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FOOD ASSISTANCE

Information on the Private Sponsors in the 1990 Summer Food Service Program



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United States
General Accounting Office
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Resources, Community, and
Economic Development Division

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The Honorable William D. Ford
Chairman, Committee on Education and Labor
House of Representatives

The Honorable William F. Goodling
Ranking Minority Member, Committee
on Education and Labor
House of Representatives

In 1990, private nonprofit sponsors, such as churches and community groups, were readmitted into the Summer Food Service Program for the first time since 1981. This program, administered by the U.S. Department of Agriculture's Food and Nutrition Service (FNS), is designed to provide children from low-income areas with nutritious meals during summer vacations through a program that reimburses qualifying sponsors for the free meals served to the children. In our May 23, 1991, report,¹ we discussed private nonprofit sponsor compliance with the summer food service program requirements on the basis of observations and analyses of a sample of 10 sponsors located in 2 of the 7 FNS regions.

As an adjunct to our May 1991 report and to provide a broader perspective of all private sponsors, you requested that we provide you with monitoring data gathered by FNS on the sponsors that participated in the 1990 program. These data became available after the field work on our report had been completed. Furthermore, you requested that we compare FNS data with data on the sampled cases included in our report to determine if there were substantial differences. This information was presented in a briefing to representatives of your offices on June 26, 1991. This briefing report serves to formalize the information we presented to your staff during that briefing.

¹Food Assistance: Readmitting Private Nonprofit Sponsors Into the Summer Food Service Program (GAO/RCED-91-82).

In summary, FNS information shows that 190 private sponsors participated in the 1990 Summer Food Service Program. These sponsors operated over 500 individual food service sites located in 33 states spread across all 7 FNS regions.

According to FNS data that were available on 182 of the private sponsors, 56 percent operated a single food service site and 86 percent prepared their own meals. About half operated food service sites in urban areas, and a little less than half operated in rural areas, with less than 3 percent that operated in both urban and rural areas.

The profile and characteristics of the FNS monitoring data on the 172 private sponsors that were not included in our report generally matched the profile and characteristics of the 10 sponsors included in our report. The only areas where there were considerable differences were in the percentage of private sponsors that had meals disallowed and in the average number of meals disallowed, per sponsor. (Program payments are based on the number of meals served.) Nine of the 10 private sponsors in our sample had meals disallowed, whereas only 40 percent of the private sponsors reviewed by FNS had meals disallowed. Private sponsors in our sample had an average of 873 meals disallowed, whereas the sponsors reviewed by FNS had an average of 310 meals disallowed.

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To gather the information requested, we obtained the completed review forms that FNS used to monitor the private sponsors' operations. Using these forms, we created a computerized data base and used a statistical analysis program to generate information on sponsor demographics and compliance patterns. However, we did not independently verify the data contained on the FNS review forms.

As requested, we did not obtain official agency comments on a draft of this briefing report. However, we did discuss the results with FNS officials, and they generally concurred with our methodology and accepted the results of our work. Our work was performed in accordance with generally accepted government auditing standards between February and June 1991.

B-242508

We are sending copies of this briefing report to appropriate congressional committees, interested Members of Congress, the Secretary of Agriculture, and other interested parties.

If you have any questions, please contact me at (202) 275-5138. Major contributors to this briefing report are listed in appendix IV.



John W. Harman
Director, Food and
Agriculture Issues

CONTENTS

	<u>Page</u>
LETTER	1
SECTION	
1 INTRODUCTION	7
Background	7
Objectives, Scope, and Methodology	8
2 PRIVATE SPONSOR PARTICIPATION IN THE 1990 SUMMER FOOD SERVICE PROGRAM	10
Sponsor Location by State and by FNS Region	10
Urban and Rural Area Participation	14
Food Preparation Approaches	15
Prior Program Experience	16
3 PRIVATE SPONSOR COMPLIANCE INFORMATION	17
Overall Compliance Data	17
Inadequate Records	18
Meal Disallowances	18
Attendance Data	28
4 COMPARISON OF FNS DATA WITH GAO SAMPLE	30
Similarities Between GAO Sample and FNS Private Sponsor Data	30
Differences Between GAO Sample and FNS Private Sponsor Data	33
APPENDIX	
I SPONSOR REVIEW REPORT SUMMER FOOD SERVICE PROGRAM, FOOD AND NUTRITION SERVICE	34
II SITE REVIEW REPORT SUMMER FOOD SERVICE PROGRAM, FOOD AND NUTRITION SERVICE	43
III SAMPLE COPY OF THE FORM USED BY A STATE AGENCY FOR ITS MONITORING REVIEWS	52
IV MAJOR CONTRIBUTORS TO THIS BRIEFING REPORT	61
TABLES	
2.1 Number of Private Sponsors and Sites by State in 1990	11
3.1 Selected FNS Sponsor Noncompliance Findings	17
3.2 Stratification of Private Sponsors by Range of Meals Disallowed	19

