

PRE-OPERATIONAL SITE SELECTION WORKSHEET

(For new or problem sites)

Sponsor Name: _____ Date: _____

Site Name: _____ Site address: _____

Site telephone number: _____

Person to contact for use of site: _____

Persons Trained as Supervisor for SFSP: _____

Type of site (check all that apply):

<input type="checkbox"/> Recreation center	<input type="checkbox"/> Park
<input type="checkbox"/> School	<input type="checkbox"/> Residential camp
<input type="checkbox"/> Church	<input type="checkbox"/> Playground
<input type="checkbox"/> Rural Non-Congregate (RNC)	<input type="checkbox"/> Other

Estimated number of children the site could serve: _____

Estimated number of needy children in area: _____

Estimated number of personnel needed to adequately control the food service: _____

Is there already a site in this area? Yes No

Are the present facilities adequate for an organized meal service? Yes No

If answer is no, comments: _____

Is it necessary to notify city of property use? _____

Will this site operate as a rural non-congregate site? _____

For the estimated number of children, does the site have:	Yes	No
Shelter for inclement weather?	_____	_____
Adequate cooking facilities (if applicable)?	_____	_____
Adequate storage for prepared or delivered food?	_____	_____
Storage space for SFSP records at site?	_____	_____
Adequate refrigeration?	_____	_____

Are there adequate garbage receptacles for the site's meal service? Yes No

What types of organized activities are possible or planned at this site? _____

NOTE: Governmental and private nonprofit sponsors can only provide foodservice at sites which they directly operate.

Is this a follow-up visit? Problems corrected? _____

For Rural Non-Congregate Sites:

Is there adequate food prep and/or holding facilities and equipment for food-safe meal service? ___Yes___No

Is the site able to meet health & safety standards? ___Yes___No

Does the site have the Administrative Capability to operate a RNC site (accurate meal counts, delivery consent, F/R applications if needed...)? ___Yes___No

NOTE: Governmental and private nonprofit sponsors can only provide foodservice at sites which they directly operate.

Nebraska Department of Education
 Summer Food Service Program
 Site Visit Form

- First visit (completed in first two weeks) Annual visit (completed in first four weeks)
 Open site Closed enrolled or Upward Bound Camp Rural Non-Congregate Site

Date of site visit: _____ Monitor's arrival time: _____ Departure time: _____

Site name: _____ Site address: _____

Site Records and Compliance

	YES	NO	N/A
Site supervisor attended training.			
Site supervisor present at site matches name in NDE's online site application.			
There is adequate staff present to supervise meal service.			
*Vended meals are counted and checked for quality and safe temperature and signed for upon delivery.			
*Vended meals are delivered \leq one hour before meal service (if proper holding equipment not available).			
*Site supervisor is making appropriate meal order adjustments (for vended meals).			
Proper sanitation/storage is available for delivered meals or leftover meals (if holding meals for more than one hour before service or holding leftovers for service the following day).			
Daily point-of-service meal counts are on file (complete) and completed when the meal is served.			
Production records are complete.			
Menus demonstrate meal pattern is met.			
Meals are served within approved meal service times.			
All meals are served as a unit.			
All meals are consumed onsite (for site not approved to provide non-congregate meals).			

Plan in place to store, return or discard excess meals if holding equipment is not available?			
Are second meals served excessive?			
Non-program and program adult meals are being counted correctly on point-of-service meal count form.			
If serving non-program adults, site has procedure for counting and collecting income to cover cost of meals served to non-program adults.			
"And Justice For All" poster posted in eating area.			
*If outdoor site: plan in place for meal service during inclement weather (e.g. thunderstorm, excessive heat). Examples of plan: discontinuing meal service, tent for shade, covered shelter for thunderstorm.			

