

**Arkansas Department of Human Services  
Summer Food Service Program  
Sponsor Review Report**

<b>Sponsor Name:</b>	<b>Agreement number:</b>
<b>Address:</b>	
	<b>Phone:</b>

<b>Date of Review:</b>	
<b>Reviewer:</b>	
<b>Total Approved Sites:</b>	<b>Total Sites Reviewed:</b>

<b>Name(s) and Title(s) of Person(s) Interviewed:</b>

**100. Sponsor Profile**

<b>List the estimated average daily attendance for all sites combined:</b>	
<b>Breakfast</b>	
<b>Lunch:</b>	
<b>Supper:</b>	
<b>AM Snack:</b>	
<b>PM Snack:</b>	

<b>101.</b>	<b>Has this sponsor received any waivers from the State Agency?</b> If YES, indicate the waiver(s): <ul style="list-style-type: none"> <li>a. Over 200 sites</li> <li>b. Maximum total ADA for all sites over 50,000</li> <li>c. Waiver for vended meals to be served non-unitized</li> <li>d. Waiver to not submit a budget – *School Food Authorities only</li> <li>e. Other *describe in comment area below</li> </ul>	<b>YES</b>	<b>NO</b>	<b>NA</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Comment:</b>				

<b>102.</b>	<b>Is this a returning sponsor?</b> If YES, list date of last review and significant findings.	<b>YES</b>	<b>NO</b>
		<input type="checkbox"/>	<input type="checkbox"/>

<b>Comment:</b>				

<b>103.</b>	<b>Has this sponsor been declared seriously deficient in the past two years?</b> If YES, list the date of serious deficiency notice and provide information on the status of the serious deficiencies.	<b>YES</b>	<b>NO</b>	<b>NA</b>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Comment:</b>				

**200. Training**

<b>201.</b>	<b>Does the sponsor have documentation of training they attended that was conducted by the State Agency before they undertook the SFSP responsibilities?</b>	<b>YES</b>	<b>NO</b>
		<input type="checkbox"/>	<input type="checkbox"/>

<b>Comment:</b>				

**Arkansas Department of Human Services  
Summer Food Service Program  
Sponsor Review Report**

202.	Does the documentation show that all site personnel were trained before they undertook site responsibilities?	YES	NO
Comment:			
300. Monitoring			
301.	Does the sponsor have documentation on file such as a current SFSP Site Visit(s) and SFSP Compliance Review from the State Agency SFSP Compliance Review Conducted to support the waiver of their the 1 <sup>st</sup> week visit?	YES	NO
Comment:			
302.	Complete the chart below.		
	Number	Comment	
	Sites approved		
	Camps approved		
	Sites currently operating		
	New sites		
	Problematic sites from the previous SFSP compliance review		
	Pre-operational visits conducted by the Sponsor		
	1 <sup>st</sup> week visits completed to date by Sponsor		
	4 week reviews (Completed during 1 <sup>st</sup> four weeks of program operation)		
	4 week reviews (Completed during the 2 <sup>nd</sup> four weeks of program operation)		
303.	Has the sponsor taken corrective action on problems identified on the site visit review forms?	YES	NO
Comment:			
304.	List the sites and the dates the reviews were completed.		
	Visits	Sites	Dates
	1 <sup>st</sup> Week Visit(s)		
	1 <sup>st</sup> -4 <sup>th</sup> Week Visit(s)		
	2 <sup>nd</sup> -4 <sup>th</sup> Week Visit(s)		

