

PO Box 9363, Toledo, OH .43697-9363 \* Ph 419-720-1106 \* Fax 1-419-243-9960

March 31, 2025

Hello CKM Summer Partner,

The 2025 Summer Food Service Program (SFSP) enrollment has begun.

I encourage you to complete and return the SFSP enrollment forms as soon as possible. There are limited mealtime slots available, and the requests will be made based upon when the fully completed 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! See www.connectingkidstomeals.org for training dates.

The final deadline to return all forms is Friday, April 18, 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 and Workforce (ODEW) 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,

Victoria Simms

**CKM Program Coordinator** 

victoria@connectingkidstomeals.org

419-720-1106



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## 2025 SUMMER FOOD SERVICE PROGRAM (SFSP) INFORMATION SHEET MAY 27<sup>TH</sup> – AUGUST 21<sup>ST</sup>

Name of Program:	Name of Site Location:
Site Street AddressC	CityZip Code:
Name of the Site Leader/Server(s) who will be serving during the a	pproved mealtime(s).
1. Name:	Email Address:
Office number:	Cell Number:
2. Name:	Email Address:
Office number:	Cell Number:
Check the days of the week for Programming: Monday Tu	esday
Start Time of Daily Program: : AM PM (circle of Daily Program : : : AM PM (circle of Daily Program : : : AM PM (circle of Daily Program :	ne) End Time of Daily Program:: AM PM (circle one)  Tuesday Wednesday Thursday Friday Saturday Sunday
# of Meals: Meals: Dreakfast	
<ul> <li>Please Note the following:</li> <li>May select up to 2 meals, but not Lunch and Dinner.</li> <li>Mealtimes may be adjusted to accommodate delivery and</li> <li>If you serve more than 1 meal, there must be 1 hour between</li> </ul>	
	ng reductions, our ability to serve partner group locations could be impacted for Summer.
Do you have planned activities at your site: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	one) Indoor or Outdoor (circle each that applies)
If yes, please describe: 1	2
Field trips? Y or N (circle one) If yes, you <b>must</b> complete a	CKM Field Trip Form. (See CKM Field Trip form)
Dates the Site will be CLOSED: 1	2 3 4
Holidays: Juneteenth Y or N (circle one)	4th of July Y or N

# OHIO SUMMER FOOD SERVICE PROGRAM UNAFILLIATED SITE AGREEMENT

Instructions: An "unaffiliated site" is a site that is legally distinct from the sponsor. Complete this agreement when a Summer Food Service Program (SFSP) sponsor operates a site at a location when there is no other affiliation between the sponsor/site and location except the site is located there (i.e. site located in a school, apartment complex, library, municipal park, etc).

Sponsor	Sponsor IRN	Site Agency	Site Name	Site Address
			5.	

**Location Agency Director** 

The "location agency director," is the individual with the authority to permit the SFSP sponsoring organization meal service at the site. For example, a school principal or food service director, apartment complex manager, rec center director, etc. This individual must have signature authority at the site-level organization.

Location Agency Director Name	Location Agency Director Title	Location Agency Director Email	Location Agency Director Phone Number

Site Supervisor

The site supervisor is the individual on site for the duration of the meal service, who has been trained by the sponsor, and is responsible for all administrative and management activities at the site, including, but not limited to: maintaining documentation of meal deliveries, ensuring that all meals served are safe, and maintaining accurate point of service meal counts.

| Site Supervisor Affiliation                                   |
|-----------------|-----------------|-----------------|-----------------|---|
| Name            | Title           | Email           | Phone Number    |   |
|                 |                 |                 |                 | ☐ Staff/volunteer of the Sponsor☐ Staff/volunteer of the Site |



