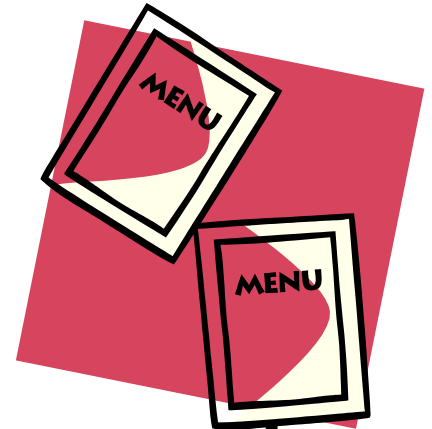
Date Withdrawn

Signature of Determining Official

Date

Additional Comments (Optional)

Menu



- Updated annually
- Write in substitutions on the master
- Post at your site
- **Must** include portion size
- First-year sponsors
 - Monitors will approve at Preoperational Visit
- Returning sponsors
 - Monitors will look at during reviews



Menus (continued)

- **Breakfast, Lunch/Supper, Supplement (Snack)**
 - **Menu for each meal type**
 - **Include portion size**
 - **Write substitutions on form**
 - **Interactive form**

Medical Exemption Statement

- **Children with special needs**
- **Completed by Doctor**
- **Keep on site**
- **Undue hardship**
 - **2015 USDA's Nutrition Guidance**

SAMPLE FORMAT: Distributed by the SFSP for SFSP discretionary use only. Format may be modified and/or copied to meet specific SFSP record keeping needs. **Do not return to the Illinois State Board of Education.**

**SUMMER FOOD SERVICE PROGRAM
MEDICAL EXCEPTION STATEMENT FOR FOOD SUBSTITUTION**

CHILD'S NAME	DATE
--------------	------

NAME OF SFSP SITE AND ADDRESS

Dear Parent/Guardian:

This site participates in the Summer Food Service program (SFSP) and must serve meals and snacks meeting SFSP requirements. Food substitutions may be made only when supported by a physician's statement. Please ask your physician to complete and sign this form. Return the completed form to the SFSP site. If you have any questions, please contact me at

[Redacted]

SFSP Sponsor Telephone Number

Sincerely,

[Redacted Signature]

SFSP Contact Person

SFSP Sponsor—keep completed form signed by physician on file at the SFSP site.

COMPLETE ALL INFORMATION

1. Does child have a disability according to 7 CFR Part 15b.3 (defined as *any person who has a physical or mental impairment which substantially limits one or more major life activities*)?

- YES** If yes, provide the following information and complete parts 3, 4, and 5.
- NO** If no, go to part 2.

a. What is the disability? [Redacted]

b. How does the disability restrict the diet? [Redacted]

c. What major life activity is affected? [Redacted]

2. Child has no disability but requires a special diet. **Provide the following information and complete parts 3, 4, and 5.** Identify medical problem which restricts the child's diet.

[Redacted]

3. List food/type of food to be omitted.

[Redacted]

4. List food/type of food to be substituted.

[Redacted]





Production Record

- **Self-prep sponsors**
- **Use at each meal service**
- **Keep on hand—monitors will review**

SUMMER FOOD SERVICE PROGRAM—DAILY MENU PRODUCTION RECORD

Date (1):

Site Name (2):

Complete columns 5, 6, and 7 prior to meal service

*Complete columns 8, 9, and 10
after meal service*

Meal Service (3)	Meal Pattern (4)	Food Item (5)	Portion Size (6)	Quantity Used (7)	Number of Servings Children (8)	Number of Adult Servings (9)	Leftovers (10)
Breakfast	Milk						
	Juice or Fruit or Vegetable						
	Grain/Bread						
	Other Food Item(s)						
	Condiments						
A.M. Snack	(Select 2 components)						
or P.M. Snack (circle one)	Milk						
	Juice or Fruit or Vegetable						
	Grain/Bread						
	Meat/Meat Alternate						
	Other food item(s)						
Lunch or Supper (circle one)	Milk						
	1st Serving Vegetable and/or Fruit						
	2nd Serving Vegetable and/or Fruit						
	Grain/Bread						
	Meat/Meat Alternate						
	Other food item(s)						
	Condiments						

Donations

Sponsor Name: _____

Agreement #: _____

	<u>Items Donated</u>	<u>Quantity</u>	<u>Estimated Value</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____
11)	_____	_____	_____
12)	_____	_____	_____
13)	_____	_____	_____
14)	_____	_____	_____
15)	_____	_____	_____
16)	_____	_____	_____
17)	_____	_____	_____
18)	_____	_____	_____
19)	_____	_____	_____
20)	_____	_____	_____

