Subject: Summer Food Service Program (SFSP) Review Forms

To:
STATE AGENCY DIRECTORS (Special Nutrition Programs) - Colorado ED, Iowa, Kansas, Montana OPI, Nebraska ED, North Dakota, South Dakota, Utah and Wyoming DHSS

Attached are copies of the revised SFSP Sponsor (FNS 19-1) and Site (FNS 19-2) Administrative Review Forms. All previous revisions of these forms are obsolete and should be discarded.

New review forms are being developed as a result of the Federal Review Initiative for private nonprofit sponsors. We will be using the new forms for our Regional Office Administered Program reviews, as well as the Federal Reviews. Copies of these will be provided to you when they become available.

Feel free to contact our office if you have any questions.

Ann C. Hector
ANN C. HECTOR
Regional Director
Special Nutrition Programs

Attachments
NOTE TO REVIEWER

The person interviewed at the Service Institution (Sponsor) or Food Service Site is to be informed that this review is authorized by Regulations 7 CFR 225, Summer Food Service Program for Children, and that no further monies or other benefits may be paid out under this Program unless this review is completed. If requested, the following statement should be furnished to respondent.

NO FURTHER MONIES OR OTHER BENEFITS MAY BE PAID OUT UNDER THIS PROGRAM UNLESS THIS REPORT IS COMPLETED AND FILED AS AUTHORIZED BY EXISTING REGULATION (7 CFR 225).

ESTIMATE OF BURDEN HOURS - ADDENDUM TO FORM FNS-19-2

Public reporting burden for this collection of information is estimated to average 8.67 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB #0584-0023), Washington, D.C. 20503.
ADMINISTRATIVE REVIEW REPORT
SITE

SUMMER FOOD SERVICE PROGRAM FOR CHILDREN

NOTE: If more space is needed for the completion of any item, attach separate sheet and number item as appropriate.

4. NAME OF SPONSOR

5. NAME AND LOCATION OF SITE

NAME AND TITLE OF PERSON INTERVIEWED AT SITE:

6. BEGINNING DATE: ___________________

TELEPHONE NUMBER ( )

ENDING DATE: ___________________

TOTAL DAYS OF OPERATION: ________

7. Approved Meal Type(s) Approved Times of Meal Service Approved Level of Meal Service
(a) (b) (c)

8. AVERAGE DAILY ATTENDANCE LISTED ACTUAL ATTENDANCE ON THE DAY
ON SITE INFORMATION SHEET OF THE REVIEW ________________

9. MEAL ORDERING/DELIVERY:

   YES NO N/A COMMENTS:

   a. Do site personnel notify the sponsor when
c     adjustments in the meal orders are necessary?
   b. Is reordering a problem at this site? If so,
c     describe corrective action to be taken.
   c. Was food delivered within approved timeframe?
   d. Was food delivered at correct temperatures
      and in acceptable condition?

10. ACTUAL OBSERVED MEAL:

    a. Was observed meal served within
       approved timeframes?
    b. Was the menu readily available?
    c. Type of meal observed: ___________________
       Time of Meal Service ________________
    d. Meal Analysis

<table>
<thead>
<tr>
<th>USDA MEAL COMPONENTS</th>
<th>ACTUAL FOOD SERVED</th>
<th>FOR DELIVERED MEALS ONLY</th>
<th>FOR SELF-PREPARED MEALS ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NUMBER OF UNITS DELIVERED</td>
<td>NUMBER OF UNITS SERVED</td>
</tr>
<tr>
<td>MILK</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREAD OR BREAD ALT.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>VEGETABLES/ FRUIT</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>MEAT OR MEAT ALT.</td>
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<td></td>
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</tr>
</tbody>
</table>

11. MEAL SERVICES

   YES NO COMMENTS:

   a. Were all required components served to each
      child in the proper quantities?
   b. Were meals served at correct temperatures
      and in acceptable condition?
   c. Describe level of plate waste.
MEAL SERVICES: (continued)

VENED PROGRAMS ONLY:

