



COMMUNITY NUTRITION conference

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SFSP Counting & Claiming Feb 2019



TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER



**Definitions
& Basics**

01

**Frequent
Findings
& Errors**

02

**Policies &
Examples**

03

**Best
Practices**

04

01

Definitions



Going beyond the Meal Count Form

Eligible
Participant

Eligible
Meal

Point of
Service

Meal
Time

01

Definitions

The table below provides information on how to use prior year data as a resource in estimating ADP.

How to Estimate ADP Based on Prior Year Data			
Note: 2017 will be the example for prior year data			
Example 1: June 5, 2017 through June 30, 2017		Example 2: July 3, 2017 through August 4, 2017.	
Assume a CE operated a lunch service Monday through Friday.		At the same site, assume the CE operated a lunch service Monday through Friday.	
The CE’s weekly service figures were as follows:		The CE’s weekly service figures were as follows:	
Week 1	435 children served	Week 1	752 children served
Week 2	622 children served	Week 2	605 children served
Week 3	735 children served	Week 3	748 children served
Week 4	615 children served	Week 4	736 children served
		Week 5	707 children served
Weekly Total	2,407 children served	Weekly Total	3,548 children served
Operating Days	20 total operating days in June	Operating Days	24 total operating days in July/August
To find your ADP, divide your grand total of 2,407 by the number of program operation days.		To find your ADP, divide your grand total of 3,548 by the number of program operation days. (4th of July not included)	
$\frac{2,407(\text{children})}{20 \text{ (days in operation)}} = \text{ADP of 120.3 children}$		$\frac{3,548 \text{ (children)}}{24 \text{ (days in operation)}} = \text{ADP of 147.8 children}$	
NOTE: As fluctuation occurs, it is recommended that ADP be rounded up <u>no more than 10%.</u>			
ADP (with fluctuation): 130 children		ADP (with fluctuation): 160 children	



02

What is C&C?

- Meal Counts
- Monthly Claims
- Oversight
- TDA's Perspective

Camps & Migrants

ALLOWABLE MEAL COMBINATIONS

Breakfast only

Snack only

Lunch only

Supper only

Lunch and snack

Breakfast and snack

Breakfast and lunch

Supper and snack

Breakfast and supper

Two snacks

Allowable meal combinations include:

- Breakfast, Lunch, and Supper
- Breakfast, Lunch, and Snack
- Lunch, Supper, and Snack
- Any combination of meals or snacks that is less than the maximum number allowed



***How many meals can a
CE Claim for SFSP?***

Filing a Claim



- ✓ Follow your policy – 60 days
- ✓ Good Cause Exception
- ✓ Late Claim Submission

03

Frequent Findings

Meal Counting and Claiming

Private Non-Profit

36%

CEs had daily meal count records/consolidated counts that were not complete and accurate

21%

Sites did not accurately record the daily count on a daily meal count form

Educational Institutions

1%

CEs did not accurately record the daily count on a daily meal count form

Common Examples

These errors resulted in the CE claiming either more than or fewer than the eligible number of meals.

- Meals are not counted correctly on the Daily Meal Count Forms.
- The CE's consolidated meal count is not accurate.
- Meal count records were missing for the days meals were served.
- Meal counts were not taken at the point of service.

03

Frequent Findings



Effects on the Claim

TDA will disallow meals if a CE claims more meals than are supported by the documentation. If an eligible meal is not claimed, reimbursement will not be received for that meal unless the error is discovered and an adjusted claim is submitted to TDA.

03

Frequent Findings

Monitoring

Private Non-Profit

39%

CEs had required site visits that were not conducted or documented appropriately

Common Examples

- The CE did not provide the required oversight and/or did not conduct required visits or reviews.
- All required monitoring reviews were not accurately documented.
- Monitoring forms were missing signatures.
- Pre-operational visit documentation was missing.



04

Most Common Errors

- **Wrong Category (If camps or closed enrolled sites)**
- **Blanks on forms**
- **Counts do not match claims**
- **Missing Meal count sheets**
- **Meal count sheets not completed**



04

Most Common Errors

An ounce of Prevention...

Use an additional staff member to verify:

- 1) Records are complete and eligibility has been determined correctly.**
- 2) Count and record the number of meals served.**
- 3) Compliance with meal pattern requirements.**
- 4) Adherence to meal service times and requirements.**



05

Electronic Meal Counts

- Can you?
- Do you have a paper back up?
- Is it in your policies and Management Plan?