	<u>Page</u>
FIGURES	
2.1	Private Sponsors in Each FNS Region 12
2.2	Private Sponsors, Number of Sites by Category 13
2.3	Private Sponsors, Urban vs. Rural Sites 14
2.4	Private Sponsors, Vended vs. Self-Prepared Meals 15
2.5	Private Sponsors, New vs. Second Year Sponsors 16
3.1	Reasons FNS Disallowed Meals 20
3.2	Percentage of Private Sponsors with Disallowances in Each FNS Region 21
3.3	Average Number of Meals Disallowed Per Private Sponsor by FNS Region 22
3.4	Percentage of Private Sponsors with Disallowances by Meal Preparation Method 23
3.5	Average Number of Meals Disallowed by Meal Preparation Method 24
3.6	Percentage of Private Sponsors with Disallowances, Urban vs. Rural 25
3.7	Percentage of Private Sponsors with Disallowances, New vs. Second Year Sponsors 26
3.8	Average Number of Meals Disallowed by New Private Sponsors and Second Year Private Sponsors 27
3.9	Private Sponsors' Attendance, as Observed by FNS, Compared with Sponsors' Reported Average Attendance 28
3.10	Private Sponsors With Observed Attendance Less Than 80 Percent of Average Attendance 29
4.1	Private Sponsors in GAO Sample Compared with All Other Private Sponsors by the Number of Sites Per Sponsor 30
4.2	Private Sponsors in GAO Sample Compared with All Other Private Sponsors by Location, Urban vs. Rural 31
4.3	Private Sponsors in GAO Sample Compared with All Other Private Sponsors by Meal Preparation Method 32

- 4.4 Average Number of Meals Disallowed at Private Sponsors in GAO Sample and All Other Private Sponsors

33

ABBREVIATIONS

FNS	Food and Nutrition Service
GAO	General Accounting Office
USDA	United States Department of Agriculture
WIC	Special Supplemental Food Program for Women, Infants, and Children

SECTION 1

INTRODUCTION

BACKGROUND

The U.S. Department of Agriculture's (USDA) Summer Food Service Program is designed to provide children from low-income areas with nutritious meals during school vacations through public and private nonprofit sponsors. Qualifying sponsors are reimbursed for the free meals served to children at approved sites located in low-income areas. This program is administered by USDA's Food and Nutrition Service (FNS). Private sponsors, including churches and other nonprofit community groups, were legislatively excluded from the program in 1981, in part, because of mismanagement by some private sponsors whose sole function was operating summer food programs. Subsequently, FNS has relied on the public sponsors, such as schools and local governments, to carry out the program.

In November 1989 the Child Nutrition and WIC Reauthorization Act of 1989 (P.L. 101-147) readmitted private nonprofit sponsors in an attempt to reach children in areas not being served by public sponsors. This change in legislation followed a 1989 FNS demonstration project that allowed private organizations from five states to administer the program. The summer of 1990 was the first year that the program was operated on a nationwide basis with private nonprofit sponsor participation. To address congressional concerns about recurring mismanagement, the act placed program participation limitations on the private sponsors. For example, these sponsors were prohibited from purchasing meals from commercial food service companies and were limited to serving no more than 2,500 children per day and operating at no more than 5 urban and 20 rural sites. By contrast, public sponsors may serve up to 50,000 children per day and operate at 200 sites. In addition, the act left in effect a provision of the prior legislation which established the 1989 demonstration project, requiring private nonprofit organizations to provide activities on an ongoing year-around basis in order to be eligible to participate in the program.

In May 1991 we issued our report entitled Food Assistance: Readmitting Private Nonprofit Sponsors Into the Summer Food Service Program (GAO/RCED-91-82). In that report, prepared at your request, we discussed FNS and state agencies' compliance with certain provisions of the Child Nutrition and WIC Reauthorization Act of 1989 (P.L. 101-147), which allowed private sponsors to be readmitted to the Summer Food Service Program in 1990. Our review of sponsor compliance with the summer food service program requirements was based on observations and analyses of a judgmentally selected sample of 10 sponsors located in 2 of the 7 FNS regions. In the report, we stated that FNS was gathering detailed information on the performance of each of the sponsors.

However, this information was not available in time for our analysis and inclusion in our earlier report. At your request, we have followed up on our prior work and obtained data available from the FNS reviews of the private sponsors participating in the 1990 program.

OBJECTIVES, SCOPE, AND METHODOLOGY

The objectives of our follow-up work were to

- summarize the data FNS obtained from its reviews of private nonprofit sponsors on the sponsor demographics and compliance patterns and
- compare this information with information developed on the sample of 10 private sponsors included in our May 1991 report.

To review the 1990 private sponsor monitoring results, we obtained FNS review data from the FNS sponsor and site monitoring forms. Appendix I contains a copy of the form used for the FNS Sponsor Review Report, and appendix II contains a copy of the form used for the FNS Site Review Report. (As requested by your office, appendix III contains a sample copy of the forms used by a state agency for its reviews of the sponsors in the Summer Food Service Program.)

During 1990, FNS officials said their reviewers visited all 190 private sponsors but not all of the over 500 individual sites where these sponsors served the meals. Generally, FNS reviewers visited at least one site for each sponsor, and in some cases, visited all sponsor sites. As indicated in our report, we accompanied FNS officials on their site reviews of 5 of the 10 private sponsors included in the sample cases of our earlier work.