Meal observation

Approved ADA for meal service(s): Breakfast AM Snack Lunch PM Snack Supper

Meal(s) observed during visit.	Breakfast	AM Snack	Lunch	PM Snack	Supper
# meals prepared or delivered					
# meals from previous day					
*Time meals delivered (if vended)					
Time meals served					
# first meals served to children					
# second meals served to children					
# meals served to program adults (involved in SFSP food service or site monitoring)					
# meals served to non-program adults					
# meals leftover					

	Yes	No
Does ADA in site application need to be adjusted based average number of meals served over past five days?	_____	_____
Meals are provided to all children regardless of race, color, national origin, sex ((including gender identity and sexual orientation), age or disability.	_____	_____
All children have equal access to services and facilities at the site regardless of race, color, national origin, sex (including gender identity and sexual orientation), age or disability.	_____	_____
Informational material concerning the availability of the SFSP is available in appropriate languages (if needed)	_____ <input type="checkbox"/>	_____ NA

Major Violations	# meals	Meal type
Adult meals included in the count of meals served to children.		
More than one meal served at one time to child(ren).		
Meal pattern not met (specify missing component(s)).		
Meals not served as a unit.		
Meals served outside approved time.		
Point-of-service meal counts not completed at time of meal service.		
<i>Check if the following apply</i> <i>Explanation</i>		
Missing/incomplete records		
Poor sanitation		
Other		

Detail any problems noted during the visit, including corrective action initiated to correct the problem.

Further action needed (including deadline): _____

I certify that the above information is correct:

Site Monitor's signature
Date

Date

Site Supervisor's signature

SFSP Site Rules

1. Meals must be eaten on site.
2. Adults cannot eat from children's meals.
3. Uneaten food items and trash must be placed in the trash receptacle.
4. Meal service begins promptly at _____ and ends at _____.



Summer Food Service Program (SFSP) Training Certification

Sponsor Name _____

Date of Training: _____

Name(s) of Sponsor Personnel Who Conducted Training Session(s):

1. _____ 2. _____ 3. _____

Training Topics:

1. **General program requirements:**

___ Meal pattern requirements ([NSLP](#) & [SFSP](#) meal pattern charts show what components are required for each meal type)

___ Civil Rights training: <https://www.education.ne.gov/ns/training/national-school-lunch-program/>

2. **Program operations:**

___ Point-of-service meal counts (must be maintained for all meal service days; must be completed fully & correctly)

___ Daily production records (must be maintained for all meal service days; must be completed fully & correctly)

3. **Special duties of Monitors:**

___ Must conduct one review of each feeding site within in the 1st 4 weeks of operation (link to site review form)

Attendee Names:

Representing SFSP Site:

This is to certify that: (a) all sponsor and site personnel have been trained on the SFSP responsibilities and have access to the SFSP Monitor's Guide, Nutrition Guide and Site Supervisor's Guide; (b) the site will be allowed to operate only if the site personnel has been trained; and (c) attendance records for each training with signatures of those attending are maintained on file.

Signature of Authorized Representative

Date



This institution is an equal opportunity provider.



