

2019 SFSP Program Assessment Form New York State Education Department

Please complete and submit this Summer Food Service Program (SFSP) Program Assessment Form by June 1, 2019. If you operate multiple sites, and the food service systems vary from site to site, complete and attach additional sheets of paper describing each site's systems.

Sponsor Name:
Sponsor LEA code:

Sponsor Responsibilities:

1. Where are the following records maintained on site and available for immediate review?

Income Applications/Roster (if applicable)	
Menu	
Meal Count Records	
Production Records	
Health Inspection Reports	

2. How does the sponsor ensure at least one trained supervisor is present during the entire meal service for all approved meals?
3. How will the sponsor update SED/CNMS of meal time changes by 2pm the day prior to the change taking place? Who will do this?
4. How will the sponsor ensure field trip notices are sent to SED 48 hrs. prior to meal service? Who will complete this online in CNMS or send the completed form to SED?

Meal Service:

1. Attach the sponsor's menus for July.
2. What is the method for serving meals at your site (s)? [Note: Buffet style is not an allowable meal service style]

Tray Line

Pre-plate

Family Style

Pre-set

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3. Describe the point of service meal count procedure and who will be overseeing this at your site(s).

4. How will you ensure meals are prepared prior to meal service and children have all the components available and are served complete reimbursable meals? How are disallowed incomplete meals subtracted from the daily meal counts?

5. What types of meals are served and counted?

First meals served to children	Leftovers (for use the next day)
Disallowed meals served	Program adult meals
Second meals served to children	Non-program adult meals
6. Does the sponsor charge non-program adults for meals? Yes No
If yes, what is the cost? _____ How many adults are served at each meal? _____
7. How many program adults are served meals at no charge? _____
8. How does the sponsor collect the site's meal count records?

9. How does the sponsor ensure that all meals are consumed on site in a congregate setting?

Food Safety

1. What procedures does the site(s) have in place for safe food preparation ie; HACCP and or Serv Safe trained staff, gloves, thermometers, temperature logs?

2. What procedures does the site(s) have in place for safe food holding?

3. What procedures does the site(s) have in place for safe food serving?

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4. What procedures does the site(s) have in place for safe food storing?

Civil Rights

1. How does the sponsor ensure Civil Rights compliance (i.e. equal access, appropriate translation of Program information, nondiscrimination statement, etc.)?

2. What is the sponsor's plan to make open site(s) truly open to the community?(if applicable)

3. Have all staff received Civil Rights training? Yes No

If **No** provide the date of the planned training: _____

4. Have there been any requests to provide information about the SFSP translated into another language? Yes No

If YES, explain:

Explain how the request was resolved by the sponsor:

Vended Sites Only (N/A for Universities):

1. What is the system for receiving, documenting and validating meal delivery at the site(s)?

2. What is the procedure for a breakdown in meal delivery?

3. What is the sponsor's system to monitor the participation levels at the vended site to ensure that you are not over/under ordering meals?

Closed Enrolled and Camp Sites Only:

1. Describe the regularly scheduled programming enrolled children participate in at each closed enrolled/camp site.

2. What is your system to maintain the roster and eligibility documentation of children attending the program?

3. Complete the table below (for camps only):

# of children 6 years old and younger	
# of children 7-18 years old	
# of persons 19 years or older with a disability and enrolled in a school program	

4. If you operate a meal service with more than one shift or Point of Service, please complete the chart below:

Meal Type	Point of Service	Shift	Shift Start Time	Shift End Time	Number of Children Eating
<i>Ex. Lunch</i>	<i>1</i>	<i>1</i>	<i>12:00pm</i>	<i>12:30pm</i>	<i>150</i>
<i>Ex. Lunch</i>	<i>1</i>	<i>2</i>	<i>12:40pm</i>	<i>1:10pm</i>	<i>150</i>

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I _____ (PRINT NAME)

CERTIFY that the information on this form is true and correct and that the sponsor is aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and federal criminal statutes.

Signature of Authorized Official/Designated Representative

Date _____

Print the complete form, sign, and return to:

New York State Education Department

Child Nutrition Program/Summer Food Service Program

89 Washington Avenue, 375 EBA

Albany, New York 12234-0055 or;

email: cnsfsp@nysed.gov

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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