Date Donations Received: _____

Donating Organization: _____

Donator's Name Printed: _____

Donator's Signature: _____

Donator's Phone Number: _____

Food Service Agreement

- **Contracting meals**
 - **School**
 - **Less than \$150,000 and do NOT have to conduct a formal procurement**



Illinois State Board of Education
Nutrition & Wellness Programs Division
100 North First Street, W-270
Springfield, IL 62777-0001

FOOD SERVICE AGREEMENT
Summer Food Service Program (SFSP)
Contracts Less Than \$150,000

THIS AGREEMENT is made and entered into by and between:

Name of Sponsor

and -----
Name of Vendor

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

----- to -----

Based on the following:

Meal Type	Estimated Servings per Day	Estimated Number of Serving Days	Unit Price	Total Price
Breakfast				
AM or PM Snack				
Lunch				
Supper				

The Vendor agrees to deliver ----- (unitized or bulk) meals ----- (inclusive or exclusive) of milk on a daily basis to the location(s) during the timeframes indicated in Schedule A, attached hereto and incorporated into this Agreement. The unit prices of each meal type which the Vendor agrees to furnish must be written in ink or typed in the blank space provided above. The price should be based on costs less the value of government donated foods provided by the Sponsor (this adjustment may be reflected in the unit price or in an adjustment on the final billing). The Vendor may not subcontract for the total meal, with or without milk, or for the assembly of the meals.

The unit prices submitted are based on the cycle menu in Schedule B, attached hereto and incorporated into this Agreement. The meals furnished shall meet or exceed Summer Food Service Program (SFSP) meal pattern requirements as specified in Schedule C, attached hereto and incorporated into this Agreement, and Title 7, Part 225 of the Code of

Daily Meal Count Form

DAILY MEAL COUNT FORM	
Site Name:	Meal Type (circle): B L SNa.m. SNp.m. SU
Address:	Telephone:
Supervisor's Name:	Delivery Time: Date:
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) [1]	
First Meals Served to Children (cross off number as each child receives a meal):	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	
21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40	
41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	
61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80	
81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	
101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120	
121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140	
141 142 143 144 145 146 147 148 149 150	Total First Meals + [2]
Second meals served to children:	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Total Second Meals + [3]
Meals served to Program adults:	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Total Program Adult Meals + [4]
Meals served to non-Program adults:	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Total non-Program Adult Meals + [5]
TOTAL MEALS SERVED = [6]	
Total damaged/incomplete/other non-reimbursable meals + [7]	
Total leftover meals + [8]	
Total of items: [6] ☐ [7] + [8] ☐ [9]	
(Item [9] should be equal to item [1])	
Number of additional children requesting a meal after all available meals were served:	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	
By signing below, I certify that the above information is true and accurate:	
_____ Signature	_____ Date



Daily Meal Count Form

(continued)

- **Site should send original forms or fax to the sponsor on at least a weekly basis**
- **Site can keep a copy/record on site**
 - **NCR**
 - **Consolidation worksheet**

Consolidation Meal Count Form

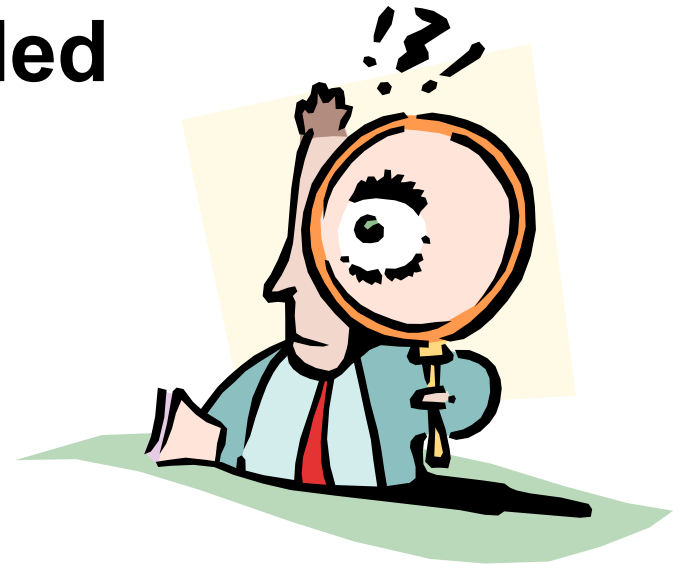
Meal Count – Site Consolidation Form of First (1st) and Second (2nd) Meals Served
 Claim Period: 7/1/09 to 7/31/09



