

Meal Counting and Claim Preparation

Charles Crawford

Division Director II

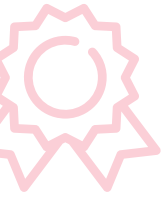
mdek12.org



MISSISSIPPI
DEPARTMENT OF
EDUCATION

March 23, 2021





1

ALL Students Proficient
and Showing Growth in All
Assessed Areas



2

EVERY Student Graduates
from High School and is Ready
for College and Career



3

EVERY Child Has Access
to a High-Quality Early
Childhood Program

EVERY School Has Effective
Teachers and Leaders

4



EVERY Community Effectively
Uses a World-Class Data System to
Improve Student Outcomes

5



EVERY School and District is
Rated “C” or Higher

6



VISION

To create a world-class educational system that gives students the knowledge and skills to be successful in college and the workforce, and to flourish as parents and citizens



MISSION

To provide leadership through the development of policy and accountability systems so that all students are prepared to compete in the global community

- Meal counts must be taken for each meal service at each site at the time of the meal service.
- Meal counting systems at each site must capture separately:
 - all reimbursable 1st meals served to eligible children
 - any/all 2nd meals served to eligible children
 - all adults meals.

Each site needs a designated meal count person, with at least one staff member fully trained as a back-up.

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: 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) + (7) + (8) = (9)
(Item 9) should be equal to item 10

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 _____



Acceptable Counting Methods

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- Manual Tally Sheets (pencil/paper)
- P.O.S. by the Cashier
- Clicker Counter Method

If a clicker is utilized, the final count must still be transferred to a record that accounts for all complete 1st and 2nd (if applicable) meals served to children (with any adult meals accounted for separately by type).





- Meal counts based on the number trays or plates available or prepared.
- Meal counts based on the number of children in attendance.
- Meal counts based on previous meal counts.
- Cashier has multiple duties, divided attention, or leaves during meal service

- Only those complete (first) meals served to eligible children may be claimed for reimbursement (along with a select number of 'complete' second meals, as applicable).
- OVS is not permitted when using the SFSP Meal Pattern without a waiver from USDA. **(Currently a Waiver in Place for SFSP 20/21 program year)**
- The number of prepared meals often does not equal the number of meals to be claimed.



During a Monitoring Visit, the POS /meal counting process is closely reviewed

Staff members working at the POS should not only be capturing accurate meal counts; should also be trained on how to identify reimbursable meals!

Unless implementing OVS, each child must have all components.





- Production Records
- Daily Meal Count Records
- Satellite Delivery Receipts (if applicable) — required when meals are delivered to SFSP sites from another location (or site)



If you are delivering meals to any sites, you should maintain delivery receipts!



Daily adjusted delivery receipts are changed to reflect adjusted meal order



Meals must be correctly packaged and loaded for delivery



Site must follow food safety requirements

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.

Delivery Receipts/M Meal Counts

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- 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.

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:

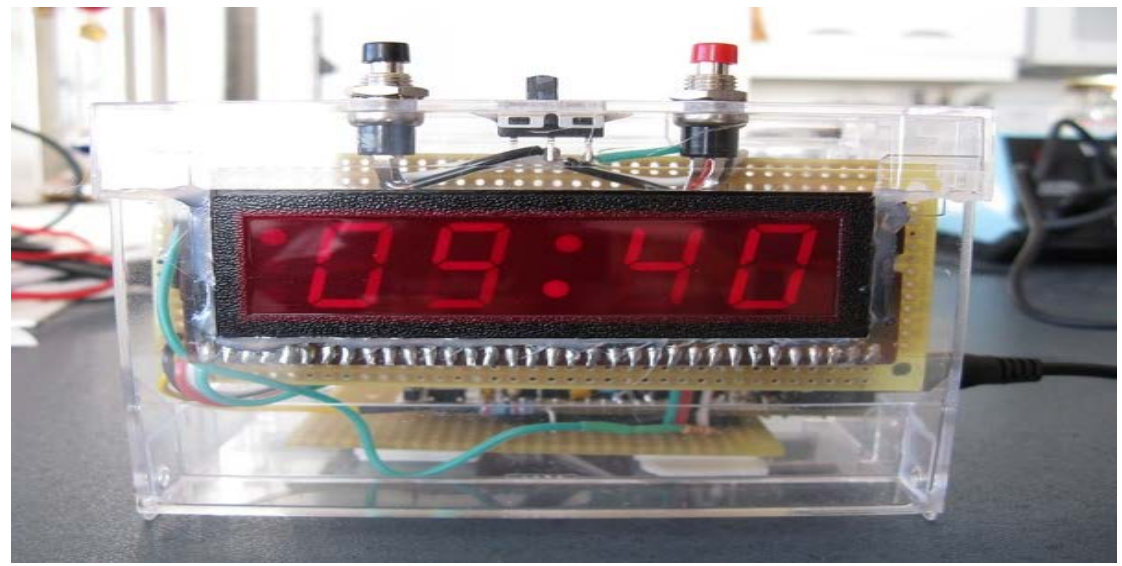
Item	Milk	Meat	Vegetable/Fruit	Vegetable/Fruit	Grain
Quantity received at site					
Temperature at Site					
Time Received at site					