**Arkansas Department of Human Services  
Summer Food Service Program  
Sponsor Review Report**

400. Food Service			
FOR SPONSORS WITH SELF-PREPARATION SITES AND VENDED SITES WITH MILK PURCHASED SEPARATELY: Review the milk purchased receipts and documentation of recycled milk. <b>Recycled milk can only be served at a meal site that is approved for the Offer Versus Serve (OVS) option.</b> The site must complete the recycled milk log and maintain on file.			
(a) Total # of Servings Milk Purchased	(b) Total # of Servings of Recycled Milk See Recycled Milk Log	(c) Total (A+B)	
(d) Meal Service	(e) Number of meals with milk to date	(f) Total Meals (total column e)	
Breakfast			
Lunch			
Supper			
AM Snack			
PM Snack			
		(g) Difference (c-f)	
401.	Does this review confirm that enough milk was purchased for each meal or snack served that contained milk?	YES	NO
Comment:			
500. Meal Count Records			
501.	Do the daily meal count records match the sponsor's meal count records for all claimed meals? If NO, record discrepancies below. <b>Review the Sponsor Reimbursement Claim and the Sponsors Meal Count Sheets</b>	YES	NO
	Meal Counts Claimed by Sponsor (A)	Meal Counts Sheets Verified by the Reviewer (B)	Difference (A-B) (C)
Breakfast			
Lunch			
Supper			
A.M. Snack			
P.M. Snack			

**Arkansas Department of Human Services  
Summer Food Service Program  
Sponsor Review Report**

600. Documentation of Costs			
601.	Food costs for self-prep		NA
	Does the Sponsor maintain the following records to support food costs?	YES	NO
	a. Do the inventory records show the kinds of food items on hand at the beginning and end of the inventory		
	b. Does the sponsor have records documenting the acceptance of donated food items with prior approval from the State Agency?		
	c. Are cancelled checks, bank statements or other forms of receipt for payment available for review?		
	Food costs for Vended program		NA
	Does the Sponsor maintain the following records to support food costs?	YES	NO
	a. Signed delivery receipts showing what meal is being delivered, the number of meals delivered, and the delivery date and time?		
	b. Invoices from the vendor showing total meals delivered?		
	c. Records of adjustments to vendor to exclude payments for meals delivered to non-approved sites, meals not delivered within the established delivery time, meals that are spoiled or do not meet meal pattern requirements or meals that do not meet the requirements or terms of the contract?		
	d. Cancelled checks, bank statements or other forms of receipt for payment available for review?		
Comment:			
602.	Labor Costs	YES	NO
	Does the sponsor maintain the records to support labor costs such as, cancelled checks, bank statements or other forms of payment?		
Comment:			
603.	Other Costs	YES	NO
	Does the sponsor maintain the records to support allowable costs, such as, cancelled checks, bank statements or other forms of payment?		
Comment:			
604.	Are all costs allowable in accordance with FNS Instruction 796-4, Revision 4?	YES	NO
	If NO, explain.		
Comment:			
700. Income to the Program			
701.	Does the sponsor receive income to the Program?	YES	NO
	If Yes, indicate the source from which funds are obtained (common sources are interest earned on start-up or advance funds, cash donations, or sale of meals)		
Comment:			
702.	Does the sponsor collect money for meals from program adults?	YES	NO
	If YES, List cost of meal(s) below.		
Comment:			

**Arkansas Department of Human Services  
Summer Food Service Program  
Sponsor Review Report**

703.	Does the sponsor collect money for meals from non-program adults? If YES, List cost of meal(s) below.	YES	NO	NA
Comment:				
704.	If non-program adults are served but not charged, is the cost of their meals excluded from program costs?	YES	NO	NA
Comment:				
705.	Does the sponsor maintain a separate bank account for the SFSP? If No, explain how the sponsor ensures that all SFSP reimbursements are being used solely for conducting nonprofit food service operations.	YES	NO	NA
Comment:				
706.	Does the sponsor maintain an accounting system for the SFSP? Is it acceptable, with all of the required documentation to support income and expenses? Explain.	YES	NO	NA
Comment:				
707.	Is the sponsor's total food service conducted principally for the benefits of its own SFSP participants? If No, explain how the sponsor ensures that the SFSP nonprofit service program component does not support any non-program food service activities such as vending or catering operations or a adult meal services.	YES	NO	NA
Comment:				
<b>800. Procurement Documentation</b>				
801.	Did the sponsor contract out management responsibilities of Program? If YES, explain.	YES	NO	NA
Comment:				
802.	Does the sponsor have a written procedure containing standards and specifications for procuring goods and services applicable to the SFSP? If NO, explain.	YES	NO	NA
Comment:				
803.	Do those standards comply with Federal and State procurement standards and procedures? If NO, explain.	YES	NO	NA
Comment:				
804.	Does the sponsor clearly identify scope of need, evaluation factors, contract type, contract duration and other provisions as required? Refer to Policy Memorandum SP04, CACFP04, and SFSP04-2016 <i>Local Agency Procurement Reviews, School Year 2015-2016</i> , <a href="http://www.fns.usda.gov/local-agency-procurement-reviews-sy2015-2016">http://www.fns.usda.gov/local-agency-procurement-reviews-sy2015-2016</a> , and 2 CFR 200.319(c)(a). If NO, explain.	YES	NO	NA
Comment:				