Site # 75321 Name: ABC Church	Breakfast		Lunch		Snack		Supper	
	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal
Day of the Month: (Example – July 1 st , 2 nd , 3 rd)	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal
1. July 2			35	2				
2. July 3			41	0				
3. July 4			0	0				
4. July 5			37	2				
5. July 6			34	1				
6. July 9			38	0				
7. July 10			40	3				
8. July 11			36	1				
9. July 12			29	0				
10. July 13			37	5				
11.								
12.								
13.								
TOTALS			327	14				

Monitoring Responsibilities

- **Pre-Operational Form**
- **First Week Visit**
- **Four Week Review**
- **Follow-Ups as Needed**



Pre-Operational Form

- **Complete when site is new or**
- **When site was a problem site in the previous year**



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**SUMMER FOOD SERVICE PROGRAM
SPONSOR PRE-OPERATIONAL SITE REVIEW FORM**
(To be completed by sponsoring organizations)

SPONSOR	DATE OF REVIEW
SITE NAME	SITE NUMBER (If Available)
CONTACT PERSON	NAME OF SITE SUPERVISOR
PROJECTED PARTICIPATION	SITE ADDRESS
	TITLE
	PROJECTED START/END DATE

GENERAL SITE INFORMATION

TYPE OF SITE (Check (✓) appropriate box)

- School Church Housing
 Indoor Center Park Other (specify) _____

ALTERNATE WEATHER SITE, if applicable (Name and address): _____

NUMBER OF ROOMS TO BE USED FOR MEAL SERVICE: _____

MEAL PREPARATION (Check (✓) appropriate box)

- On-site Satellite VENDED: Hot Cold

EQUIPMENT (Record number of unit(s) available)

- 1a. SINK Hand 3 Bin 2 Bin

If 2 bin sink or less, record how the washing, rinsing, and sanitizing process will be completed below.

1b. Tables/Seating (Record the number of tables by type)

- _____ 6 foot long (10 seats)
_____ 8 foot long (12 seats)
_____ 6 foot round (10 seats)
_____ Other: _____

_____ 1c. Total number of chairs/seats

1d. Refrigeration (Record the number of units by type)

- _____ Single domestic 18 cu. ft. (50 meals)
_____ Single section commercial reach in 20-25 cu. ft. (50 meals)
_____ Double section commercial reach-in 40-50 cu. ft. (100 meals)
_____ Double section commercial reach-in 50-60 cu. ft. (200 meals)
_____ Triple section commercial reach-in 60-75 cu. ft. (300 meals)
_____ Walk-in 64 sq. ft. (8' x 8') (300 meals)
_____ N/A

_____ 1e. Total number of meals

Site Visit Form

- **Site visit**
 - **During the first week of operation**
 - **Does not need to stay for the entire meal service**
 - **Opportunity to catch problems early**
- **Complete ALL spaces/lines**



Site Visit Form

- **Sign and date**
- **Sponsor should review forms**
- **School sponsors can request a waiver**
- **Other sponsors MAY not have to conduct**

Summer Food Service Program Monitoring Site Visit Form

Instructions: This form is to be completed during the **first week** of operation. Any problems should be identified and the corrective action should be described below.

Site Name	Site Number	Date of Site Visit	
Site Address (Street, City, State, Zip Code)			
Approved Level of Participation	Monitor's Arrival Time	Monitor's Departure Time	Site's Begin Date
Names of Personnel Interviewed			

Program Operations

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did site manager attend training program? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did other site personnel attend training? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Does site manager know who to contact if there is a problem or if there is a need for reducing/increasing order levels? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are daily meal count records up to date? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Are meals checked for spoilage and counted upon delivery? (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are meals being served at the times approved by the state agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are sanitation requirements met? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did today's menu meet the required components and portion sizes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Does the site maintain adequate supervision over its food service? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Does the site have a system for handling leftover meals? |

Civil Rights

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the site serve meals to all attending children equally, regardless of race, color, sex, age, disability, or national origin? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the site have a USDA-approved poster displayed? |

List problems noted during the visit and describe the corrective action plans initiated to eliminate the problems.	
Problems	Corrective Action Plans

I certify that the information on this form is true and correct to the best of my knowledge. I understand that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Signature—Site Supervisor

Date

Signature—Monitor

Date



Site Review Form

- **Site Review**
 - **During the first four weeks of operation**
 - **Must stay for the entire meal service**
- **Complete ALL spaces/lines**
- **Sign and date**
- **Sponsor should review forms**
- **Conduct Follow-Up Review if necessary**

INSTRUCTIONS: Complete form in its entirety. A review must be completed at each site at least once during the first four weeks of operation.