Dates of Operation: Star	rt Date:	End Date:	
Site Type:   Ope	en $\square$ Re	stricted Open	Closed Enrolled
Any dates the program	will be closed: (for exa	mple July 4)	
The following meals wi	ll be served at this loca	tion: (check all that app	ly)
			Anticipated average daily
Meals	Begin Time	End Time	attendance
□ Breakfast			
□ Am Snack			
□ Lunch			
□ PM Snack			
□ Supper			
□ Evening Snack			
		11 1 (1 1 11 1	1.
		this site: (check all that	apply)
☐ Has their own food service license☐ Has a food service license exemption			
		has the appropriate food	l service license
☐ Is having food provided by a vendor who has the appropriate food service license  The sponsor will use some or all of the kitchen facilities at this location: ☐ Yes ☐ No			
The sponsor will use some of all of the kitchen facilities at this location. 2 1cs 2 10			
The meal site identifies	as a:		For-Profit   Non-Profit
Non-Profit sites: Is proof of non-profit status on file? □ Yes □ No			
Note: For-profit sites must be open or restricted open sites.			
If this site is in a school, has the Food Service Director been notified?   Yes   No			
The following agency will be responsible for cleaning up the food serving and eating areas that are used:			

#### Site responsibilities:

- 1. Agree to meal service of one or two meals a day at the location. The sponsor and site may choose which combination of meals they would like to serve; however, serving lunch and supper on the same day is not allowed.
- 2. Serve meals only during approved pre-determined serving time for each meal type selected.
- 3. Maintain and submit promptly such reports and records that the sponsor requires.
- 4. Comply with all applicable USDA regulations including local public health and Ohio Department of Health food safety regulations.
- 5. Report any health, safety, or other problems regarding the meal services.
- 6. Comply with all civil rights laws and regulations.
- 7. Display "And Justice for All" non-discrimination poster throughout the meal service
- 8. Attend sponsor training sessions as applicable.
- 9. SPONSOR NAME, Ohio Department of Education and Workforce, and the United States Department of Agriculture have the right to monitor the above meal service location at any time.

#### Site Supervisor Responsibilities:

1. Remain on site during the entire approved meal service time, regardless of site attendance.



- 2. Serve meals to all children 18 years of age and under (or persons 19 and over who are mentally or physically disabled and participating in a public or private non-profit school program for the mentally or physically disabled).
- 3. Serve meals that meet the minimum meal pattern requirements.
- 4. Provide adequate supervision during the meal service.
- 5. Maintain accurate point of service meal counts.
- 6. Maintain and submit promptly such reports and records that the sponsor requires.
- 7. Report to the sponsor any changes in the number of meals required as attendance fluctuates.
- 8. Report any health, safety or other problems regarding the meal services.
- 9. Comply with civil rights laws and regulations.
- 10. Attend sponsor training sessions.

#### Sponsor Responsibilities:

- 1. File a monthly claim for reimbursement with the Ohio Department of Education and Workforce for meals served by the site in compliance with the SFSP regulations.
- 2. Prepare/provide meals that meet the SFSP meal pattern requirements and follow all local and state Health and Safety requirements.
- 3. Provide training, including Civil Rights, on the SFSP and provide orientation training to all new site staff prior to their undertaking any SFSP duties.
- 4. Provide technical assistance to the site as needed.
- 5. Conduct mandatory monitoring visits pre-operational, first week and fourth week reviews, as applicable.

By signing this document, the *location agency director* and *site supervisor* acknowledge the above responsibilities for the summer meal program operating at the address noted above.

Location Agency Director		
Printed Name:		
Signature:		
Date:		
Site Supervisor		
Printed Name:		
Signature:		
Date:		
SFSP Sponsor		
Printed Name:		
Signature:		
Date:		

This institution is an equal opportunity provider.

Rev. 12/2023





#### FIELD TRIP REQUEST FORM

(Must be submitted 14 business days in advance of EACH field trip date)

### SITE INFORMATION Site name: \_\_\_\_\_ Program Name: \_\_\_\_\_\_ Name and phone# of authorized person completing this form: Today's date: \_\_\_\_\_ FIELD TRIP DETAILS Field Trip Date: \_\_\_\_\_ Location and address of the field trip: The attending Site Supervisor's contact information: Number of children attending the field trip: \_\_\_\_\_ Number of cold/packed lunches needed: \_\_\_\_ \*Cold meals must be served at 40 degrees or below. Meal serving time: Number of meals needed at the home site for children NOT attending the field trip:

Completed forms must be emailed to Docs@connectingkidstomeals.org or brought into the Warehouse.

\*\*A trained server must be present.

This form is required to be submitted at least 10 business days prior to the field trip.

Call (419) 720-1106 with any questions.