YES   NO   N/A   COMMENTS:

d. Were meals delivered and served as a unit?  
   ☐   ☐   ☐

e. Did the meal served comply with the approved menu?  
   ☐   ☐   ☐

12. MEAL COUNT: Complete the following with the actual meals observed in each category. (The total of 12b and 12c should equal total in 12a.) Explain any problems with deficient meals.

   a. Number of meals delivered or prepared
           Number of meals properly held over from previous day
           TOTAL MEALS DELIVERED, PREPARED OR HELD OVER

   b. First meals to children
           Second meals to children
           TOTAL MEALS ELIGIBLE FOR REIMBURSEMENT

   c. Meals to Program adults
           Meals to Non-Program adults
           Spoiled, inedible meals, or damaged meals
           Unservable or leftover meals
           TOTAL MEALS NOT ELIGIBLE FOR REIMBURSEMENT

   d. Meals consumed off-site
           Meals not conforming to USDA meal patterns
           Non-Unitized Meals
           Other deficient meals
           TOTAL MEALS DISALLOWED

   e. Explain the disallowance(s) of any meals:
      (Ex. excess meals, meals over site cap. etc.)

13. HEALTH AND SANITATION:

   YES   NO   N/A   COMMENTS:

   a. Are acceptable sanitary procedures followed during the receiving, preparing, holding and serving of meals? (If no, please explain in comment section.)

   b. Does this site have adequate holding facilities?

   c. Has the State or local Health Department visited the site?

14. MONITORING:

   a. Has this site been visited by the sponsor?

   b. Was the food service at this site reviewed during the first 4 weeks of Program operation?

   c. Is documentation available at the site to substantiate any sponsor reviews?

15. SITE RECORDKEEPING

   a. Is a daily count (by meal type) maintained at the site of:
         Meals delivered or prepared?
         First meals served to children?
         Second Meals served to children?
         Are seconds, if allowed, within the 2% limit?
         Meals to Program adults?
         Meals to Non-Program adults?
         Excess meals not served?
         Any deficient meals?

FORM FNS-19-2  (Page 2)
SITE RECORDKEEPING (Continued)

b. How often does the site supervisor turn in signed meal count reports?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>c. Is a record maintained of delivery receipts or invoices?</th>
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<th>d. Is a record maintained of site labor costs (daily time and attendance records)?</th>
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16. SUMMARY

Discuss all findings of this review and any recommendations for corrective actions to be taken by the sponsor and/or the site to improve the operation of the SFSP. All deficiencies noted during this review must be included in this summary.

<table>
<thead>
<tr>
<th>OPERATIONAL WEAKNESSES</th>
<th>RECOMMENDED CORRECTIVE ACTION</th>
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</tbody>
</table>

17a. FNS REVIEWER

NAME (Please print) | SIGNATURE | TITLE | DATE
-------------------|-----------|-------|-------

17b. SITE SUPERVISOR

NAME (Please print) | SIGNATURE | TITLE | DATE
-------------------|-----------|-------|-------
### 1. Actual Current Attendance by Racial/Ethnic Group

<table>
<thead>
<tr>
<th>Racial/Ethnic Group</th>
<th>Black (Not Hispanic)</th>
<th>Hispanic</th>
<th>American Indian or Alaskan</th>
<th>Asian or Pacific Islander</th>
<th>White (Not Hispanic)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

#### Racial/Ethnic Categories

- **Black**: (Not of Hispanic origin.) A person having origin in any black racial groups of Africa.
- **White**: (Not of Hispanic origin.) A person having origin in any of the original peoples of Europe, North Africa, or the Middle East.
- **Hispanic**: A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- **American Indian or Alaskan Native**: A person having origins in any of the original peoples of North America who maintains cultural identification through tribal affiliation or community recognition, includes Aleuts and Eskimos.
- **Asian or Pacific Islander**: A person having origins in any of the Far East, Southeast Asia, the Indian Subcontinent, of the Pacific Islands. This area includes (for example) China, Japan, Korea, the Philippines, and Samoa.