**Arkansas Department of Human Services  
Summer Food Service Program  
Sponsor Review Report**

805.	When findings of non-compliance are identified, how is technical assistance and corrective action for repeated violations ensured? Explain.					
Comment:						
<b>900. Food Service Management Companies</b>						
<input type="checkbox"/> Not Applicable, the Sponsor only operates self-preparation sites						
901.	Type(s) of FSMC: <input type="checkbox"/> Commercial FSMC <input type="checkbox"/> School Food Authority <input type="checkbox"/> Commercial FSMC with an exclusive contract with an SFA <input type="checkbox"/> Other (explain below)					
Comment:						
902.	a. Are unitized meals provided? b. If No, has the sponsor received a waiver from the SA for non-unitized meals? c. If NO, explain	YES	NO	NA		
Comment:						
903.	Does the price per meal include delivery?			YES	NO	
Comment:						
Complete the following ONLY if the SA has NOT reviewed all of the FSMC contracts as part of the approval process. <input type="checkbox"/> NA, SA has approved all FSMC contracts						
904.	Based on the review, were the contracting procedures followed in accordance with regulatory and OMB circular requirements?			YES	NO	
Comment:						
905.	For commercial FSMC contracts, has a performance bond been provided by the FSMC?			YES	NO	
Comment:						
<b>1000. Site Eligibility</b>						
1001.	Is the sponsor operating only approved sites? If NO, complete the chart below.			YES	NO	
	Unapproved Site Name	Breakfasts	Lunches	Suppers	AM Snacks	PM Snacks
1002.	Does the sponsor provide ongoing, year-round activities for children or families?			YES	NO	
Comment:						

**Arkansas Department of Human Services  
Summer Food Service Program  
Sponsor Review Report**

Camp Programs Only:		<input type="checkbox"/> NA, Sponsor does not operate camps		
1003.	a. Are any sites located in child care centers?	YES	NO	NA
	b. If YES, are any of the child care centers participating in the CACFP?			
	c. If Yes, does the sponsor have documentation that the SA has approved the CACFP institutions for participation in the SFSP?			
Comment:				
1004.	a. Are any sites located in child care centers?	YES		NO
	b. If YES, how does the sponsor ensure that the food service is open to all children residing in the area served by the site?			
	Explain.			
Comment:				
<b>1100. Audits</b>				
1101.	Is the sponsor in compliance with the State Agency's audit requirement?	YES	NO	NA
	If NO, explain what arrangements have been made to meet the requirement?			
Comment:				
<b>1200. Health Inspections</b>				
1201.	Does the sponsor have documentation verifying that the local Health Department was notified of the locations and dates of operation of its sites?	YES	NO	NA
Comment:				
1202.	If an inspection was completed, were any violations reported?	YES	NO	NA
	If YES, has the sponsor completed and documented the corrective action required?			
	If No, describe any required or recommended corrective action which has not been implemented.			
Comment:				
1203.	Does the reviewer believe that the health or safety of participating children is imminently threatened?	YES		NO
Comment:				
<b>1300. Civil Rights</b>				
1301.	List the dates (s) when the public release was submitted to the local newspaper and list the type of media used to advertise the SFSP programs (examples: local newspapers; bulletin boards, flyers, etc.)			
Comment:				
1302.	Does the sponsor maintain this data on file for the required five (5) years?	YES		NO
Comment:				