Overall, FNS provided us data on 182 of 190 sponsor reviews and for 284 site reviews that had been performed at the food service sites. Data for the remaining sponsors were not received by FNS in time to be included in our summary. In addition, FNS provided supplemental data explaining why some of the meals claimed by the private sponsors were disallowed for reimbursement. We did not independently verify the data provided by the FNS review forms.

We used a statistical analysis computer program to summarize FNS data and to develop private sponsor demographics and compliance patterns. We compared the data on the 172 sponsors not included in our earlier report with similar data developed on the 10 sponsors that were included in our report. It was not within the scope of this effort to determine the reasons for differences between sponsor or demographic compliance patterns or the significance of these differences.

We discussed our methodology and results with FNS officials. They generally concurred with our approach and accepted the results of our work. However, as requested, we did not obtain official USDA comments on a draft of this briefing report.

We performed our work between February and June 1991 in accordance with generally accepted government auditing standards.

SECTION 2

PRIVATE SPONSOR PARTICIPATION IN THE 1990 SUMMER FOOD SERVICE PROGRAM

FNS reported that 190 private nonprofit sponsors participated in the 1990 Summer Food Service Program. These sponsors operated in 33 states at over 500 individual sites. All seven of the FNS regions included some private sponsors. Arkansas, Texas, and Massachusetts had more sponsors than the other states. Most of the sponsors were new to the program and had not participated in the 1989 demonstration project. Likewise, most sponsors operated at a single location and prepared their own meals. Only a small percentage of sponsors operated in both the urban and rural areas with the remaining sponsors nearly evenly divided between those that operated in either an urban area or a rural area.

SPONSOR LOCATION BY STATE AND BY FSN REGION

The Summer Food Service Program operates through sponsors who apply to state agencies for approval. In six states,¹ FNS administered the state program, and the sponsors must apply through the cognizant FNS regional office. States and FNS are responsible for informing potential private sponsors about their eligibility to participate in the program. In 1990, states and FNS approved 190 private sponsors for the program. FNS monitoring data were available on 182 of these sponsors when we began our follow-up work. Table 2.1 shows that the 182 private sponsors operated in 33 states in 1990. The remaining eight sponsors also operated in these states. Arkansas, Texas, and Massachusetts recruited the most private sponsors.

¹California, Georgia, Michigan, Missouri, New York, and Virginia.

Table 2.1: Number of Private Sponsors and Sites by State in 1990

<u>FNS Region and State</u>	<u>Number of</u>	
	<u>Sponsors</u>	<u>Sites</u>
Northeast Region:		
Connecticut	1	2
Massachusetts	18	32
New York	5	11
Rhode Island	1	1
Mid-Atlantic Region:		
Delaware	2	2
Maryland	1	1
New Jersey	4	5
Pennsylvania	7	17
Virginia	5	17
West Virginia	2	4
Southeast Region:		
Alabama	2	5
Florida	12	19
Georgia	2	26
Kentucky	4	5
Mississippi	7	51
North Carolina	9	36
South Carolina	2	20
Tennessee	2	2
Midwest Region:		
Illinois	5	14
Indiana	1	1
Michigan	1	1
Ohio	4	11
Mountain Plains Region:		
Kansas	3	3
Missouri	4	12
South Dakota	5	7
Utah	2	2
Southwest Region:		
Arkansas	29	45
New Mexico	11	57
Oklahoma	1	8
Texas	20	79
Western Region:		
California	5	5
Oregon	3	6
Washington	2	6
Total	<u>182</u>	<u>513</u>

Figure 2.1 shows that while private sponsors operated in each of the seven FNS regions, private sponsors were not evenly distributed among the regions. Two regions--Southwest and Southeast--had over half of these sponsors.

Figure 2.1: Private Sponsors in Each FNS Region

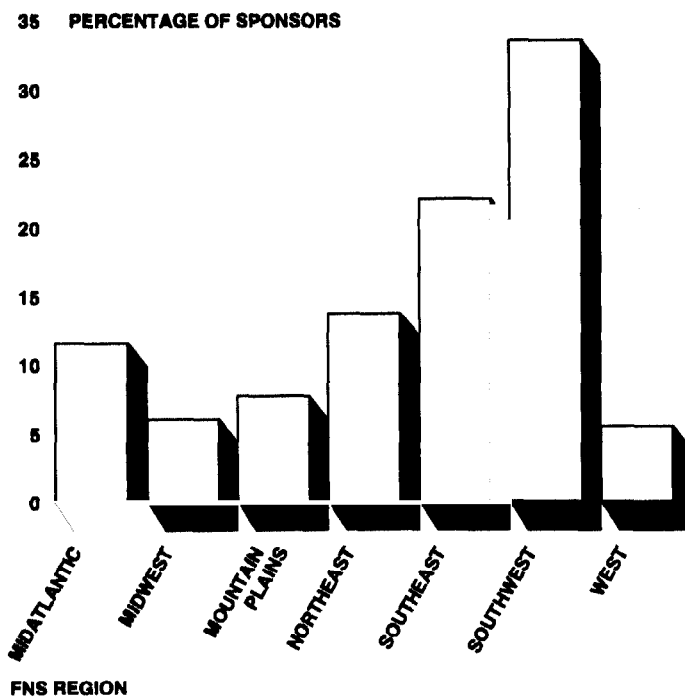


Figure 2.2 shows that during 1990, 102 or 56 percent of the private sponsors operated only one site; 55 operated between 2 and 5 sites; while only 24 operated more than 5 sites. For the remaining 1 sponsor, FNS data were incomplete concerning the number of sites operated by that sponsor.