SUMMER FOOD SERVICE PROGRAM MEAL PATTERNS

FOOD COMPONENTS AND FOOD ITEMS	BREAKFAST Serve all three	LUNCH OR SUPPER Serve all four	SNACK Serve two of the four
Milk	REQUIRED	REQUIRED	
Fluid milk (whole, low-fat, or fat-free)	1 cup ¹ (½ pint, 8 fluid ounces) ²	1 cup (½ pint, 8 fluid ounces) ³	1 cup (½ pint, 8 fluid ounces) ²
Vegetables and Fruits – Equivalent quantity of any combination of...	REQUIRED	REQUIRED	
Vegetable or fruit or	½ cup	¾ cup total ⁴	¾ cup
Full-strength vegetable or fruit juice	½ cup (4 fluid ounces)		¾ cup (6 fluid ounces) ⁵
Grains/Breads⁶ – Equivalent quantity of any combination of...	REQUIRED	REQUIRED	
Bread or	1 slice	1 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc. or	1 serving ⁷	1 serving ⁷	1 serving ⁷
Cold dry cereal or	¾ cup or 1 ounce ⁸		¾ cup or 1 ounce ⁸
Cooked cereal or cereal grains or	½ cup	½ cup	½ cup
Cooked pasta or noodle products	½ cup	½ cup	½ cup
Meat/Meat Alternates Equivalent quantity of any combination of...	OPTIONAL	REQUIRED	
Lean meat or poultry or fish or	1 ounce	2 ounces	1 ounce
Alternate protein products⁹ or	1 ounce	2 ounces	1 ounce
Cheese or	1 ounce	2 ounces	1 ounce
Egg (large) or	½	1	½
Cooked dry beans or peas or	¼ cup	½ cup ¹	¼ cup ¹
Peanut or other nut or seed butters or	2 tablespoons	4 tablespoons	2 tablespoons
Nuts or seeds¹⁰ or		1 ounce=50% ¹¹	1 ounce
Yogurt¹²	4 ounces or ½ cup	8 ounces or 1 cup	4 ounces or ½ cup

1 For the purposes of the requirement outlined in this table, a cup means a standard measuring cup

2 Served as a beverage or on cereal or used in part for each purpose

3 Served as a beverage

4 Serve two or more kinds of vegetable or fruits or a combination of both.

Full strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement

5 Juice may not be served when milk is served as the only other component

6 Bread, pasta or noodle products, and cereal grains (such as rice, bulgur, or corn grits) shall be whole-grain or enriched. Cornbread, biscuits, rolls, muffins, etc, shall be made with whole-grain or enriched meal or flour. Cereal shall be whole-grain, enriched, or fortified

7 Serving sizes and equivalents will be in guidance materials to be distributed by FNS to State agencies

8 Either volume (cup) or weight (ounces), whichever is less

9 Must meet the requirements of 7 CFR 225 Appendix A

10 Tree nuts and seeds that may be used as meat alternate are listed in program guidance

11 No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purposes of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry or fish

12 Plain or flavored, unsweetened or sweetened

Summer Food Service Production Record

(for Sponsors operating the Summer Food Service Program- not for use with any other Program)

Circle Meal record is for: **Breakfast** **Lunch** **Snack** **Supper**

Sponsor Name: - _____

Site Name: _____ Date: _____

Planned # of Meals Children _____ Program Adults _____ Non-Program Adults _____	Planned # Portions List serving size for each food item _____
Menu: List each food item _____ _____ _____	Number of Meals Planned _____

Offer Versus Serve
 _____ Yes _____ No
 Only allowed for School Sponsors

Food Items Used and Form	List Recipe # with number of servings prepared or Product Name and Number or it Commodity	Total Amount Prepared	Amount Leftover
Meat/Meat Alternate			
Fruits/Vegetables			
Grains/Breads			
Milk			
Other (e.g. margarine, jelly)			

Children + _____ Program Adults + _____ Non-Program Adults = _____ Actual Count of Meals Served

Summer Food Service Production Record Example

(For Sponsors operating the Summer Food Service Program- not for use with any other program)

Circle Meal record is for: **Breakfast** Lunch Snack Supper

Sponsor Name: **ABC Public School**

Site Name: **XYZ Elementary**

Date: **April 1, 2020**

Make sure Meal Pattern has been met

Planned # of Meals Children <u>100</u> Program Adults <u>0</u> Non-Program Adults <u>0</u>	Planned # Portions List serving size for each food item
Menu: List each food item	Number of Meals Planned 100
Mini Bagels Orange Juice Milk	1 oz 1/2 c. 8 fl. oz.

