

ADMINISTERING THE SUMMER FOOD SERVICE PROGRAM: RECORDKEEPING

www.sde.ok.gov/sde/summerfood



OBJECTIVES

- meal counts
- operating costs
- administrative costs
- funds accruing to the program
- timesheets and payroll records
- mileage logs
- receipts
- records that document training, site visits and site reviews



RECORDS JUSTIFYING CLAIM FOR REIMBURSEMENT: MEAL COUNT SHEET

Meal Count Records

- Daily
- Based on actual counts taken
 - at each site for each meal
 - service
- Accurate Point-of-Service
 - Meal Counts are critical

Attachment 18

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



RECORDS JUSTIFYING CLAIM FOR REIMBURSEMENT:

MEAL COUNT SHEET.

Meal counts must include number of:

- Meals delivered/prepared by type
 - Vended
 - Central Kitchen
- Delivery receipts – meals/food – time and temperature
- Temperature of meals at time of service
- Complete first and second meals by type
- Excess meals or meals leftover
- Non-reimbursable meals
- Meals serve to program adults
- Meals served to non-program adults



RECORDS JUSTIFYING CLAIM FOR REIMBURSEMENT: MEAL COUNT SHEET

Site Records

- Collected weekly
- Contain site supervisor's signature

If Vended Meals

- Number of meal delivered on site record is same as entered on vendor's report
- Immediately clarify discrepancies
 - Makes permanent note of discrepancy and action to resolve



RECORDS JUSTIFYING CLAIM FOR REIMBURSEMENT: MEAL COUNT SHEET

Daily Meal Count Form

- On the **OSDE CNP SFSP website** under Forms.

Attachment 18

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



RECORDS JUSTIFYING CLAIM FOR REIMBURSEMENT: MEAL COUNT WEEKLY CONSOLIDATED

MEAL COUNT (WEEKLY CONSOLIDATED)					Attachment 19			
SITE SUPERVISOR:					ADDRESS AND PHONE NUMBER:			
MEAL TYPE: (CIRCLE) B L SN SU					WEEK OF:			
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTAL FOR WEEK
1. Number of meals received/prepared								
Number of meals available from previous day								
2. Number of first meals served to children								
3. Number of second meals served to children								
4. Number of meals served to Program adults								
5. Number of meals served to non-Program adults								
6. Number of incomplete/damaged meals								
7. Number of leftover meals								
8. Number of additional children requesting a meal after all available meals were served								
9. Money collected to be collected for adult meals								
REMARKS:					SIGNATURE OF SITE SUPERVISOR:			



RECORDS JUSTIFYING CLAIM FOR REIMBURSEMENT: OPERATING COSTS

Operating Costs

- Preparing and serving meals to eligible participants and program adults

Operating costs include:

- Cost of food used
- Labor
- Non-food supplies
- Space for food service
- Rural sites – costs of transporting children to rural food service sites

Fully documented and represent actual program costs



RECORDS JUSTIFYING CLAIM FOR REIMBURSEMENT: ADMINISTRATIVE COSTS

Administrative activities include

- Application/renewal
- Site eligibility
- Determining the number of children eligible (camps)
- Attending OSDE CNP training
- Hiring/training personnel
- Monitoring operations
- Preparing/submitting bids FSMC
- Procurement Process
- Claims for reimbursement
- Planning , organizing and managing the program



RECORDS JUSTIFYING CLAIM FOR REIMBURSEMENT: ADMINISTRATIVE COSTS

Administrative Costs for Administrative activities:

- Labor costs
- Rental costs for offices, office equipment and vehicles
- Vehicle allowance and parking expenses
- Office supplies
- Communications
- Insurance and indemnification
- Audits
- Travel



MAINTAINING RECORDS OF COSTS

Records must

- ❖ Document amount and purpose of administrative costs attributed to SFSP
 - **Mileage Record** – mileage tracking for administrative staff, site and food service staff
 - **Signed Time Report** – form tracking labor costs of site and food service staff
 - **Summary of Administrative Expenses** – worksheet and instructions for documenting administrative cost – Found on webpage under Forms
 - **Receipts** for non-food items



TRACKING FUNDS

- Account for all SFSP funds
- SFSP funds used for conducting food service operations
- Track non-program and program components separately
- SFSP funds are not used to support non-program food service activities such as vending, catering or adult meal services



Funds Accruing to the Program

Records reflecting income

- Deposit records
- Voucher stubs
- Receipts



OTHER RECORDKEEPING

Training

- Date of training for site and administrative personnel
- Sign in attendance records
- Topics covered

Site Visits

- Pre-operational
- First week of operation
- Site visits throughout the summer



OTHER RECORDKEEPING

Site Reviews -- Monitor

- First four weeks
- Throughout duration of program



RECORDKEEPING

Checklist of records

- Additional records to keep listed on Checklist of Records (on OSDE CNP SFSP website under Forms).

Retention of Records

- Three years after end of the fiscal year of operation
- Accessible for Federal and State Agency for audit and review purposes
- May be disposed only if no unresolved audit finds or not under investigation



SUMMARY

- Meal counts
- Operating costs
- Administrative costs
- Funds accruing to the program
- Training records
- Visits and reviews
- Checklist of records
- Retention of records



GUIDANCE MATERIALS

The following USDA SFSP guidance materials are available to assist sponsors with program implementation.

- Administrative Guidance for Sponsors
- Monitor's Guide
- Site Supervisor's Guide
- Nutrition Guidance for Sponsors
- Food Buying Guide
- Food Buying Guide Calculator
- The USDA SFSP guidance materials are available on the USDA's SFSP Resource Web page under "Handbooks" at <http://www.fns.usda.gov/sfsp/sfsp-faqs-about-sponsors-0>.
- The Food Buying Guide is available on USDA's Web page at <http://www.fns.usda.gov/tn/foodbuying-guide-child-nutrition-programs>.
- The Food Buying Guide Calculator is available on National Food Service Management's (NFSMI's) Web page at <http://fbg.nfsmi.org/>.



QUESTIONS?



NON-DISCRIMINATION STATEMENT

For all other FNS nutrition assistance programs, State or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:

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

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

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

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

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

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

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