

Security Agreement for SCN Online Reporting Systems Instructions

STATEMENT OF PURPOSE:

To allow SCN to establish user identity and issue authorization for participation in the filing of the sponsor application packet and the claim for reimbursement forms.

COMPLETION INSTRUCTIONS:

1. Please complete this form in your word processing software. If you are unable to type, it is necessary that you print **legibly in blue ink**.
2. Enter the complete and official name of the school district or sponsor in the **School District/Sponsor Name** area.
3. Enter the name of the user in the **Name** area. The user must be the school nutrition director or administrator of the food program.
4. Enter the office address of the user in the **Address** area.
5. Enter the area code and phone number of the user in the **Phone Number of User** area.
6. Enter the complete e-mail address of the user in the **E-Mail Address of User** area.
7. If you are already participating in the School and Community Nutrition program, please enter your **sponsor ID** that was issued by the department.
8. Place a check next to **each nutrition program** you are requesting to administer.

SIGNATURES:

This form requires **original signatures of both the applicant and his/her immediate supervisor**.

Upon completion, mail or fax the form to:

Division of School and Community Nutrition
Kentucky Department of Education
300 Sower Blvd.
5th Floor
Frankfort, KY 40601
Fax: (502) 564-5519

WARNING: User ID's will only be issued to SFS Directors, Administrators or an authorized representative. Sharing of this user password with other individuals makes you liable for their activities within the CNIPS system.

- 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: Martha M. Selving, SFS Date: 1/13/2020
Original Ink Signature

Signature of Immediate Supervisor: _____ Date: _____
Original Ink Signature

**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.

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

School District/Sponsor Name: Gallatin County Board of Education

Name: Martha M. Sebring_____

Address: 75 Boardwalk, Warsaw, KY 41095_____

Phone Number: 859-567-5862_____

E-Mail Address: martha.sebring@gallatin.k12.kyschools.us

Sponsor ID (if known): 10164

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

☒ National School Lunch Program/School Breakfast Program/Special Milk

☒ Summer Food Service Program

☐ Family Day Care Home

☐ Child and Adult Care Food Program