Grab and Go

List required food components and portion sizes

Food Items Used and Form	List Recipe # with number of servings prepared or Product Name and Number or it Commodity	Total Amount Prepared	Amount Leftover
Meat/Meat Alternate			
Fruits/Vegetables Orange Juice	Hiland	100 - 1/2 c	7
Grains/Breads Mini Bagels	Lenders	100 - 1 oz.	7
Milk Milk - 1%	Hiland	100 - 8 fl. oz.	7
Other (e.g. margarine, jelly) Jelly	Smuckers	100 pc.	7

93 Children + 0 Program Adults + 0 Non-Program Adults = **93** Actual Count of Meals Served

SFSP 2011

Summer Food Service Production Record Example

(For Sponsors operating the Summer Food Service Program- not for use with any other program)

Circle Meal record is for: Breakfast **Lunch** Snack Supper

Sponsor Name: ABC Public School

Site Name: XYZ Elementary

Date: April 1, 2020

Make sure Meal Pattern has been met

Planned # of Meals Children <u>98</u> Program Adults <u>2</u> Non-Program Adults <u>0</u>	Planned # Portions List serving size for each food item
Menu: List each food item	Number of Meals Planned <u>100</u>
Turkey and Cheese Rollups Baby Carrots Peach Cup Milk	1 ¼ c. ½ c. 8 fl. oz. carton

Grab and Go

List required food components and portion sizes

Food Items Used and Form	List Recipe # with number of servings prepared or Product Name and Number or it Commodity	Total Amount Prepared	Amount Leftover
Meat/Meat Alternate Turkey – sliced American Cheese - sliced	Land-o-Lakes Kraft	100 – 2 oz. slices 100 – ½ oz. slices	1 1
Fruits/Vegetables Peach Cup Baby Carrots	“C”	100 – ½ c. 100 – ¼ c.	1 1
Grains/Breads Tortilla – 8” = 2 oz.	Mission	100- 50 gms./each	1
Milk Milk - 1%	Hiland	100 – 8 fl. oz	1
Other (e.g. margarine, jelly) Mayo	Kraft	100 - 9 gm. pkt.	1

97 Children + 2 Program Adults + 0 Non-Program Adults = 99 Actual Count of Meals Served

SFSP 2011

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) ❶

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 +										❷

Second meals served to children:

1	2	3	4	5	6	7	8	9	10	Total Second Meals +										❸
---	---	---	---	---	---	---	---	---	----	-----------------------------	--	--	--	--	--	--	--	--	--	----------

Meals served to Program adults:

1	2	3	4	5	6	7	8	9	10	Total Program Adult Meals +										❹
---	---	---	---	---	---	---	---	---	----	------------------------------------	--	--	--	--	--	--	--	--	--	----------

Meals served to non-Program adults:

1	2	3	4	5	6	7	8	9	10	Total non-Program Adult Meals +										❺
---	---	---	---	---	---	---	---	---	----	--	--	--	--	--	--	--	--	--	--	----------

TOTAL MEALS SERVED = **❻**

Total damaged/incomplete/other non-reimbursable meals + **❼**

Total leftover meals + **❽**

Total of items: _____ ❻ + ❼ + ❽ = ❾

(Item ❾ should be equal to item ❶)

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

CONTINUATION PAGE FOR DAILY MEAL COUNT FORM

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:

11 12 13 14 15 16 17 18 19 20

Total Second Meals + ③

Meals served to Program adults:

11 12 13 14 15 16 17 18 19 20

Total Program Adult Meals + ④

Meals served to non-Program adults:

11 12 13 14 15 16 17 18 19 20

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 on the front side of the page)