Figure 2.2: Private Sponsors, Number of Sites by Category

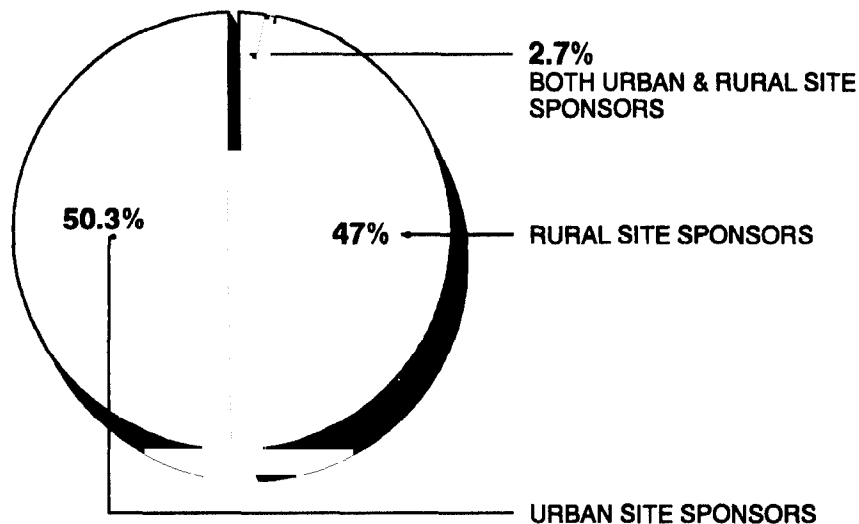


URBAN AND RURAL AREA PARTICIPATION

Figure 2.3 shows that private sponsors were almost evenly divided between those that operated only in urban areas and those that operated only in rural areas. The act limits the private sponsors to operating 5 urban sites and/or 20 rural sites. FNS' rules define rural as

"any area in a county which is not part of a Metropolitan Statistical Area² or any 'pocket' within a Metropolitan Statistical area which, at the option of the State agency and with FNSRO [FNS regional office] concurrence, is determined to be geographically isolated from urban areas."

Figure 2.3: Private Sponsors, Urban vs. Rural Sites

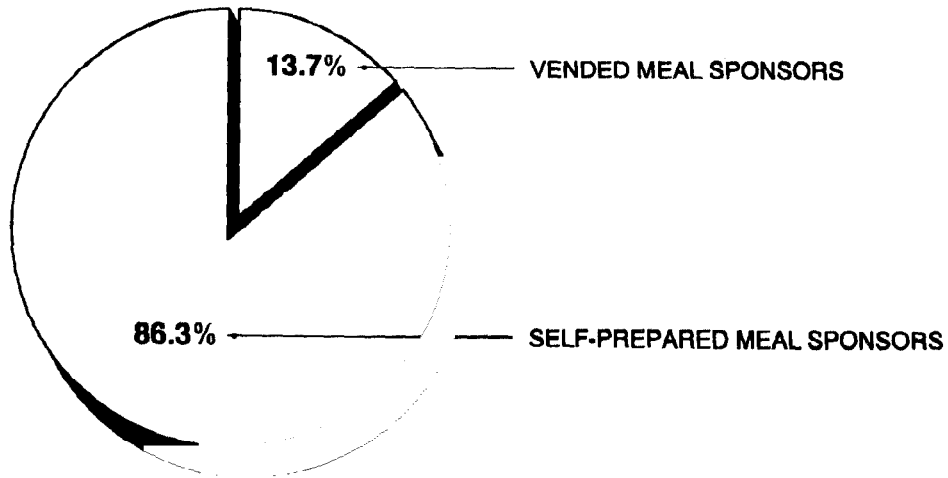


²A metropolitan statistical area is a city with a minimum population of 50,000 or a Census Bureau-defined urbanized area with a minimum population of 50,000 and a total population of at least 100,000 (75,000 in New England). Nationwide, 23 percent of the population lived in areas outside a metropolitan statistical area as of 1987.

FOOD PREPARATION APPROACHES

FNS' rules allow private sponsors to either prepare the meals themselves or to purchase them from a public facility or from a school that participates in the National School Lunch Program. However, they are prohibited from purchasing meals from commercial food service companies. Figure 2.4 shows that 157 or 86.3 percent of the private sponsors prepared their own meals while 25 or 13.7 percent contracted out to vendors.