### 2. Are Admission and Placement Criteria and Procedures Nondiscriminatory?

- [ ] Yes
- [x] No

### 3. Is "Justice for All" or FNS-Approved Poster on Display?

- [ ] Yes
- [x] No

### 4. Has a Public Announcement Been Made Stating That Admission is Open to All Regardless of Age, Sex, Handicap, Race, Color, or National Origin?

- [x] Yes
- [ ] No

### 5. Give Date(s) When Media Were Used and Attach Copies of Any Brochures, News Articles, Bulletins, etc. (If Copies Are Not Available, Give Date(s) and Describe Media Used.)

- [ ] Yes
- [x] No

### 6. Is There Any Separation by Race, Age, Sex, Handicap, Color or National Origin? (If "Yes" explain in item 9, "Remarks") If Only One Race is Shown in Item 1, Indicate "No" for a thru D.

- [ ] A. In Eating Area?
- [x] B. In Serving Lines?
- [ ] C. In Seating Arrangement?
- [ ] D. In Assignment of Eating Period?

### 7. Are All Services and Facilities Used Routinely by All Persons Without Regard to Age, Sex, Handicap, Race, Color, or National Origin? (I.e., social and recreational areas, study areas, lavatories, waiting rooms, chapels, playgrounds, etc.)

- [x] Yes
- [ ] No

### 8. In the Opinion of the Reviewer Based on Information Obtained by Personal Observation, Does the Service Site Appear to Be in Compliance with Title VI of the Civil Rights Act of 1964?

- [x] Yes
- [ ] No

If "No" indicate in item 9 "Remarks" or on the back of sheet:

- A. What the areas of non-compliance are, and
- B. Recommendations for corrective action and follow-up.

### 9. Remarks

- [ ] Yes
- [x] No

### 10. If Needed, Is Information Provided in the Appropriate Translations Concerning the Availability and Nutritional Benefits of the SFSP As Required by FNS Instruction 113-8?

- [x] Yes
- [ ] No

### 11. Is the Nondiscrimination Statement and the Procedure for Filing a Complaint in the SFSP Information Which is Directed to Parents of Beneficiaries or Potential Beneficiaries As Required by FNS Instruction 113-8?

- [x] Yes
- [ ] No
Public reporting burden for this collection of information is estimated to average 8.87 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB #0584-0023), Washington, D.C. 20503.

<table>
<thead>
<tr>
<th>4A SPONSOR AVERAGE DAILY ATTENDANCE (ADA)</th>
<th>6. PERIOD OF OPERATION</th>
<th>6. NUMBER OF SITES</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. APPROVED LEVEL OF MEAL SERVICE (Include All Sites)</td>
<td>DATES</td>
<td>CAMP</td>
</tr>
<tr>
<td></td>
<td>BEGINNING</td>
<td>ENDING</td>
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</table>

7. AUDITS

7. a. Has the sponsor met the audit requirement described in Section 225.10(a) of the SFSP regulations? ☐ ☐

7. b. Was this sponsor audited in the previous fiscal year? ☐ ☐

7. c. Were the auditor's recommendations acted upon? ☐ ☐

7. d. If the sponsor has not obtained the required audit, what arrangements have been made to meet this requirement?

8. TRAINING

8. a. Has the sponsor conducted training for all site and sponsor personnel prior to program operations? If no, explain.... ☐ ☐

8. b. Has the sponsor maintained records of training, including topics and names of personnel who attended? ☐ ☐

8. c. List dates and numbers of personnel who attended training sessions:

<table>
<thead>
<tr>
<th>DATE(S)</th>
<th>SPONSOR</th>
<th>SITE</th>
<th>OTHER</th>
</tr>
</thead>
</table>
9. MONITORING