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

Exhibit A: Grain Requirements For Child Nutrition Programs^{1,2}

Color Key: Footnote 5 = Blue, Footnote 3 or 4 = Red

Group A	Ounce Equivalent (oz eq) for Group A	Minimum Serving Size for Group A
Bread type coating Bread sticks (hard) Chow Mein noodles Savory Crackers (saltines and snack crackers) Croutons Pretzels (hard) Stuffing (dry) <i>Note: weights apply to bread in stuffing</i>	1 oz eq = 22 gm or 0.8 oz 3/4 oz eq = 17 gm or 0.6 oz 1/2 oz eq = 11 gm or 0.4 oz 1/4 oz eq = 6 gm or 0.2 oz	1 serving = 20 gm or 0.7 oz 3/4 serving = 15 gm or 0.5 oz 1/2 serving = 10 gm or 0.4 oz 1/4 serving = 5 gm or 0.2 oz
Group B	Ounce Equivalent (oz eq) for Group B	Minimum Serving Size for Group B
Bagels Batter type coating Biscuits Breads - all (for example sliced, French, Italian) Buns (hamburger and hot dog) Sweet Crackers ⁵ (graham crackers - all shapes, animal crackers) Egg roll skins English muffins Pita bread Pizza crust Pretzels (soft) Rolls Tortillas Tortilla chips Taco shells	1 oz eq = 28 gm or 1.0 oz 3/4 oz eq = 21 gm or 0.75 oz 1/2 oz eq = 14 gm or 0.5 oz 1/4 oz eq = 7 gm or 0.25	1 serving = 25 gm or 0.9 oz 3/4 serving = 19 gm or 0.7 oz 1/2 serving = 13 gm or 0.5 oz 1/4 serving = 6 gm or 0.2 oz
Group C	Ounce Equivalent (oz eq) for Group C	Minimum Serving Size for Group C
Cookies ³ (plain - includes vanilla wafers) Cornbread Corn muffins Croissants Pancakes Pie crust (dessert pies ³ , cobbler ³ , fruit turnovers ⁴ , and meats/meat alternate pies) Waffles	1 oz eq = 34 gm or 1.2 oz 3/4 oz eq = 26 gm or 0.9 oz 1/2 oz eq = 17 gm or 0.6 oz 1/4 oz eq = 9 gm or 0.3 oz	1 serving = 31 gm or 1.1 oz 3/4 serving = 23 gm or 0.8 oz 1/2 serving = 16 gm or 0.6 oz 1/4 serving = 8 gm or 0.3 oz
Group D	Ounce Equivalent (oz eq) for Group D	Minimum Serving Size for Group D
Doughnuts ⁴ (cake and yeast raised, unfrosted) Cereal bars, breakfast bars, granola bars ⁴ (plain) Muffins (all, except corn) Sweet roll ⁴ (unfrosted) Toaster pastry ⁴ (unfrosted)	1 oz eq = 55 gm or 2.0 oz 3/4 oz eq = 42 gm or 1.5 oz 1/2 oz eq = 28 gm or 1.0 oz 1/4 oz eq = 14 gm or 0.5 oz	1 serving = 50 gm or 1.8 oz 3/4 serving = 38 gm or 1.3 oz 1/2 serving = 25 gm or 0.9 oz 1/4 serving = 13 gm or 0.5 oz

- ¹ In the NSLP and SBP (grades K-12), at least half of the weekly grains offered must meet the whole grain-rich criteria and the remaining grain items offered must be made from whole-grain flour, whole-grain meal, corn masa, masa harina, hominy, enriched flour, enriched meal, bran, germ, or be an enriched product, such as enriched bread, or a fortified cereal. Please note: State agencies have the discretion to set stricter requirements than the minimum nutrition standards for school meals. For additional guidance, please contact your State agency. For all other Child Nutrition Programs, grains must be made from whole-grain flour, whole-grain meal, corn masa, masa harina, hominy, enriched flour, enriched meal, bran, germ, or be an enriched product, such as enriched bread, or a fortified cereal. Under the CACFP child and adult meal patterns, and in the NSLP/SBP preschool meals, at least one grains serving per day must meet whole grain-rich criteria.
- ² For the NSLP and SBP (grades K-12), grain quantities are determined using ounce equivalents (oz eq). All other Child Nutrition Programs determine grain quantities using grains/breads servings. Beginning Oct. 1, 2021, grain quantities in the CACFP and NSLP/SBP infant and preschool meals will be determined using oz eq. Some of the following grains may contain more sugar, salt, and/or fat than others. This should be a consideration when deciding how often to serve them.
- ³ Allowed in NSLP (up to 2.0 oz eq grain-based dessert per week in grades K-12) as specified in §210.10 and at snack service in SFSP. Considered a grain-based dessert and cannot count towards the grains component in CACFP or NSLP/SBP infant and preschool meals as specified in §§226.20(a)(4) and 210.10.
- ⁴ Allowable in NSLP (up to 2.0 oz eq grain-based dessert per week for grades K-12) as specified in §210.10. May count towards the grains component in SBP (grades K-12) and at snack and breakfast meals in SFSP. Considered a grain-based dessert and cannot count towards the grains component in the CACFP and NSLP/SBP infant and preschool meals as specified in §§226.20(a)(4) and 210.10.
- ⁵ Allowed in NSLP (up to 2.0 oz eq grain-based dessert per week in grades K-12) as specified in §210.10. May count toward the grains component in the SBP (grades K-12), CACFP, NSLP/SBP infant and preschool meals, and SFSP.

