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| **Rhode Island Department of Education**  **2021 Summer Food Service Program**  **Management Plan**  **UPDATED – May 2020** |

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| Name of Sponsor: Agreement Number: |

**Please provide the following applicant information:**

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| 1. Provide the names of any other Federal agencies providing assistance to the SFSP applicant organization. Check N/A if the application organization does not receive any Federal assistance outside of SFSP reimbursement. | | | | | | | | | | | | |
| N/A | | | | | | | | | | | | |
| 1. Has the applicant organization ever been found to be in noncompliance by any Federal agencies listed above? | | | | | | | | | | | | |
| No  Yes  If yes, explain: | | | | | | | | | | | | |
| **Please provide the following program management information:** | | | | | | | | | | | | |
| 1. Provide the schedule for making pre-operational visits to new sites or sites that have documented operational issues from the prior year. Provide the name and title of the person responsible. | | | | | | | | | | | | |
| Site Name | Date of Scheduled Visit | | | | | Name and Title of Person Responsible | | | | | | |
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| 4. Provide the schedule for visiting all sites participating during the first four weeks of operation. | | | | | | | | | | | | |
| Site Name | Program Start Date | | | | | Date of Visit Scheduled within the first four weeks | | | | Name and Title of Person Responsible | | |
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| 1. Provide a description of procedures for collecting information on the daily number of meals served to children. If the procedures vary by site type (enrolled vs. open) please provide a description for each of the processes that will be used. Attach a copy of the meal count record to be used, if different from the template provided by RIDE. | | | | | | | | | | | | |
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| 1. Provide a description of the plan/method used to secure corrective action if problems are observed at a site, including plans for follow-up and steps to be taken to close non-compliant sites. | | | | | | | | | | | | |
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| 1. Provide a description of training session(s) for “Sponsor Personnel” (those who are responsible for administrative tasks such as site monitoring, claim processing, etc.) including date(s) scheduled, the person(s) responsible for conducting the training, and the agenda or summary of training topics. A completed training certificate will need to be submitted to RIDE prior to application approval. | | | | | | | | | | | | |
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| 1. Provide a description of training session(s) for “Site Personnel” (those who are responsible for the production and service of meals at each site) including date(s) scheduled, the person(s) responsible for conducting the training, and the agenda or summary of training topics. | | | | | | | | | | | | |
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| 1. Provide the arrangements that have been made within standards prescribed by the State Health Department for all sites, below. | | | | | | | | | | | | |
| Name of Site | | Will leftover meals be saved for future service? | | | | | Description of how meals will be safely held before, during and after service. | | | | Is delivery scheduled to occur no earlier than one hour prior to the beginning of the meal service, and no later than the scheduled start time of the meal service? |
| Yes | | | No | |
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| 1. Please answer the following only if meals are delivered to sites. | | | | | | | | | | | | |
| 1. Describe the system the site supervisor will use to communicate with the sponsor to adjust the number of meals delivered in accordance with the number of children attending daily at sites. | | | | | |  | | | | | | |
| b. What are the timeframes for submitting adjustments of meal orders? | | | | | |  | | | | | | |
| **Please provide the following program information,** **Site Questions**: | | | | | | | | | | | | |
| **Meal Service** | | | | | | | | | | | | |
| 1. How will meal service be supervised at each site? (Describe the number of staff and type of responsibilities). | | | | | | | | | | | | |
| Site Name | | | | Number of SFSP Staff | | | | | Description of how meal service will be supervised | | | |
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| 1. Which meal patterns do you plan on following at your sites? | | | | | | | | | | | | |
| National School Lunch Program (NSLP) meal pattern (School Food Authorities (SFA) only)  Summer Food Service Program (SFSP) meal Pattern (All components served)  “Offer Vs. Serve using NSLP meal pattern” (Only at sites sponsored by an SFA)  “Offer Vs. Serve using SFSP meal pattern” (Only at sites sponsored by an SFA) | | | | | | | | | | | | |
| 1. (for School Food Authorities only) If you plan to use “Offer Vs. Serve” (OVS), at which sites will you be following this meal pattern? Please describe how service will be managed using OVS. | | | | | | | | | | | | |
