

Meal Distribution Off Campus

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mdek12.org



MISSISSIPPI
DEPARTMENT OF
EDUCATION

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Guidelines for Delivery through expiration of Non-Congregate Waiver (9/30/21)



Distribution / Delivery Strategies

These strategies are allowable for the SFSP during the 20/21 Program Year:

- Door-to-Door Bus Delivery
- Dropping meals at designated distribution sites in the community
- Non-School Sites



Many schools are delivering meals into their communities to ensure virtual enrolled students, and even non-enrolled children in the community have access to meals.

Door-to-Door Delivery on Buses

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- Make sure you have notified the SA
- Must provide the number of buses and an estimated number of households reached
- You do NOT have to provide the SA with addresses of each house or bus stop, as long as the bus is following the same route it would follow during the regular school year



Non-School Sites

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In order to operate a Non-School Site (*and have it listed as a site in MARS*), you must meet one of the following criteria:

- The site must have operated previously under SFSP, or
- Have a current health permit from MSDH



Community Distribution Site

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- If you have a site in the community that does not meet the afore-mentioned criteria for a non-school site, you still have an option to deliver meals to this site via bus.
- You would simply park the bus in the location for a designated and advertised amount of time, allowing children/families to approach the bus to collect a meal.
- **You MUST notify the SA if you are using this approach. You MUST provide addresses and distribution times**

Delivery Receipts & Meal Counts

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Summer Food Service Program
Delivery Receipt –Satellite Sites Only

Central Kitchen Name: _____ Date of Delivery _____
Site name: _____ Meal Type (please circle one): B L S Snack

To be completed by the Central Kitchen Representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Individual Serving Size					
Quantity Sent					
Temperature at Central Kitchen					
Time the Food left the Central Kitchen					

Signature of Central Kitchen Representative: _____ Date: _____
By signing you are verifying that all information in the chart above is true.

To be completed by the Site representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Quantity received at site					
Temperature at Site					
Time Received at site					

Signature of Site Supervisor: _____ Date: _____
By signing you are verifying that all information in the chart above is true.

- All external (off campus) distribution methods **must** utilize and retain delivery receipts **in addition** to the meal count forms.
- Even if food is picked up rather than delivered, the delivery receipt still required.
- You can use the SA template or produce your own.

You Need BOTH Delivery Receipts and Meal Counts if you are delivering meals off campus!

MANAGING THE MEAL SERVICE

SUMMER FOOD
SERVICE PROGRAM

Sample 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:										Total Second Meals +									
1	2	3	4	5	6	7	8	9	10	[3]									
Meals served to Program adults:										Total Program Adult Meals +									
1	2	3	4	5	6	7	8	9	10	[4]									
Meals served to non-Program adults:										Total non-Program Adult Meals +									
1	2	3	4	5	6	7	8	9	10	[5]									
TOTAL MEALS SERVED =										[6]									
Total damaged/incomplete/other non-reimbursable meals +										[7]									
Total leftover meals +										[8]									
Total of items: [6] + [7] + [8] = [9]										[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 _____									

Summer Food Service Program
Delivery Receipt –Satellite Sites Only
 Central Kitchen Name: _____ Date of Delivery _____
 Site name: _____ Meal Type (please circle one): B L S Snack

To be completed by the Central Kitchen Representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Individual Serving Size					
Quantity Sent					
Temperature at Central Kitchen					
Time the Food left the Central Kitchen					

Signature of Central Kitchen Representative: _____ Date: _____

By signing you are verifying that all information in the chart above is true.

To be completed by the Site representative:

Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Quantity received at site					
Temperature at Site					
Time Received at site					

Signature of Site Supervisor: _____ Date: _____

By signing you are verifying that all information in the chart above is true.





- You are not required to complete a delivery receipt for each house on the route.
- However, we suggest you complete one delivery receipt for each bus that is running (*meals sent, meals distributed, leftover or returned, etc*)
- Record the temperature of the food at the beginning and the end of the route to ensure food safety.

