

**2020 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, 2020. 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. Please provide accurate information regarding how your site operates. SED may return this document to you if it is incomplete or questions are left unanswered.**

<b>Sponsor Name:</b>
<b>Sponsor LEA code:</b>

**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 for each site during the entire meal service for all approved meals?

3. How does the sponsor ensure sites are serving meals at the approved meal service time?

4. 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?

5. How will the sponsor ensure SED is notified 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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3a. Describe the point of service meal count procedure:

3b. Who will be overseeing this at your site(s)?

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4. How will the sponsor ensure meals are prepared prior to meal service and children have all required components available and are served complete reimbursable meals? How does the sponsor ensure incomplete meals are subtracted from the daily meal counts and not counted for reimbursement?

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?

10. Who will be responsible for conducting first week and four-week self-reviews at all sites?

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**Food Safety**

1. What procedures does the site(s) have in place for safe food preparation i.e.; 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?

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**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 a meal service is being served in multiple shifts and/or at multiple points of service, please complete the following chart:

<b>Meal Type</b>	<b>Point of Service</b>	<b>Shift</b>	<b>Shift Start Time</b>	<b>Shift End Time</b>	<b>Number of Children Eating</b>
<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.

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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](mailto: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](mailto:program.intake@usda.gov).

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