06

Examples

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]

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						

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:															[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:																																		
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30																				

**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								

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:			

.....
SUMMER FOOD
SERVICE PROGRAM

Sample Meal Count - Consolidation Form of First (1st) and Second (2nd) Meals Served

Claim Period: ____/____/____ to ____/____/____

Site	Breakfast		Lunch		Snack		Supper	
	1 st Meal	2 nd Meal	1 st Meal	2 nd Meal	1 st Snack	2 nd Snack	1 st Meal	2 nd Meal
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Meal Type	(A) Total 1 st Meals/Snacks Served	(B) Total 2 nd Meals/Snacks Served	(C) 2 nd Meal/Snack Limitation (.02 x A)	(D) Allowable 2 nd Meals/ Snacks – Lesser of (B) or (C)	(E) Allowable Total Meals/ Snacks (A) + (D)
Breakfast					
Lunch					
Snack					
Supper					

.....
**SUMMER FOOD
SERVICE PROGRAM**
.....

Checklist of Records

Note: This is intended as a template and is not an all-inclusive list. Please check with your State agency to see if your State has other record requirements.

2. Records that support the number of meals served to children:

- _____ Daily count of milks delivered
- _____ Daily count of milks leftover
- _____ Daily count of meals prepared or received at sites
- _____ Daily count of complete first meals served to children
- _____ Daily count of complete second meals served to children
- _____ Daily count of meals served to Program and non-Program adults
- _____ Daily count of disallowed meals
- _____ Daily count of excess meals



07

Policy
Examples

Let's Practice!



07

Policy
Examples

**Exchange your policy
with your neighbor.**

Is there a Who, What,
When, Where, Why, How,
How Much, How Often?



07

Policy
Examples

Let's Practice! - Counting

- A. What happens to the count forms at the end of the day, week, month?
- B. Who is responsible for their accuracy in counts?
- C. Who is responsible for Edit Checks or Reconciliation?
- D. Who is responsible for ensuring all new children are added to forms/roster (Camp or closed site)?
- E. Who is responsible for making sure all participants are currently enrolled?



07

Policy Examples

Let's Practice! - Claiming

- A. Who is responsible for entering claim in TX-UNPS?
- B. Do you have a back up for entering claims in TX-UNPS?
- C. Print claim page from TX-UNPS as back up
- D. Reconcile claim/payment from TX-UNPS to actual bank account?
- E. Documentation Storage and Record Retention

USDA Best Practices – Handout

Ensure each meal claimed for reimbursement is served as a complete meal. A complete meal includes all of the required meal pattern components for the meal service type.

08

Best Practices

1. Point of Service Meal Counts

Count meals at the point of service. This helps to make sure that the meal counts are accurate. At the end of each meal, record on the daily report form (provided by the sponsor) the number of complete breakfasts, lunches, snacks, or suppers you served as first meals and as second meals.

2. Recording Adult Meals

Ensure that ALL adult meals (program and non-program adult meals) are recorded separately and omitted from meal count totals that are submitted to the sponsor for reimbursement.

3. Meals Taken Off-site

Any full or partial meals taken off-site are not reimbursable and must be deducted from the meal counts submitted for reimbursement.

Based on sponsor policy, a fruit, vegetable, or grain component may be allowed to be taken off site. Item must come from child's own meal or a "share table."

4. Double Check Meal Counts

Communicate with another staff member to compare point of service meal counts after each meal service to ensure the proper number of meals are claimed for reimbursement.

For sites operating offer vs. serve:

Site staff must ensure that all meals counted for reimbursement meet the required offer vs serve meal pattern components for the appropriate meal type.





08

Best Practices

USDA Best Practices – Do's

- Prepare or order **ONLY** the number of meals needed.
- Count the meals **as they are received.**
- Serve the meal **only during the assigned time.**
- Serve the children in an **organized manner** at mealtimes.



08

Best Practices

USDA Best Practices – Do's

- Count meals at **point of service**.
- **Record** the number of complete meals once **all components** have been served.
- **Count second meals separately** if your sponsor allows seconds. Second meals must be served as complete units.
- Complete the daily records in a **timely manner**. Keep them in a safe place away from children, weather, and animals.



08

Best Practices

USDA Best Practices – Do's

- Put up the approved “**And Justice for All**” poster in a visible location.
- If possible, organize site activities so that your staff and the children have interesting things to do when it is not mealtime.
- Plan the staff members' time so they may sit with the children while they eat.
- Encourage the children to try new foods.
- Clean the site after the meal.
- **Have fun!**



08

Best Practices

USDA Best Practices – Don'ts

- Serve second meals **until all** children at the site have been served **one complete meal**.
- Serve meals with **missing** components.
- Serve meals **to parents** or other adults from the community, *unless allowed by your sponsor*.
- Allow any part of the meal to be **taken offsite**, *unless your sponsor allows a fruit, vegetable, or grain to be taken off site*.



08

Best Practices

USDA Best Practices – Don'ts

- Sign meal receipts until all meals are **carefully counted and checked.**
- Allow discrimination against any child because of race, color, national origin, sex, age, or disability.
- Forget to have each meal service supervised by a person **trained** in the operation of the program.
- **Hesitate** to contact your sponsor if you have concerns....**Or ESCs or TDA!**



08

Best Practices

**What are YOUR
best practices?**

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