<table>
<thead>
<tr>
<th>a. Visits</th>
<th>YES</th>
<th>NO</th>
<th>COMMENTS</th>
</tr>
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<tbody>
<tr>
<td>(1) Number of sites and/or camps visited by the sponsor prior to opening date:</td>
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<td>(2) Are written reports available to substantiate the pre-operational visits?</td>
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<tr>
<td>(3) Did sponsor visit all sites once during first week of operation?</td>
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<tr>
<td>(4) Are written reports available to substantiate the first week's visits?</td>
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<tr>
<td>(5) Were problems identified?</td>
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<tr>
<td>(6) Was corrective action taken at the time of the visit?</td>
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<tr>
<td>(7) Total number of site visits to date:</td>
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<table>
<thead>
<tr>
<th>b. Reviews</th>
<th></th>
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<tbody>
<tr>
<td>(1) Is at least one written review of the food service on file for each site serving meals during the first four weeks of operation?</td>
<td></td>
</tr>
<tr>
<td>(2) Is the sponsor using USDA forms? If not, attach a copy.</td>
<td></td>
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<tr>
<td>(3) Average number of site monitors reviewing sites daily:</td>
<td></td>
</tr>
<tr>
<td>(4) Total number of reviews conducted to date by sponsor's monitors:</td>
<td></td>
</tr>
<tr>
<td>(5) Total number of written reports on file of reviews by sponsor's monitors:</td>
<td></td>
</tr>
<tr>
<td>(6) Do these written reviews indicate problem areas at the sites and the corrective action taken by the sponsor?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>c. Health Inspections</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>(1) Does the sponsor have documentation that the Health Department was notified of the site location?</td>
<td></td>
</tr>
<tr>
<td>(2) Has the local Health Department inspected the sponsor's sites?</td>
<td></td>
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<tr>
<td>(3) If yes, what, if any, violations were there? Have they been corrected?</td>
<td></td>
</tr>
</tbody>
</table>
9. MONITORING (Continued)

   d. Civil Rights

   (1) Is "Justice For All" or FNS-approved
       poster on display? ☐ ☐

   (2) Does the sponsor have the capability of providing
       informational material in the appropriate
       translation concerning the availability and
       nutritional benefits of the Program? ☐ ☐

   (3) Does the sponsor provide a nondiscrimination
       statement and a procedure for filing a complaint
       on information concerning the program and
       program activities? ☐ ☐

   (4) Has the sponsor collected beneficiary data by
       racial/ethnic category for each site? ☐ ☐

   (5) Does the sponsor maintain this data on file for
       the required three (3) years? ☐ ☐

   (6) Are there any requirements or procedures which
       restrict or deny enrollment on the basis of race,
       color, sex, age, handicap, or national origin? ☐ ☐

   (7) Are denied free and reduced price applicants
       disproportionately composed of minority groups? ☐ ☐

FOOD SERVICE MANAGEMENT COMPANY (FSMC)
(For vended programs only)

a. Name(s) and type(s) of FSMC:
   ☐ School-Food Service ☐ Private FSMC
   ☐ Private FSMC with an exclusive contract with
       a School Food Authority.

b. Is the FSMC registered? ☐ ☐

c. Are unitized meals provided? ☐ ☐

d. What is the vended price per meal?
   A.M. Breakfast $ ______  Supplement $ ______  Lunch $ ______
   P.M. Supplement $ ______  Supper $ ______

e. Does this price include delivery? ☐ ☐

f. Describe provision for daily meal
   adjustments with the FSMC?

(1) Is the meal adjustment procedure adequate? ☐ ☐
10. FOOD SERVICE MANAGEMENT COMPANY (FSMC) – CONTINUED
(For vended programs only)
g. Contracts with private FSMCs:
   YES NO COMMENTS
   (1) Was the contracting procedures in accordance with regulatory and circular requirements? □ □
   (2) Has performance bond been provided by FSMC? □ □

h. Agreements with School Food Authorities:
   Does the Agreement contain all regulatory requirements? □ □

11. SELF-PREPARATION SPONSORS
   a. Does this sponsor maintain inventory records that show the kinds, quantities, and value of food items on hand during period of program operation? □ □
   b. Does this sponsor maintain adequate meal production records? □ □
   c. Do records show that meals met requirements? □ □
   d. If, this sponsor receives USDA donated commodities, do they maintain records? □ □
   e. Is the meal adjustment procedure adequate? □ □

