

Kentucky Department of Education  
Division of School and Community Nutrition  
**Security Agreement for SCN Online Reporting Systems**

Security for systems developed by School and Community Nutrition is maintained through a user ID and password issued to the SFS Director or program administrator. A maximum of two user IDs are allocated per sponsor for the express purpose of filing online approval and claim documents. If the designated user changes, a new form must be completed, signed by the appropriate authorizing agents, and submitted to: School and Community Nutrition, 23<sup>rd</sup> Floor, Capital Plaza Tower, 500 Mero Street, Frankfort, KY 40601 or faxed (502) 564-8919. Please **type** this form using the tab key to move between each field. If you are unable to type, it is necessary that you **print legible in blue ink**.

The requested user ID is for a: X ☐ Primary User OR ☐ Secondary User (*Choose one*)

**School District/Sponsor Name:** Marion County Public School District

**Name of User (SFS Director/Administrator/Secondary User):** Cathy Sparrow

**Business Address of School/Sponsor:** 755 East Main Street, Lebanon, KY 40033

**Daytime Phone Number:** 270-692-3721 ext. 5

**E-Mail Address:** cathy.sparrow@marion.kyschools.us

**Birthdate:** [REDACTED]  
*MM/DD/YYYY*

**NSLP ONLY: Are you a new food service director?** X ☐ YES ☐ NO

**If you are already participating in the School and Community Nutrition program, please enter your sponsor ID here:** 10206

**Sponsor ID (if known):** 10206

**NEW SPONSORS ONLY – Complete the Section Below**

**Type of Organization (choose one):**

- X ☐ Educational Institution  
☐ For Profit Organization  
☐ Private Non-Profit Organization  
☐ Government Agency  
☐

**Check the program(s) you are applying to administer:**

- ☐ National School Lunch Program/School Breakfast Program/Special Milk  
☐ Special Milk Only  
☐ Summer Food Service Program  
☐ Family Day Care Home  
X ☐ Child and Adult Care Food Program – For-profit  
☐ Child and Adult Care Food Program – Non-profit  
☐ Adult Day Care

**Do you presently participate in any other Child Nutrition Programs (if so check all that apply and enter your sponsor ID)?**

☒ ☐ National School Lunch Program/School Breakfast Program/Special Milk 10206 \_\_\_\_\_

☐ Special Milk Only \_\_\_\_\_

☒ ☐ Summer Food Service Program 10206 \_\_\_\_\_

☐ Family Day Care Home \_\_\_\_\_

☐ Child and Adult Care Food Program – For-profit \_\_\_\_\_

☐ Child and Adult Care Food Program – Non-profit \_\_\_\_\_

☐ Adult Day Care \_\_\_\_\_

**Have you ever participated previously in any other Child Nutrition Program in which you do not presently participate (if so indicate all that apply)?**

☐ National School Lunch Program/School Breakfast Program/Special Milk \_\_\_\_\_

☐ Special Milk Only \_\_\_\_\_

☐ Summer Food Service Program \_\_\_\_\_

☐ Family Day Care Home \_\_\_\_\_

☐ Child and Adult Care Food Program – For-profit \_\_\_\_\_

☐ Child and Adult Care Food Program – Non-profit \_\_\_\_\_

☐ Adult Day Care \_\_\_\_\_

- Users will notify the Division of School and Community Nutrition immediately of any changes affecting staff or responsibility regarding this Security Agreement.
- A new Security Agreement MUST be completed if there is any change at the sponsor level in the information collected above.
- Users will not use any provided technology to engage in any activity that violates local, state or federal law or policy.
- Users will not originate any information that may destroy, damage, endanger or disrupt data or services. If deliberate action results in damage to network areas, user will be held financially and legally responsible for any associated costs.
- Users who suspect that their account is being used by another individual, or that there is a possibility that their logon information has been accessed by another individual, are to report said activity immediately to the Division of School and Community Nutrition 502-564-5625 for further guidance.
- Users will not attempt to gain unauthorized access to any services or network areas or use another account, password, or other files without permission.
- The User may access only records that he/she has express permission to use as set forth in the School District/Sponsor field of this Security Agreement. Under no circumstances may a user, access records of other districts/sponsors.
- Attempting to log on to any School and Community Nutrition system without permission will result in cancellation of user privileges.
- Users identified as a security risk for having a history of violating usage policies or security agreements may be denied access.
- Users and their activities on the network may be monitored without prior consent. Network activity relating to or in support of illegal activities may be reported to law enforcement or supervising personnel and could result in the loss of privileges and/or prosecution under applicable criminal law.
- The school food service director/administrator is responsible for all data and network usage regardless of the identity of the designated user.