Group E	Ounce Equivalent (oz eq) for Group E	Minimum Serving Size for Group E
Cereal bars, breakfast bars, granola bars ⁴ (with nuts, dried fruit, and/or chocolate pieces) Cookies ³ (with nuts, raisins, chocolate pieces and/or fruit purees) Doughnuts ⁴ (cake and yeast raised, frosted or glazed) French toast Sweet rolls ⁴ (frosted) Toaster pastry ⁴ (frosted)	1 oz eq = 69 gm or 2.4 oz 3/4 oz eq = 52 gm or 1.8 oz 1/2 oz eq = 35 gm or 1.2 oz 1/4 oz eq = 18 gm or 0.6 oz	1 serving = 63 gm or 2.2 oz 3/4 serving = 47 gm or 1.7 oz 1/2 serving = 31 gm or 1.1 oz 1/4 serving = 16 gm or 0.6 oz
Group F	Ounce Equivalent (oz eq) for Group F	Minimum Serving Size for Group F
Cake ³ (plain, unfrosted) Coffee cake ⁴	1 oz eq = 82 gm or 2.9 oz 3/4 oz eq = 62 gm or 2.2 oz 1/2 oz eq = 41 gm or 1.5 oz 1/4 oz eq = 21 gm or 0.7 oz	1 serving = 75 gm or 2.7 oz 3/4 serving = 56 gm or 2 oz 1/2 serving = 38 gm or 1.3 oz 1/4 serving = 19 gm or 0.7 oz
Group G	Ounce Equivalent (oz eq) for Group G	Minimum Serving Size for Group G
Brownies ³ (plain) Cake ³ (all varieties, frosted)	1 oz eq = 125 gm or 4.4 oz 3/4 oz eq = 94 gm or 3.3 oz 1/2 oz eq = 63 gm or 2.2 oz 1/4 oz eq = 32 gm or 1.1 oz	1 serving = 115 gm or 4 oz 3/4 serving = 86 gm or 3 oz 1/2 serving = 58 gm or 2 oz 1/4 serving = 29 gm or 1 oz
Group H	Ounce Equivalent (oz eq) for Group H	Minimum Serving Size for Group H
Cereal Grains (barley, quinoa, etc.) Breakfast cereals (cooked) ^{6,7} Bulgur or cracked wheat Macaroni (all shapes) Noodles (all varieties) Pasta (all shapes) Ravioli (noodle only) Rice	1 oz eq = 1/2 cup cooked or 1 ounce (28 gm) dry	1 serving = 1/2 cup cooked or 25 gm dry
Group I	Ounce Equivalent (oz eq) for Group I	Minimum Serving Size for Group I
Ready to eat breakfast cereal (cold, dry) ^{6,7}	1 oz eq = 1 cup or 1 ounce for flakes and rounds 1 oz eq = 1.25 cups or 1 ounce for puffed cereal 1 oz eq = 1/4 cup or 1 ounce for granola	1 serving = 3/4 cup or 1 oz, whichever is less

³ Allowed in NSLP (up to 2.0 oz eq grain-based dessert per week in grades K-12) as specified in §210.10 and at snack service in SFSP. Considered a grain-based dessert and cannot count towards the grains component in CACFP or NSLP/SBP infant and preschool meals as specified in §§226.20(a)(4) and 210.10.