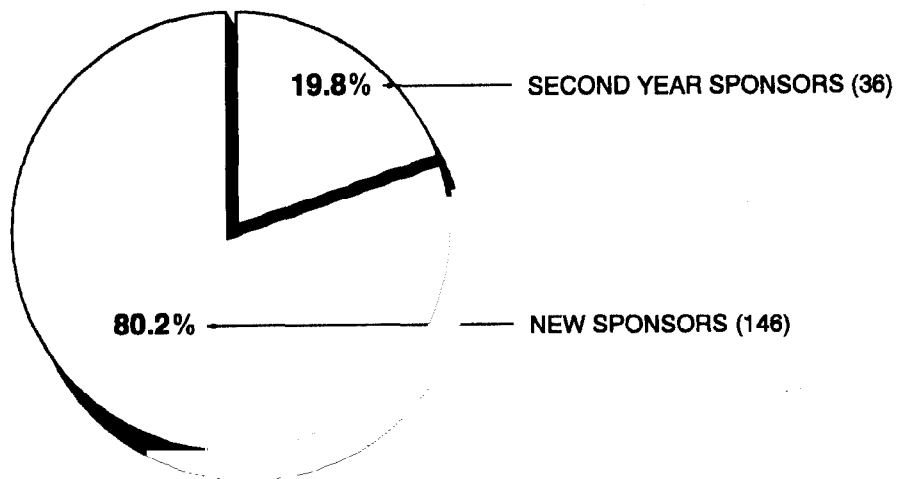
Figure 2.4: Private Sponsors, Vended vs. Self-Prepared Meals



PRIOR PROGRAM EXPERIENCE

Most of the private sponsors were new to the program, although some had had prior experience through the 1989 demonstration project. Under this project, FNS allowed five states--Arkansas, Massachusetts, North Carolina, Oregon, and Texas--to recruit and approve private sponsors for the demonstration project. FNS officials said that 49 sponsors had participated in the 1989 demonstration project. Figure 2.5 shows that 36 of the sponsors for 1989 accounted for nearly 20 percent of the total sponsors for 1990.

Figure 2.5: Private Sponsors, New vs. Second Year Sponsors



SECTION 3

PRIVATE SPONSOR COMPLIANCE INFORMATION

The FNS review reports provided data on the compliance problems of the private sponsors. In most cases, the compliance problems concerned the administrative functions of the sponsor, such as not keeping proper meal production records, or the operations at the food service site, such as not serving meals at the approved times. In some cases, FNS disallowed some of the meals claimed for reimbursement by the private sponsor.

OVERALL COMPLIANCE DATA

FNS made a monitoring visit to each of the private sponsors in the 1990 program. If the private sponsor operated at more than one location, the FNS reviewers visited at least one of the private sponsor's individual sites and, in some cases, visited more than one site.

The FNS review reports summarized operational weaknesses for both the private sponsor and their individual food service sites. For those specific sites that FNS reviewed, the site review forms also reported the number of meals at that site that were claimed by the sponsor but were disallowed and the reason for the disallowance. The FNS reports on the private sponsor's operations disclosed that 152 of the 182 sponsors were cited for some type of noncompliance. Some compliance errors resulted in meal disallowances, such as meal portions missing required food items or meals that are too small; others did not. Because the FNS review forms summarized the weaknesses in narrative form, we developed error categories to generate the FNS noncompliance descriptions. As shown in table 3.1, inadequate records and meal count errors were the two most frequently mentioned categories.

Table 3.1: Selected FNS Sponsor Noncompliance Findings

<u>Error category</u>	<u>Number of sponsors cited</u>	<u>Percent^a</u>
Inadequate records	104	57.1
Meal count errors	81	44.5
Sponsor oversight	55	30.2
Portion too small/Component missing	51	28.0
Meal service rule violation	25	13.7
Training problem	16	8.8
Storage/Sanitation errors	13	7.1
Purchase record errors	12	6.6

^aPercent is computed on the basis of 182 private sponsors.

The number of sponsors cited above does not represent the number of times the sponsor was cited for a particular noncompliance. For example, a sponsor may have been cited one or more times for the same noncompliance item. The table only reflects the fact that a sponsor was cited for noncompliance in a specific area.

INADEQUATE RECORDS

Sponsor weaknesses in this area included failure to keep adequate records or maintain adequate documentation. Examples include sponsors cited for

- not obtaining adequate information to demonstrate their area's program eligibility,
- not obtaining cost records to substantiate reported utility expenses, and
- not keeping proper meal production records.

Meal production records show the kind and amount of ingredients used for all meals prepared. FNS' sponsor review steps include a check of meal production records to confirm that all meals meet component requirements.

MEAL DISALLOWANCES

FNS reviewers disallow meals that do not meet program regulations. For example, an FNS reviewer disallows reimbursement for entire meals if the meals (1) are missing required food items, (2) contain food portions that are too small, or (3) are consumed off of the sponsor's site.

Overall, FNS disallowed 62,100 of the meals claimed by 70 private sponsors or about 40 percent of the 182 sponsors.¹ Table 3.2 shows that 18 of these sponsors had over 1,000 of their claimed meals disallowed. These sponsors accounted for about 86 percent of the meals disallowed.