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

Note
Temperature
columns

The following restrictions apply when meals are delivered to SFSP satellite sites:

- Meals must be delivered no more than one hour prior to the beginning of meal service
- Facilities must exist on-site for storing food at proper temperatures



Daily Meal Count Form

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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]	(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 _____										

Can be found in the “Reference Materials” section in the most recent USDA Administrative Guidance for Sponsors book

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:																																							
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] + [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																									
By signing below, I certify that the above information is true and accurate:																																							
Signature _____																				Date _____																			

1. Site Level Details
2. 1st meals reimbursement meal counts
3. 2nd meal counts
4. Program Meals
5. Non-Program Meals
6. Total Meals
7. Non-reimbursement meals (spoiled/dropped)
8. Total Left-over meals
9. Sign and Date

Site Name: _____		Date: ____/____/____	
First Meals Served to Children (cross off number as each child receives a meal):			
151	152	153	154
155	156	157	158
159	160	161	162
163	164	165	166
167	168	169	170
171	172	173	174
175	176	177	178
179	180	181	182
183	184	185	186
187	188	189	190
191	192	193	194
195	196	197	198
199	200	201	202
203	204	205	206
207	208	209	210
211	212	213	214
215	216	217	218
219	220	221	222
223	224	225	226
227	228	229	230
231	232	233	234
235	236	237	238
239	240	241	242
243	244	245	246
247	248	249	250
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:			[9]
[6] + [7] + [8] =			[9]
(Item [9] should be equal to item [1])			[11]
Number of additional children requesting a meal after all available meals were served:			
16	17	18	19
20	21	22	23
24	25	26	27
28	29	30	

Page 2

The Daily Meal Count Form

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- When a site serves more than 150 children per day at a given meal service, the supplemental (Page 2) form may be used along with the first page.
- Be sure to staple or attach the sheets and keep them together.
- See the Reference Materials available in the USDA SFSP Administrative Guide for Sponsors.

MANAGING THE MEAL SERVICE

**SUMMER FOOD
SERVICE PROGRAM**

**Sample Meal Count
(Weekly Consolidated)**

Site Name: _____								
Address And Phone Number: _____								
Site Supervisor: _____						Week of: ____/____/____		
Meal Type: (Circle) B L Sn Su	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total For Week
1. Number of meals received/prepared								
2. Number of meals available from previous day								
3. Number of first meals served to children								
4. Number of second meals served to children								
5. Number of meals served to Program adults								
6. Number of meals served to non-Program adults								
7. Number of incomplete/damaged meals								
8. Number of leftover meals								
9. Number of additional children requesting a meal after all available meals were served								
10. Money collected/to be collected for adult meals								
Remarks:					Signature of Site Supervisor:			

United States Department of Agriculture

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ATTACHMENT 19



- Sponsors assume responsibility for **all** the information submitted on the claims.
- The claim must reflect **only** meals that meet SFSP requirements and are **actually served** to eligible children.
- Second Party Check strongly encouraged! Have another staff member review the daily and weekly meal counts and compare totals.



- Must be verified for accuracy
- Must be submitted in MARS
- Meals are only reimbursable if they:
 - Meet SFSP requirements
 - Are actually served to eligible children
 - Are served during the claiming period

- Can combine claims if one of the month has less than 10 serving days.
- Since the Fiscal Year changes on July 1 --- the June and July claims cannot be combined



SFSP Claim Submission

Summer Food Service Program



Applications | Claims | Compliance | Reports | My Account | Search |  Programs | Year | Help | Log Out



Welcome to the Summer Food Service Program!

Make sure you have selected the Summer Feeding Program!

You should see a **red** band at the top of you screen!



Click on claims!

Summer Food Service Program

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Applications | Claims | Compliance | Reports | My Account | Search | Programs | Year | Help | Log Out

Claims > Program Year: 2020 - 2021

Item	Description
Claim - SFSP	Summer Food Service Program Claims
Claim Rates	View current claim rates
Payment Summary	Summary of payments made to this Organization

Click on “Claim – SFSP” option to enter your claims.

Reminder: Claim rates are also listed on this page.