12. ELIGIBILITY
   A. Area:
      Does the sponsor have documentation that sites serve needy areas? □ □
      Is the sponsor a private nonprofit organization? □ □
      If yes, complete the following.
      If the private nonprofit sponsor is operating in an area which was previously sponsored by a public entity, has it been one-year since the public sponsor discontinued participation? If no, explain. □ □
      Does the private nonprofit sponsor in urban areas operate no more than five (5) sites in such areas? □ □
      Does the private nonprofit sponsor in rural areas operate no more than twenty (20) sites in such areas? □ □

   b. Meal Service:
      (1) Does the private nonprofit sponsor serve no more than 2,500 children per day with no more than 300 children being served at one site unless a waiver has been granted? □ □

   c. Enrolled:
      (1) Does the sponsor have current signed statements with family size and income data to substantiate that 50% of enrolled children are needy? □ □
      (2) Were applications approved correctly? □ □
12. ELIGIBILITY (Continued)
   (3) Camps only:

<table>
<thead>
<tr>
<th>DATES OF SESSION(S)</th>
<th>TOTAL APPLICATIONS</th>
<th>ELIGIBLE APPLICATIONS</th>
<th>TYPES OF PROBLEMS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>PER REVIEWER</td>
<td>PER SPONSOR</td>
</tr>
</tbody>
</table>

13. MEAL COUNT RECORDS

(a) Does the sponsor maintain a daily count of all meals (by type):
   (1) First meals served to children?          ☐   ☐   ☐
   (2) Second meals served to children?         ☐   ☐   ☐
   (3) Served to program adults?                ☐   ☐   ☐
   (4) Served to non-program adults?            ☐   ☐   ☐
   (5) Leftover?                               ☐   ☐   ☐
   (6) Other non-reimbursable meals             ☐   ☐   ☐

(b) Do meal counts show a different number of children each day? ☐   ☐   ☐
    If no, is this caused by an inaccurate method of counting meals? ☐   ☐   ☐

(c) Are the meal count reports signed by the site supervisor or other responsible employee? ☐   ☐   ☐

(d) Do the delivery receipts (vended and self-preparation) or the food production records (self-preparation) support the meal count records? ☐   ☐   ☐

(e) If a claim for reimbursement has been prepared, do the meal counts support the number of meals claimed? ☐   ☐   ☐

14. OPERATING COSTS

a. Food Costs
   (1) Does the sponsor maintain receipts to document food costs? ☐   ☐   ☐
   (2) If a claim has been prepared, do the receipts support the food costs claimed? ☐   ☐   ☐
14. OPERATING COSTS (Continued)

b. Operating Labor Costs
   (1) Does the sponsor maintain records which reflect employee salaries/wages and the time expended in the food service operation of the Program? √
   (2) Do the payroll records support the sponsor's operating labor costs? √

c. Non-food costs
   (1) Are non-food items receipts distinguished from food receipts to prevent any duplication? √
   (2) Do the non-food receipts for allowable items substantiate the non-food costs? √

15. ADMINISTRATIVE COSTS

a. Does the sponsor maintain records of costs incurred in the administration of the Program? √

b. Does the sponsor maintain records which reflect employee salaries and time expended on the administration of the Program? √

c. Are any administrative personnel funded by another Federal Government source? √
   If yes, explain:

d. Does the sponsor maintain records which document other approved administrative costs? √

e. Does the sponsor maintain records showing how utility costs are prorated? √

f. Do records/receipts for administrative expenses incurred support the sponsor's administrative costs? √

g. Are administrative costs consistent with the sponsor's approved administrative budget? √

h. Does the Program level justify the administrative costs? √

16. INCOME TO THE PROGRAM

a. Does the sponsor receive income to the Program? √
   If yes, indicate from what source the funds are obtained. √

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>COMMENTS</th>
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16. INCOME TO THE PROGRAM (Continued)  

YES  NO  N/A  COMMENTS

b. Does the sponsor collect money from adults?  
   If yes, explain.

c. If a claim has been prepared, has
   income been claimed correctly?  

17. SUMMARY

Summarize in detail all findings and recommendations for corrective action to be taken by the sponsor in the operation of the Summer Food Service Program for Children.