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| 1. (for School Food Authorities only) If you plan on following the NSLP meal pattern, at which sites will you be following this meal pattern? | | | | | | | | | | | | |
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| 1. At any of your sites, do you plan to offer smaller portion sizes for younger children (if smaller portion sizes will be served, they must follow the Child and Adult Care Food Program (CACFP) meal pattern)? If so, at which sites? | | | | | | | | | | | | |
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| 1. Do you plan on purchasing non-unitized meals from your vendor? If so, please be reminded that you will need prior approval by RIDE before doing so. Briefly describe how meal service will be managed with non-unitized meals. | | | | | | | | | | | | |
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| 1. Do any of the sites contained in your application specifically serve homeless children? If yes, please list each site and provide the following information. | | | | | | | | | | | | |
| Is the site a residential child-care institution as defined in paragraph (c) of the definition of ‘school’ contained in 7 CFR 210.?  Is the primary purpose of the homeless feeding site to provide shelter and meals to homeless families? (supporting documentation required)  For each homeless site, describe the meal counting methods that will be employed to ensure that reimbursement is claimed only for meals served to homeless and non-homeless children. | | | | | | | | | | | | |
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| **Operational Waivers** | | | | | | | | | | | | |
| 1. If you intend to implement any of the meal time waiver options in your organization please indicate which requirement you will be waiving. Describe below why you will need this requirement waived to better operate the SFSP at your site(s). | | | | | | | | | | | | |
| Three (3) hours must elapse between the beginning of meal services, including snacks  Four (4) hours must elapse between the beginning of lunch and the beginning supper when no snack is served in between  Supper cannot be served past 7pm  Duration of lunch and supper is established at two (2) hours per each meal service  Duration of breakfast and snack is established at one (1) hour per meal service | | | | | | | | | | | | |
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| 1. Answer the following question for your closed enrolled sites **only** | | | | | | | | | | | | |
|  | | | **Check the appropriate box for the closed enrolled site (check only one option per closed enrolled site)** | | | | | | | | | |
| List the sites that are designated as closed enrolled | | | Area eligible using school/census data | | | | | Eligible based on meal benefit applications | | | | |
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| 1. As a result of COVID-19, the following nationwide waivers were granted for all states to be able to use during this year’s Summer Food Service Program. If you anticipate that you will have to use the following waivers please indicate this by checking off which ones you will be using.   Non congregate feeding  Parent pick up of meals |
| 1. If you indicated use of either of the waivers in question 20, please complete the following chart. Note multiple sites may be listed on one line if the procedures used to distribute meals will be the same. |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Site Name | Non-Congregate Service? | Parent Pick-Up? | Will your site serve more than one meal type at one time (i.e. breakfast & lunch together? | Will your site serve more than one day’s worth of meals at one time? | Days meals will be physically served (check all that apply) | Days that meals will be claimed for (if multiple day’s worth of meals are served at one time) | |  |  |  |  |  | M Tu W Th F Sa Su | M Tu W Th F Sa Su | |  |  |  |  |  | M Tu W Th F Sa Su | M Tu W Th F Sa Su | |  |  |  |  |  | M Tu W Th F Sa Su | M Tu W Th F Sa Su | |  |  |  |  |  | M Tu W Th F Sa Su | M Tu W Th F Sa Su | |  |  |  |  |  | M Tu W Th F Sa Su | M Tu W Th F Sa Su | |  |  |  |  |  | M Tu W Th F Sa Su | M Tu W Th F Sa Su | |  |  |  |  |  | M Tu W Th F Sa Su | M Tu W Th F Sa Su | |  |  |  |  |  | M Tu W Th F Sa Su | M Tu W Th F Sa Su | |  |  |  |  |  | M Tu W Th F Sa Su | M Tu W Th F Sa Su | |  |  |  |  |  | M Tu W Th F Sa Su | M Tu W Th F Sa Su | |

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| 1. Briefly describe how you will ensure the food safety of meals to be served in a non-congregate setting (i.e. for meals that participants will take off-site). Note: food safety measures must include the labeling of meals with holding, heating (if applicable), and discard instructions. |
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| 1. If applicable, briefly describe how meal service will be managed to ensure that meals will be consumed only by eligible participants and that duplicate meals are not served with use of the parent pick-up waiver. |
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| **Additional Questions** |
| 1. List the contact person responsible for displaying campaign materials; list the materials that are anticipated to be used and the date that these materials will be displayed. |
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