**Arkansas Department of Human Services  
Summer Food Service Program  
Sponsor Review Report**

1303.	Does the sponsor have documentation of the Civil Rights training conducted, including dates, topics and names of all personnel who were trained as required before they undertook the SFSP responsibilities? If NO, explain.	YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	
Comment:				
1400. Transportation				
1401.	Does the sponsor provide transportation to any of the sites?	YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	
Comment:				
1402.	Does the sponsor have all of the required documentation in order to transport children to the site?	YES	NO	NA
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comment:				
1403.	Does the sponsor provide transportation to outings/events at this site?	YES	NO	
		<input type="checkbox"/>	<input type="checkbox"/>	
Comment:				
*If the Sponsor provides transportation, complete the Transportation Questionnaire				

<b>ADDITIONAL COMMENTS:</b>



**Arkansas Department of Human Services  
 Summer Food Service Program  
 Sponsor Review Report**

**1500. SUMMARY OF FINDINGS**

Summarize findings and recommendations for corrective action to be taken by the sponsor in the operation of the SFSP. Discuss all findings with the sponsor to improve the operation of the SFSP. List the regulations for each finding.

Operational Weaknesses	Recommendations for Corrective Action

Signature Statement: All comments, finding and/or recommendations were discussed between the reviewer(s) and the sponsor representative.

Date	Reviewer (s)
Date	Sponsor Representative(s)

**Arkansas Department of Human Services  
 Summer Food Service Program  
 Sponsor Review Report**

**1500. Cont. SUMMARY OF FINDINGS**

Summarize findings and recommendations for corrective action to be taken by the sponsor in the operation of the SFSP. Discuss all findings with the sponsor to improve the operation of the SFSP. List the regulations for each finding.

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**Arkansas Department of Human Services  
 Summer Food Service Program  
 Sponsor Review Report**

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Operational Weaknesses	Recommendations for Corrective Action

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**Arkansas Department of Human Services  
Summer Food Service Program  
Sponsor Review Report**

CC1.	Has the sponsor submitted a claim for reimbursement? If YES, complete the chart below.	YES	NO				
Comment:							
<b>Claim Consolidation Worksheet</b>							
Sponsor Name:		Agreement number:					
Date:							
Section 1- Meals							
Meal Type	(a) 1 <sup>st</sup> Meals Verified	(b) 2 <sup>nd</sup> Meals Verified	(c) 2 <sup>nd</sup> Meals Limitation (2% of A)	(d) Allowable 2 <sup>nd</sup> Meals (lesser of b or c)	(e) Max. Allowable Total Meals (= a + d)	(f) Total Meals Claimed	(g) Difference (= e-f)
Breakfast							
Lunch							
Supper							
AM Snack							
PM Snack							
Comment:							
Section 2- Program Costs							
CC2.	List the total SFSP reimbursement received from the prior year: Will be zero if this is a new sponsor.	Prior Year Reimbursement					
Comment:							
CC3.	Did this sponsor have any excess funds from the prior year(s)? If YES, list amount below.	YES	NO				
Comment:							
CC4.	List sponsor's year to date total SFSP reimbursement.	YTD Reimbursement					
Comment:							
CC5.	Complete the chart using the sponsors current approved budget and verification of all costs.						
	(a) Approved Budget	(b) Allowable	(c) Unallowable	(d) Difference (= a-b)			
Food Costs							
Nonfood Costs							
Unallowable Food							
Unallowable Non-Food							
Salaries: Program Administration							
Salaries: Program Operation							
Utilities Kitchen & Office							
Rental/Office Space							

**Arkansas Department of Human Services  
Summer Food Service Program  
Sponsor Review Report**

Rental of Equipment				
Transportation Mileage Cost				
Transportation Rental				
Telephone				
Printing of Office Supplies				
Other Approved Costs				
Unallowable Program Cost				
Comment:				
CC6.	Does it appear that the sponsor will have an excess SFSP balance? If YES, explain how the sponsor will ensure that all SFSP funds will be expended on allowable costs this year or next year? If Yes and the sponsor will not operate the SFSP next year, explain how the sponsor will return funds to the SA.	YES	NO	
Comment:				