<table>
<thead>
<tr>
<th>OPERATIONAL WEAKNESSES</th>
<th>RECOMMENDATIONS FOR CORRECTIVE ACTION</th>
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18. SIGNATURES

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<tr>
<th>DATE</th>
<th>TITLE</th>
<th>SIGNATURE OF REVIEWER</th>
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<th>DATE</th>
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<th>SIGNATURE OF SPONSOR</th>
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FORM FNS-19-1 (1-90) Previous Edition Obsolete
INSTRUCTIONS

The purpose of an administrative review is to determine whether a sponsor is managing the program properly and whether that sponsor’s financial systems will generate a valid claim for reimbursement. If any records are unavailable, a detailed explanation should be provided on this review form.

Items 1 through 6 are items which can be completed at the administering agency’s office. All the information from the sponsor approval process should be verified by the reviewer in the course of the administrative review.

7. The reviewer should indicate any special contractual relationships which exist between the audit firm and the sponsor. If the follow-up has not been completed, indicate the major areas of deficiency, the recommendation(s), and the sponsor’s response.

8. As a cross check, the names of the site personnel can be compared to the names of the personnel who attended training sessions.

9. The sponsor is required to visit and review sites, and to maintain records of such monitoring. A review of this area should indicate how well the sponsor’s monitors are performing, as well as how problems at the sites are being handled. If the sponsor is not keeping written reports, indicate that and discuss the sponsor’s system of identifying and correcting problems.

10. Complete this section only if the sponsor buys vended meals.

11. Complete this section only if the sponsor prepared the meals. If this sponsor receives commodities and the costs of obtaining those commodities are charged to the sponsor, the sponsor must maintain records of such costs to use in preparing the claim.

12. The sponsor must have adequate documentation for the area or for each child. The documentation of family size and income must contain the following: 1) the child’s name; 2) the number of people in the family; 3) the income of the family; 4) the signature of a parent or legal guardian; and 5) the date. All documentation should be current.

The rest of this form deals with the sponsor’s financial management systems. If a claim has not yet been prepared, review the sponsor’s systems for accountability and to insure that those systems will generate a valid claim. Carefully indicate any discrepancies, especially in a situation where the reviewer’s numbers do not correspond to those on the claim. The reviewer should ensure that the sponsor understands the entire claims procedure.

13. The sponsor’s records must contain signed meal counts which can be compared to delivery receipts or meals production records. The meals should be totaled to check the sponsor’s totals. Only source documentation (signed meal counts from each site) should be used to generate totals.

14a. For vended programs, the invoice from the FSMC must match the signed delivery receipts from the sites. For self-prep operations, invoices/receipts must be available to document all food costs. The total of the receipts must equal or exceed the sponsor’s food costs.

b. The operating labor costs are computed using employee payroll records and time sheets. The hourly wage of each employee working on the food service and charged to the SFSP must be multiplied by the hours expended on the SFSP.

c. Invoices and/or receipts must be maintained if the sponsor claims for any non-food items. Trash bags, paper cups, or the like, may be claimed as nonfood costs.

15. Administrative costs are those associated with the planning organizing or administration of the Program. The sponsor must maintain documents which substantiates those administrative costs which are charged to the SFSP. When only a portion of the cost will be charged to the SFSP (such as utility or telephone bill), the invoice should be clearly marked to identify SFSP costs. If a percentage is used, it should be a reasonable amount for the size of this sponsor’s Program. Administrative labor costs are calculated like operating labor costs (hours times salary), for each person performing administrative duties.

16. If the sponsor receives income to the Program, the source of that income should be clearly defined. The most common sources are 1) interest earned on the startup or advance funds; or 2) cash donations from benevolent organizations or government agencies; or 3) sale of meals.

17. Any weaknesses in the sponsor’s operation should be discussed in the summary, as well as recommended corrective actions.

18. Both the reviewer and the sponsor should sign this review form. All information and comments should be complete before the sponsor signs.

NOTE: Sponsors are responsible for all regulatory requirements. Any problems in areas not listed on this form should be included in the summary section.