NAME OF SITE	DATE	APPROVED MEAL TIMES Begin: _____ End: _____		
SITE ADDRESS	Approved Level of Participation	Meal Type Observed	Review	Follow-Up Review
SITE NUMBER		TIME MONITOR ARRIVED	TIME MONITOR DEPARTED	

RACIAL/ETHNIC IDENTITY: Indicate number of children participating. (Do not use percentages or words such as "all" or "none".)

_____ Hispanic or Latino	_____ Asian	_____ Black or African American	_____ Native Hawaiian or Other Pacific Islander
_____ Not Hispanic or Latino	_____ White	_____ American Indian or Alaska Native	_____ Other

MEAL SERVICE Answer questions **ONLY** if observed.

NUMBER OF MEALS	NUMBER OF MEALS	NUMBER OF MEALS
_____ 1. Ordered/prepared	_____ 5. First meals served to children	_____ 9. NOT served as a unit
_____ 2. Delivered	_____ 6. Second meals served to children	_____ 10. Served to program adults
_____ 3. Spoiled or incomplete	_____ 7. Served with missing component(s)	_____ 11. Served to non-program adults
_____ 4. Total available for service (2-3)	_____ 8. Leaving site	_____ 12. Leftover

MEAL COUNTS FOR PREVIOUS FIVE DAYS OF SERVICE

	Date:	Date:	Date:	Date:	Date:
Firsts					
Seconds					

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did the site serve meals in excess of the approved participation level? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are accurate meal count records completed at meal service time? <i>If No, indicate deficiency:</i> |
| | | <input type="checkbox"/> a. Inaccurate meal counts taken <input type="checkbox"/> b. Meal counts not taken at meal service time |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are the number of first meals served on the day of the review consistent with the current average daily participation? <i>If No:</i> |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Is an acceptable explanation available? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Are the number of leftover meals served on the day of the review consistent with the current average daily participation? <i>If No:</i> |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Is an acceptable explanation available? |

PROGRAM OPERATION

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Did site manager attend training program? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Did other site personnel attend training? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Are daily meal count records up to date? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Does site manager know who to contact if there is a problem or if there is a need for reducing/increasing order level? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Are meals checked for spoilage and counted upon delivery? (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are meals being served at the times approved by the state agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are sanitation requirements met? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Did today's menu meet the required components and portion sizes? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Does the site maintain adequate supervision over its food service? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Does the site have a system for handling leftover meals? |

CIVIL RIGHTS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the site serve meals to all attending children equally, regardless of race, color, national origin, sex, age, or disability? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the site have a USDA-approved poster displayed? |

WHAT DOES SITE MANAGER DO WITH EXCESS MEALS?

COMMENTS:

CORRECTIVE ACTION REQUIRED

IS A FOLLOW-UP REVIEW RECOMMENDED? Yes No

I recommend meals be increased/decreased

from _____ to _____

Date _____ Signature of Site Manager _____

Date _____ Signature of Monitor _____



Administrative Review Checklist

- **Assist sponsor in preparing for the Administrative Review**
- **Organization of records**

Summer Food Service Program

Review Checklist

During the Summer Food Service Program (SFSP) Administrative Review, the principal consultant will review program records for compliance with federal and state regulations. The following checklist should assist in your 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.

Sponsoring Organization Requirements

- _____ Records must be maintained for three years plus the current year.
- _____ Notification to the local health department of the intent to operate the Summer Food Service Program will be evaluated.
- _____ Documentation of the notification to grassroots and minority organizations announcing the availability of the Summer Food Service Program must be available for review.
- _____ Documentation of staff training must be available for review and include the date, location, agenda, and names of participants.

Monitoring

- _____ Documentation of Pre-Operational Visits conducted for new sites and/or previous problem sites must be available for review.
- _____ First week visit documentation for each site will be evaluated.
- _____ Documentation of monitoring reviews conducted during the first four weeks of operation must be on file. (The first week visit does not count for these reviews.)

Meal Service

- _____ Menus for all meal services claimed must be on file.
- _____ Production records and/or delivery tickets for all meal services must be on file.

Claim for Reimbursement

- _____ Daily meal count forms, by meal type, must be available for all sites to support the number of meals claimed.

Expenditures

- _____ Time sheets for all staff paid with SFSP funds will be evaluated.
- _____ Invoices, receipts, and other records documenting operating and administrative costs must

Questions???

