

WELCOME TO THE 2024 SUMMER SUMMIT!

BE ON THE LOOKOUT FOR OUR COMMUNICATION THROUGHOUT THE SUMMER

BI-WEEKLY ITEMS OF INTEREST

(EMAIL FROM OHIO ED)

Special Summer Food Service Program (SFSP) Items of Interest – Week of November 27-December 1:

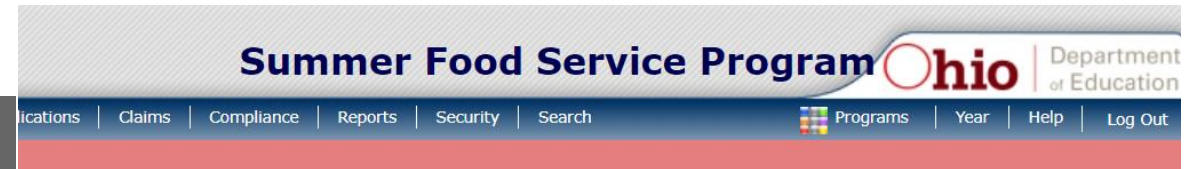


Ohio Ed Updates <updates@subscription.education.ohio.gov>

To Douglass, Elizabeth



CRRS SPLASH PAGE



Welcome to the Claims Reimbursement and Reporting System (CRRS)



Summer Food Service Program (SFSP) Message Board

Updated: June 13, 2022



Announcements

Register Now! 2024 Summer Summit: Celebrate the Plate: Registration is open for the annual Summer Summit gathering. This event brings together past and future summer program sponsors, along with community partners, for a day of specialized training and networking to elevate the administration and delivery of the summer meal programs so that every Ohio child can access a healthy summer meal.

- When: February 5, 2024
- Time: 9:00 a.m. - 3:30 p.m.
- Where: Quest Conference Center; 9200 Worthington Road Suite 400 Westerville, OH 43082

Visit the [registration page](#) to register for the event and view the sessions offered.



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Ohio.org

MEAL COUNTING AND CLAIMING

Taking accurate point of service meal counts.

**RICHARD
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Education Program Specialist

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WHAT CAN BE CLAIMED



Meal Pattern



Eligible Child



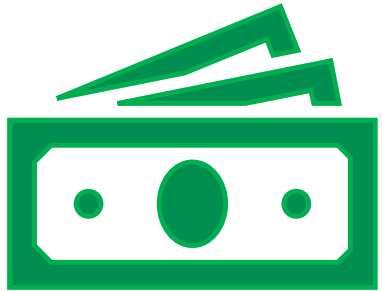
On Site



Approved Meals
and Times



POINT OF SERVICE



Meals MUST be counted at the Point of Service!!!

Meals claimed by delivery slips, subtracting the amount of leftover meals, or using attendance sheets will be disallowed.



**Department of
Education &
Workforce**

PAPER MEAL COUNT FORM

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 | | | | | | | | | | | |

SUMMER FOOD SERVICE PROGRAM

Sample Daily Meal Count Form

Site Name: Sunshine Park Meal Type (circle): B SN SU

Address: 236 Park Street Telephone: 216-555-1212

Supervisor's Name: Sue Smith Delivery Time: 10:00 am Date: 6/20/2024

Meals received/prepared 50 + Meals available from previous day 0 = 50 (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 + 56 [2]

Second meals served to children:
1 2 3 4 5 6 7 8 9 10 Total Second Meals + 0 [3]

Meals served to Program adults:
1 2 3 4 5 6 7 8 9 10 Total Program Adult Meals + 0 [4]

Meals served to non-Program adults:
1 2 3 4 5 6 7 8 9 10 Total non-Program Adult Meals + 0 [5]

TOTAL MEALS SERVED = 56 [6]

Total damaged/incomplete/other non-reimbursable meals + [7]

Total leftover meals + 0 [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:

Sue Smith Signature Date: 6/20/2024

LET'S PRACTICE!