Summer Food Service Program

Applications

Claims

Compliance

Reports

My Account

Search

Programs

Year

Help

Log Out

Claims > Claim Year at a Glance - SFSP >

Program Year: 2020 - 2021

2020 - 2021 SFSP Claim Year Summary

00075

Status: Active


Type of Agency: Educational Institution

Type of SFSP Organization: School Food Authority

Claim Month	Adj Number	Claim Status	Date Received	Date Processed	Earned Amount
Oct 2020	1	Processed	12/02/2020	12/02/2020	\$299,036.58
Nov 2020	0	Processed	12/09/2020	12/09/2020	\$226,190.48
Dec 2020	0	Processed	01/08/2021	01/13/2021	\$122,573.04
Jan 2021					
Feb 2021					\$0.00
Mar 2021					\$0.00
Apr 2021					\$0.00
May 2021					\$0.00
Jun 2021					\$0.00
Jul 2021					\$0.00
Aug 2021					\$0.00
Sep 2021					\$0.00
Year to Date Totals					\$647,800.10

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We will click on January for an example!



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Claim Submission Example

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Claimed	Number	Received	Accepted	Processed	Code
Nov 2020	0	12/07/2020	12/07/2020		Original

CFDA Number 10.559

General Information

	Total Number of Days Food Served
1. Breakfast	16
2. AM Snack	0
3. Lunch	16
4. PM Snack	0
5. Supper	0

Self-Prep and/or Vended-Rural Meals Served to Children

Report only meals meeting the requirement on the agreement. By completing the Camp Meals Served column, I certify that the Actual Eligible ADP for each Camp session is correct and accurate on the Site Application.

	First Meals Served	Second Meals Served	Camp First Meals Served	Camp Second Meals Served
6. Breakfast	4,503	0	0	0
7. AM Snack	0	0	0	0
8. Lunch	4,403	0	0	0
9. PM Snack	0	0	0	0
10. Supper	0	0	0	0

Vended-Urban Meals Served to Children

Supper	0	3.7600	0.00
Total			5.92

Administrative Reimbursement - Self-Prep and/or Vended Rural

Meal Description	Total Reimbursable Meals Served	Reimbursement Rate	Reimbursement Amount
Breakfast	1	0.2150	0.22
AM Snack	0	0.1075	0.00
Lunch	1	0.3925	0.39
PM Snack	0	0.1075	0.00
Supper	0	0.3925	0.00
Total			0.61

Administrative Reimbursement - Vended-Urban

Meal Description	Total Reimbursable Meals Served	Reimbursement Rate	Reimbursement Amount
Breakfast	0	0.1700	0.00
AM Snack	0	0.0850	0.00
Lunch	0	0.3275	0.00
PM Snack	0	0.0850	0.00
Supper	0	0.3275	0.00
Total			0.00

Claim Reimbursement Total **6.53**

Certification

☐ I certify that the information on this voucher is true and correct to the best of my knowledge; that records are available to support this claim; and that it is in accordance with the terms of existing agreement and payment has not been received. I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

< Back **Submit For Payment**

Validate and submit your claim!

A lot of SFAs forgot to finish this crucial last step, and the claim sits in an “incomplete” status.

- Have a complete and submitted claim
- Processed every Wednesday
- Claims are due by the 10th of each month

August 2021							September 2021						
Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7	5	6	7	8	9	10	11
8	9	10	11	12	13	14	12	13	14	15	16	17	18
15	16	17	18	19	20	21	19	20	21	22	23	24	25
22	23	24	25	26	27	28	26	27	28	29	30		
29	30	31											