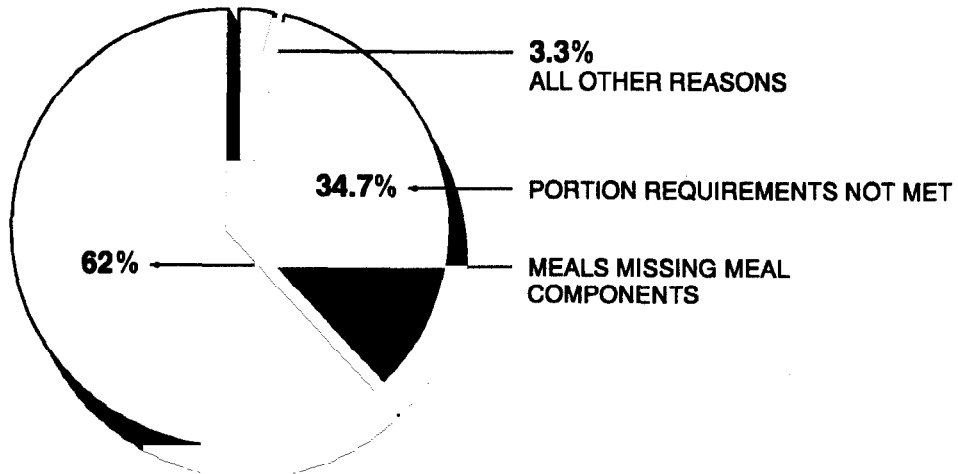
Table 3.2: Stratification of Private Sponsors by Range of Meals Disallowed

<u>Range of meals disallowed</u>	<u>Number of sponsors</u>	<u>Total number of meals disallowed</u>
None	112	0
1 - 9	10	45
10 - 49	12	349
50 - 99	7	487
100 - 499	18	4,380
500 - 1,000	5	3,490
Over 1,000	<u>18</u>	<u>53,349</u>
Total	<u>182</u>	<u>62,100</u>

¹As indicated in our May 1991 report, we did not obtain information on the total meals served by these sponsors.

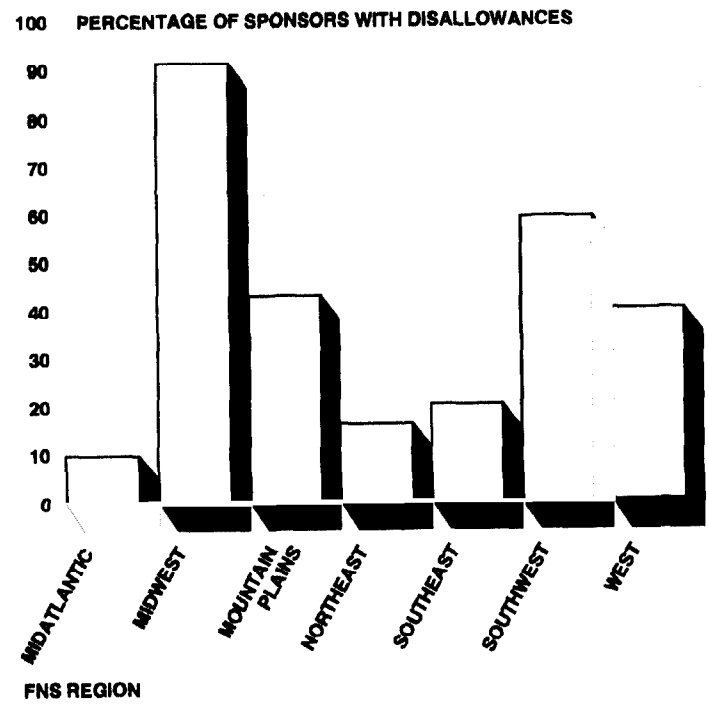
FNS reviewers reported a single reason for disallowing a meal, even though there could have been multiple reasons for disallowing that meal. Figure 3.1 shows that the two primary reasons that FNS used for disallowing meals claimed by the private sponsors were missing meal components and portion requirements not met.

Figure 3.1: Reasons FNS Disallowed Meals



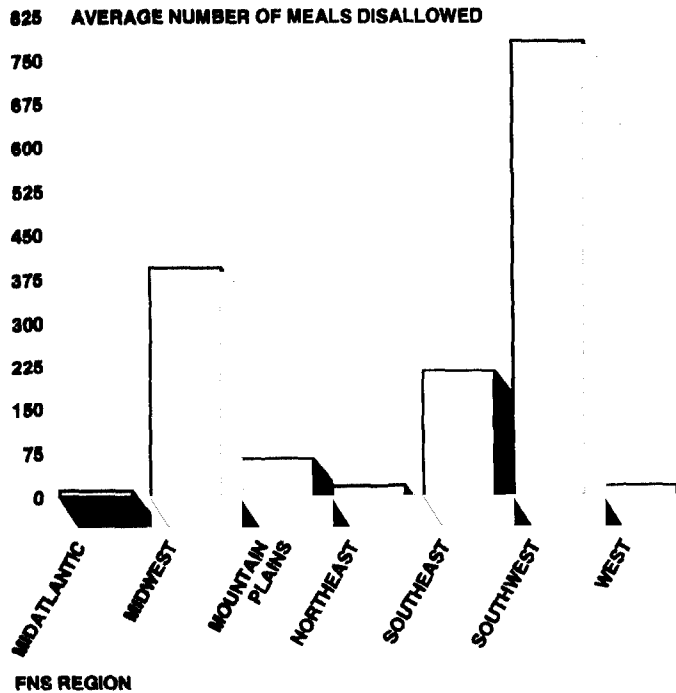
The percentage of private sponsors within an FNS region that had meals disallowed varied across the seven FNS regions. For instance, 10 of the 11 (91 percent) private sponsors in the Midwest Region had meals disallowed compared with only 2 of the 21 (10 percent) private sponsors in the Mid-Atlantic Region. Figure 3.2 shows the percentage of private sponsors that had had meal disallowances by FNS region.

