

2024 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, 2024. 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.

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 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. Are available meals served congregate, non-congregate, or both? _____

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

2024 SFSP Program Assessment Form New York State Education Department

3a. Describe the point of service meal count procedure:

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

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 the site visit and food service reviews at all sites?

11. Attach menus for July.

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?

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?

2024 SFSP Program Assessment Form New York State Education Department

Closed Enrolled and Camp Sites Only:

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

2. Do any children get bused to your enrolled or camp site from a location tha participates in the SFSP? If so, please list the location(s).

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

4. 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	

5. 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
<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>

2024 SFSP Program Assessment Form New York State Education Department

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**

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: <https://www.fns.usda.gov/civil-rights/usda-nondiscrimination-statement-other-fns-programs>, 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

This institution is an equal opportunity provider.