I have read the security policies and understand and will comply with the guidelines set forth by the Division of School and Community Nutrition. I understand that this agreement will expire if there is a change in staff or when I leave the food service program. I further understand that any violation of this policy may result in network privileges being revoked and/or in my being subject to the penalties set forth above as well as any other additional penalties or disciplinary actions that may be enforced. Furthermore, I understand that violations, which constitute criminal conduct, will be referred to the appropriate law enforcement agencies, and that system administrators of the Division of School and Community Nutrition shall remain the final authority on use of the network and issuance of user accounts.

I certify that, to the best of my knowledge, the information reported will be true and correct in all aspects, and executed in full accordance with the terms of the existing agreement(s); and that records will be available to support all data; and that the school food service director/administrator is responsible for receiving and analyzing meal counts to ensure accuracy.

Signature - SFS Director/Administrator/Secondary User: Cathy E. Sparrow Date: 1-25-16  
Original Ink Signature

Signature of Immediate Supervisor: Jayna Sellers Date: 1/29/16  
Original Ink Signature

## Kentucky Department of Education CACFP

## SFA At-Risk Site Verification Form

**Facility Information:**

Center/Site Name: Lebanon Middle School

Street Address: 200 Corporate Drive

City: Lebanon State: KY Zip: 40033 County: Marion

Phone Number: ( 270 ) 692-5516 Extension: Fax Number: ( 270 ) 692-0266

Email: cathy.sparrow@marion.kyschools.usProgram Contact Cathy Sparrow**1. Type of Facility**At-Risk Site- Qualifying Data 65.43%

Name of the School Used for Qualifying Data if different from the center/site name

- Must be located in attendance area of public school where at least 50 percent of the enrolled students are certified as eligible for free or reduced-price meals.

**2. Site Operational Information:**a. School Hours: Begins: 8:16 am Ends: 3:02 pmb. At-Risk Program Hours: Begins: 3:05 pm Ends: 3:30 pm

c. Days of the week meals will be claimed:

   Monday   X   Tuesday   X   Wednesday   X   Thursday    Friday    Saturday    Sunday**3. Meal Service Information:**

a. Meal Types to be Claimed:

At-Risk Snack	At-Risk Supper
<input type="checkbox"/>	<input checked="" type="checkbox"/>

**4. Meal Time Information:**Note: Center Meals: Minimum two hours/Maximum three hours  
At Risk:

	Start	Finish
At-Risk PM Snack		
At-Risk Supper	<u>3:05 pm</u>	<u>3:30 pm</u>

**5. Method of Meal Service:**

- ☒ Center prepares meals on-site (contract not required)
- ☐ Center receives meals from another center or central preparation site owned by the sponsor (contract not required)
- ☐ Center contracts with local public school system
- ☐ Center contracts with another approved CACFP center with which it is not affiliated
- ☐ Center contracts with a registered caterer

**6. Estimated Number of Participants by Age Group:**

\_\_\_\_\_ Infants (under 1yr.)      \_\_\_\_\_ PreK (1yr.-4yr.)      \_\_\_\_\_ Elementary (5yr. to 11yr.)  
\_\_\_\_\_ 150 Middle(11yr.-14yr.)      \_\_\_\_\_ High (14yr.-18yr.)      Total: \_\_\_\_\_ 150

**7. List Names of Personnel Responsible for CACFP Administration and Food Service:**

Name:	Program Labor or Administrative Duties
Kim Bright	Order food, complete required paperwork
Elizabeth Bright	Prepare and serve food and clean up
Deborah Wren	Prepare and serve food and clean up

**8. Fax or email a copy of the district calendar to KDE, attention Faith Corbin**

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