Figure 3.2: Percentage of Private Sponsors with Disallowances in Each FNS Region



The average number of meals disallowed per private sponsor also varied across regions; ranging from 9 meals/sponsor in the Mid-Atlantic Region to 779 meals/sponsor in the Southwest Region. The Southwest Region was also the region with the largest number of meals disallowed. Figure 3.3 shows the average number of disallowed meals/sponsor by FNS region.

Figure 3.3: Average Number of Meals Disallowed Per Private Sponsor by FNS Region



The frequency of meal disallowances was lower for those private sponsors that purchased their meals (i.e., vended sponsors) than for those that prepared their own meals. Figure 3.4 shows that 20 percent (5 of 25) of the vended sponsors had meals disallowed compared with 41 percent (65 of 157) of the sponsors preparing their own meals.

Figure 3.4: Percentage of Private Sponsors with Disallowances by Meal Preparation Method

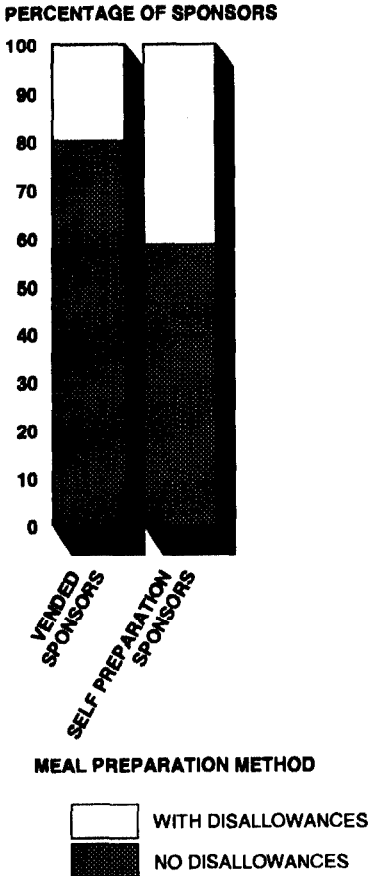


Figure 3.5 shows that the average number of meals disallowed for the 25 private sponsors with vended sites was 20 times lower than the average number of those sponsors preparing their own meals. However, part of this difference may be due to the smaller number of meals served at vended sites. On average, vended sites served only about 86 percent as many meals as the self preparation sites.

Figure 3.5: Average Number of Meals Disallowed by Meal Preparation Method

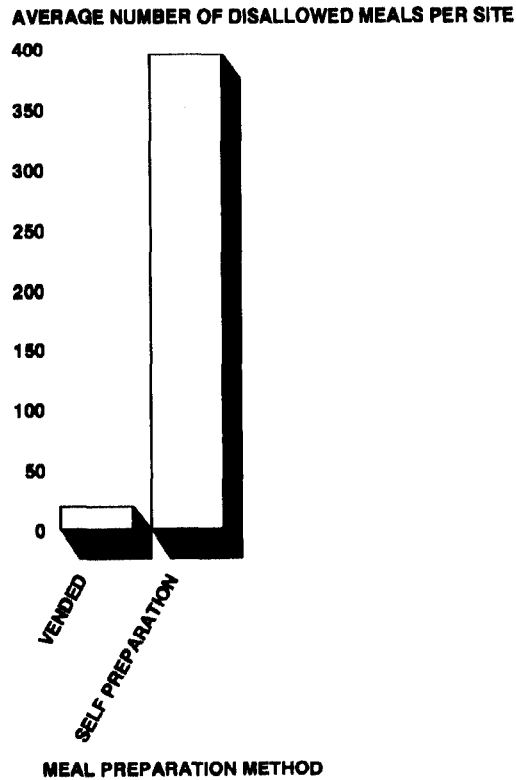
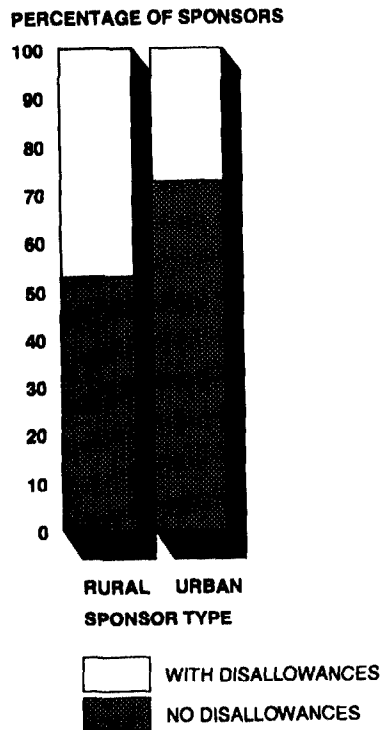


Figure 3.6 shows that those private sponsors serving urban areas were less likely to have meals disallowed compared with those serving rural areas (27 vs. 47 percent).