SUMMER FOOD SERVICE PROGRAM

Sample Daily Meal Count Form

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

Address: 236 Park Street Telephone: 216-555-1212

Supervisor's Name: Sue Smith Delivery Time: 9:00am Date: 6/21/2024

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 + 91 [2]

Second meals served to children:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Total Second Meals + 7 [3]

Meals served to Program adults:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Total Program Adult Meals + 2 [4]

Meals served to non-Program adults:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|----|

Total non-Program Adult Meals + 0 [5]

TOTAL MEALS SERVED = 100 [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:

Sue Smith Signature Date: 6/21/2024

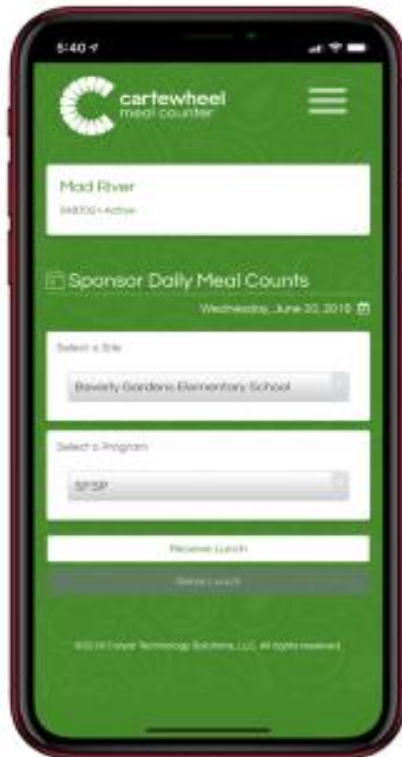
LET'S PRACTICE!

CARTWHEEL MEAL COUNTER



Typical SFSP Workflow

1. Count



2. Manage



3. Claim



BLOCK CLAIMING



Question and Review
Block Claims

Support with
documentation



**Department of
Education &
Workforce**

Sample Multi-Day Meal Count Form

Site Name: _____ Meal Type(s) (circle) - B L SN W

Address: _____ Telephone: _____

Supervisor Name: _____ Delivery Time: _____ Date: _____

Dates meals are to be served: For June 12 / 13

What does each child receive? (see 4 break/serve)

| | Number of Meals received/prepared | + | Number of Meals available from previous day | = | Total Meals Available |
|--------------------|-----------------------------------|---|---|---|-----------------------|
| Example: Breakfast | 750 | | 00 | | 750 |
| Breakfast | | | | | |
| Lunch | | | | | |
| Supper | | | | | |
| Snack | | | | | |

Children served (press off number as each multi-day issuance is provided for each child)

| | | | | | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| 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 |

Total Children Provided a Multi-Day Issuance = 00

| Meal Type | Number of Days Issued | Multitasked By | Total Number of Children Served | (A) Total Meals Served |
|--------------------|-----------------------|----------------|---------------------------------|------------------------|
| Example: Breakfast | 4 | X | 750 | 700 |
| Breakfast | | X | | |
| Lunch | | X | | |
| Supper | | X | | |
| Snack | | X | | |

| Meal Type | (B) Total Damaged/Incomplete/Other Non-reimbursable meals | (C) Total leftover meals |
|--------------------|---|--------------------------|
| Example: Breakfast | 0 | 0 |
| Breakfast | | |
| Lunch | | |
| Supper | | |
| Snack | | |

Total of Item: (A) + (B) + (C) = 00
Item (C) should be equal to Item (B)

Number of additional children requesting a multi-day issuance 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 each non-congregate meal provided met the meal pattern and the above information is true and accurate.

Signature: _____ Date: _____

COUNTING NON- CONGREGATE MEALS

HELPFUL TIPS!

- Train! Train! Train!
- Double check for accuracy
- Note unallowable meals BEFORE submitting claims
- If errors are discovered after the claim is submitted, you may adjust the claim



QUESTIONS?

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