Please complete and submit this Summer Food Service Program (SFSP) Program Assessment Form by June 1, 2023. 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.

5	Sponsor Name:
	Sponsor LEA code:
<b>Sp</b> 1.	onsor Responsibilities:  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.	List the first and last name of the site supervisor for each of your sites. Site supervisors are the staff ON SITE for the duration of the meal service, who have been trained by the sponsor and are responsible for all administrative and management activities at the site including, but not limited to: maintaining documentation of meal deliveries, ensuring that all meals served are safe, and maintaining accurate point of service meal counts.
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.

	Tray Line	Pre-plate	Family Style	Pre-set	
3. 1	Describe the point of	service meal count	procedure:		
4.	required component	s available and are	served complete re-	neal service and children have all imbursable meals? How does the laily meal counts and not counted	
_	W		. 10		
5.	Disallowed	s are served and con served to children meals served als served to children	Leftovers Program	s (for use the next day) adult meals gram adult meals	
6.				Yes No rved at each meal?	
7.	How many program	adults are served r	meals at no charge?		
8.	How does the sponsor collect the site's meal count records?				
9.	How does the sponso	or ensure that all me	eals are consumed o	on site in a congregate setting?	
10.	Who will be respons	sible for conducting	g the site visit and for	ood service reviews at all sites?	
	od Safety What procedures do Serv Safe trained sta		-	od preparation i.e.; HACCP and or logs?	
2.	What procedures do	es the site(s) have i	in place for safe foo	od holding?	

3.	What procedures does the site(s) have in place for safe food serving?
4.	What procedures does the site(s) have in place for safe food storing?
	vil Rights  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?YesNo If <b>No</b> provide the date of the planned training:
4.	Have there been any requests to provide information about the SFSP translated into another language? YesNo If YES, explain:
	Explain how the request was resolved by the sponsor:
<b>V</b> € 1.	ended Sites Only (N/A for Universities):  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 part enrolled/camp site.	icipate in at each closed
2.	What is your system to maintain the roster and eligibility documentar attending the program?	tion of children
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:

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

I (PRINT NAME)					
CERTIFY that the information on this form is true and correct and that the sponsor is awar	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					

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <a href="https://www.fns.usda.gov/civil-rights/usda-nondiscrimination-statement-other-fns-programs">https://www.fns.usda.gov/civil-rights/usda-nondiscrimination-statement-other-fns-programs</a>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- 6. **mail:** 
  - U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
- 7. **fax:** 
  - (833) 256-1665 or (202) 690-7442; or
- 8. email:

program.intake@usda.gov

Albany, New York 12234-0055 or;

email: cnsfsp@nysed.gov

This institution is an equal opportunity provider.