⁴ Allowable in NSLP (up to 2.0 oz eq grain-based dessert per week for grades K-12) as specified in §210.10. May count towards the grains component in SBP (grades K-12) and at snack and breakfast meals in SFSP. Considered a grain-based dessert and cannot count towards the grains component in the CACFP and NSLP/SBP infant and preschool meals as specified in §§226.20(a)(4) and 210.10.

⁶ Refer to program regulations for the appropriate serving size for supplements served to children aged 1 through 5 in the NSLP; breakfast served in the SBP, and meals served to children ages 1 through 5 and adult participants in the CACFP. Breakfast cereals are traditionally served as a breakfast menu item but may be served in meals other than breakfast.

⁷ In the NSLP and SBP, cereals that list a whole grain as the first ingredient must be fortified, or if the cereal is 100 percent whole grain, fortification is not required. For all Child Nutrition Programs, cereals must be whole-grain, enriched, or fortified; cereals served in CACFP and NSLP/SBP infant and preschool meals must contain no more than 6 grams of sugar per dry ounce.

SFSP Minimum Procurement Specification and Model Meal Quality Standards

7 CFR 225.7 (c)

Meal Component	Minimum Specs	Best Practices
Grains	Made with whole and/or enriched grains. Grains include pasta, tortillas, rice, and flour/grain-based bakery products, including: breads, sandwich rolls, buns, cornbread, biscuits, loaf breads, and grain-based desserts.	<ul style="list-style-type: none"> • Offer 100% whole grain or whole grain-rich items • Eliminate grain-based desserts from menus
Meats/Meat Alternates	<p>Beef: US “Choice” grade</p> <p>Poultry: US grade A for unprocessed; grade B if further processed</p> <p>Pork: U.S. No. 1 or U.S. No. 2.</p> <p>Seafood: Top grade, frozen fish (nationally distributed brand required and must be packed under continuous inspection of the USDA)</p> <p>Fresh eggs: USDA Grade A or equivalent; 100-percent candled</p> <p>Frozen eggs: USDA-inspected</p> <p>Cheese: Pasteurized natural or processed cheeses; no cheese food, imitation cheese, cheese product, or cheese spread</p>	<ul style="list-style-type: none"> • Serve lean cuts of meat with visible fat and skin removed • Serve fish, nuts, or beans in place of meat when possible • Limit fried or pre-fried foods (such as chicken nuggets or other breaded meat items) to twice or less weekly • Limit or avoid offering processed meats (e.g., luncheon meats, bologna) • Serve natural cheeses • Serve low-fat or reduced-fat yogurts with less sugar
Fruits & Vegetables	US Grade A for all fresh, frozen or canned fruits and vegetables and full-strength, 100% vegetable and/or fruit juice (must be pasteurized)	<ul style="list-style-type: none"> • Emphasize/include fresh fruits and vegetables on menus • Purchase frozen fruit that does not contain added sugar • Rinse canned vegetables with added salt before serving • Serve fresh fruit instead of fruit-based desserts • When choosing canned fruit, choose products canned in 100% juice or water; if canned in syrup, drain before serving • Eliminate or limit fruit juice • Include variety of colors in your menu, including: dark green, orange, yellow, red, and purple fruits and vegetables
Fluid Milk	Pasteurized and homogenized; Grade A; fortified with vitamins A and D	<ul style="list-style-type: none"> • Serve only low-fat (1%) or fat-free (skim) milk • Serve unflavored milk

*This chart provides general procurement guidelines. Sponsors are encouraged to create specifications based on their needs and menu.