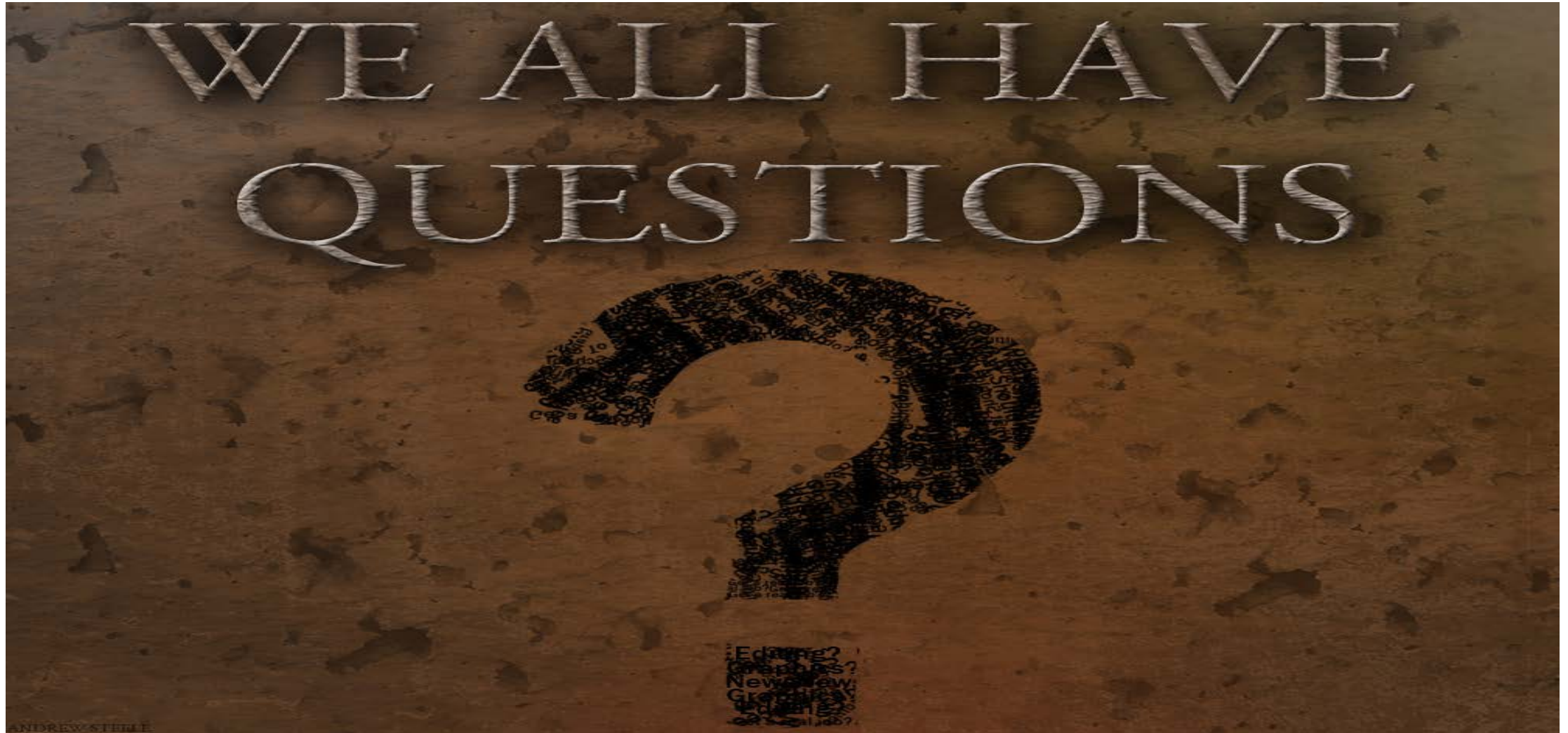
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Aug 1	2	3	4	5	6	7
8	9 Claim submitted!	10	11 Batch Day!	12	13	14
15	16	17	18	19	20 Money Deposited !	21
22	23	24	25	26	27	28
29	30	31	Sep 1	2	3	4

How do we process payments?

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Claims entered on Wednesday by 2 p.m. will be placed into your account the following Friday.

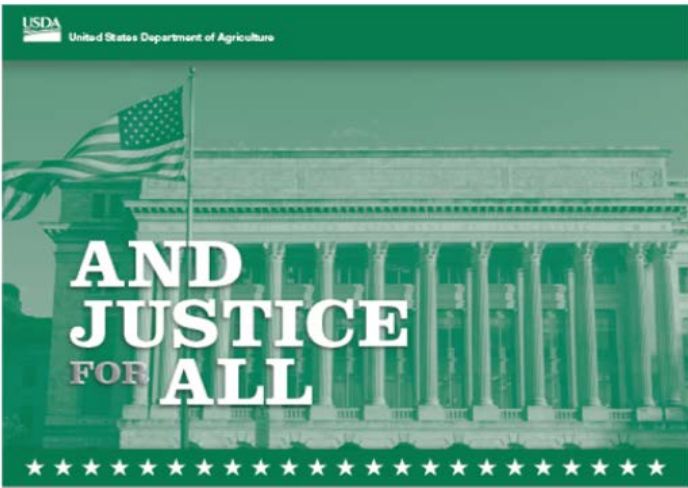
Here is an example!



This institution is an equal opportunity provider.

Full Non-discrimination statement weblink:

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



USDA United States Department of Agriculture

AND JUSTICE FOR ALL

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

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.asec.usda.gov/sites/default/files/USDA-ASCRHS2OP-Complaint-Form-0906-0002-008-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, 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.

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, discapacidad, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles. (No todos los principios de prohibición aplican a todos los programas.)

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios 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 del USDA 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. Formúlelo de queja por discriminación del programa del USDA, que se puede obtener en línea, en <https://www.asec.usda.gov/sites/default/files/USDA-ASCRHS2OP-Complaint-Form-0906-0002-008-11-28-17Fax2Mail.pdf>, en cualquier oficina del USDA, llamando al (866) 632-9992, 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-3027-1-2016 (Revised December 2016) Oficina de Asesoría al Donante de la USDA, Washington, D.C.



Charles Crawford

Division Director II

ccrawford@mdek12.org

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