



PO Box 9363, Toledo, OH 43697-9363 \* Ph 419-720-1106 \* Fax 419-243-9960

March 9, 2023

Hello CKM Summer Partner,

The 2023 Summer Food Service Program (SFSP) enrollment begins March 9th and ends April 12th.

I encourage you to complete and return the SFSP enrollment form as soon as possible. There are limited mealtime slots available, and the requests will be allocated based upon when the documents are received at the CKM office. Keep in mind, if you are currently participating in the *Child and Adult Care Food Program* (CACFP), it is a separate program and the guidelines and requirements for SFSP are different. **You still must enroll and complete the SFSP Servers Training session!**

Again, the final deadline to return all forms is **Wednesday, April 12<sup>th</sup> by 5:00 pm!** ALL completed forms must be returned to me before I can submit a summer program to the Ohio Department of Education (ODE) for approval.

If you have any questions or concerns, I'm more than willing to assist you in any way. Your partnership is very important to us and I look forward to working with you this summer to ensure access to healthy and delicious meals for kids.

Best regards,

A handwritten signature in black ink that reads "Victoria Simms". The signature is written in a cursive style.

Victoria Simms  
CKM Program Coordinator  
[victoria@connectingkidstomeals.org](mailto:victoria@connectingkidstomeals.org)  
419-720-1106



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## 2023 Summer Food Service Program Information Sheet

Name of Program: \_\_\_\_\_ Name of **Site** Location: \_\_\_\_\_

**Site** Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of the Site Leader(s) who will be serving during the approved mealtime:

1. Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Anticipated START Date of Program: \_\_\_\_\_

Anticipated END Date of Program: \_\_\_\_\_

Circle the Days of the Week for Programming: Mon Tue Wed Thu Fri Sat Sun

Start Time of Daily Program: \_\_\_\_\_:\_\_\_\_\_ am/pm (circle one)

End Time of Daily Program: \_\_\_\_\_:\_\_\_\_\_ am/pm (circle one)

Circle the Days of the Week for Meal Service: Mon Tue Wed Thu Fri Sat Sun

Select up to 2 Meals (**Note: Cannot select both lunch and dinner**) Breakfast  Lunch  Dinner  Snack

**Preferred** Meal Serving Time (**Note: Must be 3 hours between the end of the 1<sup>st</sup> mealtime and start of the 2<sup>nd</sup> mealtime.**)

1<sup>st</sup> choice start time: \_\_\_\_\_:\_\_\_\_\_ am/pm (circle one) end time: \_\_\_\_\_:\_\_\_\_\_ am/pm (circle one)

2<sup>nd</sup> choice start time: \_\_\_\_\_:\_\_\_\_\_ am/pm (circle one) end time: \_\_\_\_\_:\_\_\_\_\_ am/pm (circle one)

Anticipated Number of Kids for Meals Each Day: \_\_\_\_\_

Do you have planned activities at your site? Y N (circle one) Indoor or Outdoor (circle each that apply)

If yes, please describe: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Dates the site will be closed: \_\_\_\_\_

**Closed July 4<sup>th</sup> Holiday** Y N (circle one)

If you have any questions, please contact Victoria, Program Coordinator at [victoria@connectingkidstomeals.org](mailto:victoria@connectingkidstomeals.org) or (419) 720-1106



Kitchen: 419-720-1106

Fax: 419-243-9960

IRN#: 145912

**SUMMER FOOD SERVICE PROGRAM SPONSOR-SITE AGREEMENT**

Site Name:

Site Address:

Site Supervisor:

Site Telephone Number:

Fax:

Email Address:

The person named above agrees to:

1. Attend required annual training provided by the Sponsor on the meal program distribution and recordkeeping.
2. Comply with the rules of the Ohio Department of Education's Child Nutrition Program covered in the required annual training.
3. Comply with civil rights laws and regulations.
4. Serve meals to all children ages 1 to 18 years of age, regardless of income-eligibility or participation in educational activities.
5. Serve each child with dignity and respect.
6. Serve meals that meet minimum meal pattern requirements.
7. Provide necessary and appropriate supervision during the meal service.
8. Complete meal count with honesty and accuracy, and return completed sheets to the sponsor no later than the next business day.
9. Failure to return meal count sheets by the next day may result in dismissal from the program.
10. Keep copies of all meal count sheets and the monthly menus on site until the end of August at the conclusion of the SFSP.
11. Communicate on a regular basis with the kitchen regarding meal service needs; dependent on the Site's circumstances, this may need to be done daily.
12. Provide Program Monitor(s) with any requested information.
13. If site is not a unit of Sponsoring Agency, provide proof of non-profit status.
14. If site is for-profit, site must agree to be open site. \_\_\_\_\_ (Initial if applicable)

Site Supervisor/State Agency Official

Date

Sponsor & Agency Name: Connecting Kids to Meals

Date