Summer Food Service Program

Delivery Receipt – Satellite Sites and Bus Delivery Only

Central Kitchen Name: _____

Date of Delivery: _____

Site name: _____

Meal Types Served Today (all that apply): Breakfast Lunch Snack Supper

To be completed by the Central Kitchen Representative**Meat Type 1: Breakfast Lunch Snack Supper**

	Item	Serving Size	Quantity Sent	Temp at Central Kitchen
Meat				
Veg/Fruit 1				
Veg/Fruit 2				
Grain				
Milk				

Meat Type 2: Breakfast Lunch Snack Supper

	Item	Serving Size	Quantity Sent	Temp at Central Kitchen
Meat				
Veg/Fruit 1				
Veg/Fruit 2				
Grain				
Milk				

Time Food Left Central Kitchen: _____
 Signature of Central kitchen Rep: _____
 Date: _____

To be completed by the Site Supervisor or Bus Driver

Quantity Received	Quantity Served	Leftovers	Temp Received	Buses Only Temp at End of Route

Quantity Received	Quantity Served	Leftovers	Temp Received	Buses Only Temp at End of Route

Time Food Received or loaded on bus: _____
 (Buses only) Time route ended: _____
 Plan for leftovers: _____
 Signature of Site Rep or bus driver: _____
 Date: _____



Questions?



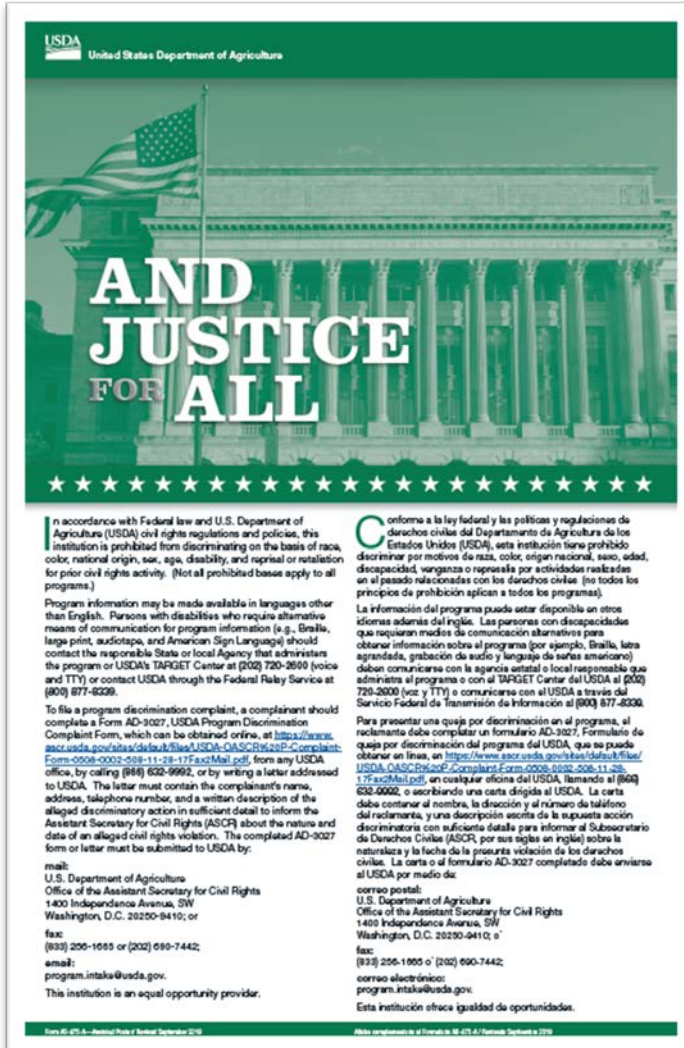
Non-Discrimination

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This institution is an equal opportunity provider.

Full Non-Discrimination Statement link:

<https://mdek12.org/sites/default/files/documents/ocn/usda-nondiscrimination-statement-2016.pdf>



USDA United States Department of Agriculture

AND JUSTICE FOR ALL

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To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at <https://www.usda.gov/sites/default/files/USDA-CASRCR62SP-Complaint-Form-0508-0002-000-11-28-17FaxMail.pdf>, from any USDA office, by calling (866) 698-6992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax:
(800) 255-1055 or (202) 690-7442;
email:
program.intake@usda.gov.
This institution is an equal opportunity provider.

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La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran modos de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra grande, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en <https://www.usda.gov/sites/default/files/USDA-CASRCR62SP-Complaint-Form-0508-0002-000-11-28-17FaxMail.pdf>, en cualquier oficina del USDA, llamando al (800) 698-6992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

correo postal:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; o
fax:
(800) 255-1055 o (202) 690-7442;
correo electrónico:
program.intake@usda.gov.
Esta institución ofrece igualdad de oportunidades.

Form AD-3027, Revised March 2016/Revised September 2016



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