MULTI-DAY MEAL COUNT FORM

Site Name: _____ Meal Type (circle): B L SN SU

Address: _____ Telephone: _____

Supervisor's Name: _____ Delivery Time: _____ Date(s): _____

Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available) ❶

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 +	❷

A X B = C **❸**

(A) is the total # meals per package; (B) the number of children; (C) equals total # meals to be claimed.

Meals served to Program adults:

1 2 3 4 5 6 7 8 9 10 **Total Program Adult Meals +** **❹**

TOTAL MEALS SERVED = **❻**

Total damaged/incomplete/other non-reimbursable meals + **❼**

Total leftover meals + **❽**

Total of items: _____ ❻ + ❼ + ❽ = ❾

(Item ❾ should be equal to item ❶)

By signing below, I certify that the above information is true and accurate:

Signature _____

Date _____

Daily Meal Count, continued

CONTINUATION PAGE FOR DAILY MEAL COUNT FORM																				
Site Name:										Date(s):										
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		
Meals served to Program adults:																				
11	12	13	14	15	16	17	18	19	20											
										Total Program Adult Meals +										④
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 on the front side of the page)																				

Instructions for SFAs and sponsors doing single-day meal service/distribution:

- Mark each meal as it is served.
- Use additional meal count sheets as necessary to accurately record each meal as it is given to a child.
- Section 3 is used only if multiple days of breakfast/lunch meals are provided in one pickup/delivery.

Instructions for SFAs and sponsors using multiple-day meal service/distribution:

- Mark each package of meals as they are served/distributed.
- Record the number of meals each package contains in box A of Section 3; record the number of meal packages from Section 2 in box B of Section 3; multiply the two values to determine the total number of meals served in box C of Section 3.
 - o For example, 5 days of breakfast and lunch meals x 20 students = 100 meals for breakfast and 100 meals for lunch.
- Use a separate meal count sheet for each meal type (i.e. one meal count sheet for breakfast and a different meal count sheet for lunch).
- Use additional meal count sheets as necessary to accurately record each meal as it is given to a child.

(Insert school/sponsor information and logo)

Summer Food Service Program/ Seamless Summer Option Home Delivery Consent Form

I give consent to summer feeding SFA/Sponsor: **(Insert name of SFA or Sponsor name)** to deliver meals to my home as part of the Summer Food Service Program or Seamless Summer Option Grab and Go Meal Service option. I understand that household contact information may be shared with organization staff, volunteer delivery personnel, or private delivery vendors such as bus transportation contractors. I also give my consent for meals to be left if no one is home at the time of delivery. I understand that cold foods need to be refrigerated and agree to properly store the food until it is eaten by the child(ren). Further, I understand that the food delivered under this program will be consumed by the eligible participants, children aged 1-18. Meals will not be delivered until this form is submitted and approved by school officials.

Meal Delivery Address: _____

Phone (Home / Cell): _____ **Email:** _____

Number of eligible children in household: _____

Child name: _____ Age: _____

Child name: _____ Age: _____

Child name: _____ Age: _____

Child name: _____ Age: _____

Child name: _____ Age: _____

Child name: _____ Age: _____

Child name: _____ Age: _____

I promise that all information on this consent form is true and accurate as reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may check the information. I am aware that if I give false information, my children may lose these meal benefits.

For more information, you may call **(Insert name of point of contact)** at **(Insert phone number of point of contact)** or email at **(Insert email address of point of contact)**.

Return this form to: **(Insert point of contact name and address)**

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

In accordance with federal civil rights 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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, 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: [ASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf)><https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

(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.

This institution is an equal opportunity provider.

Internal Use Only Section:

Number of approved meals for eligible children that are confirmed to reside at the residence.

If any listed children are determined not eligible, state reason(s) for ineligibility:

Date parent/guardian was notified: Click or tap to enter a date.

School/Sponsor Staff Name and Title:

Signature: _____

Date: Click or tap to enter a date.

This documentation must be retained on file at the school with summer feeding program documentation.