Figure 3.6: Percentage of Private Sponsors with Disallowances, Urban vs. Rural



ADDITIONALLY, ALL 5 SPONSORS WITH BOTH URBAN AND RURAL SITES HAD DISALLOWANCES

Figure 3.7 shows that those private sponsors with prior program experience had disallowances only slightly more than those who were new to the program (42 vs. 38 percent).

Figure 3.7: Percentage of Private Sponsors with Disallowances, New vs. Second Year Sponsors

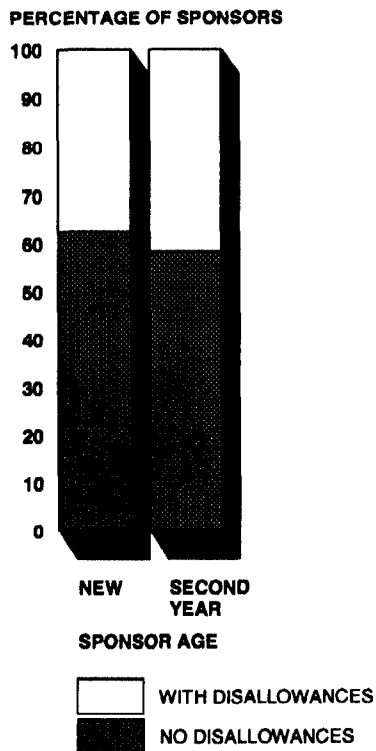
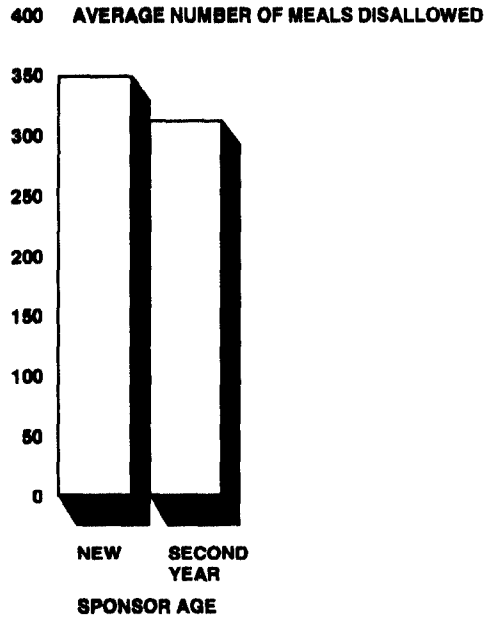


Figure 3.8 shows that the average number of meals disallowed for those private sponsors with prior program experience was slightly lower than those who were new to the program (312 vs. 349 meals disallowed).

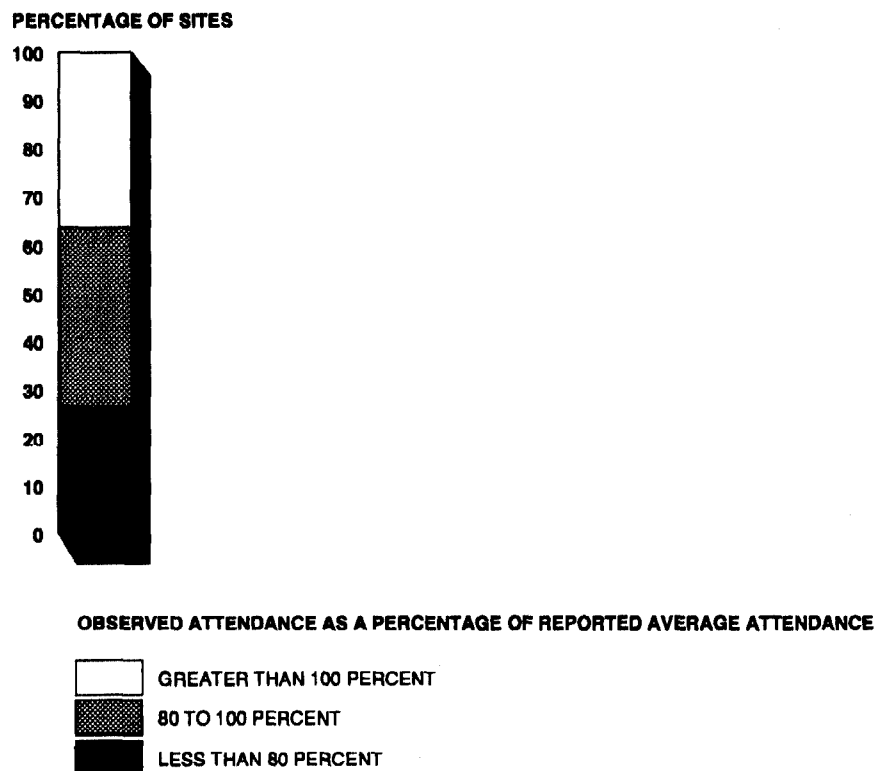
Figure 3.8: Average Number of Meals Disallowed by New Private Sponsors and Second Year Private Sponsors



ATTENDANCE DATA

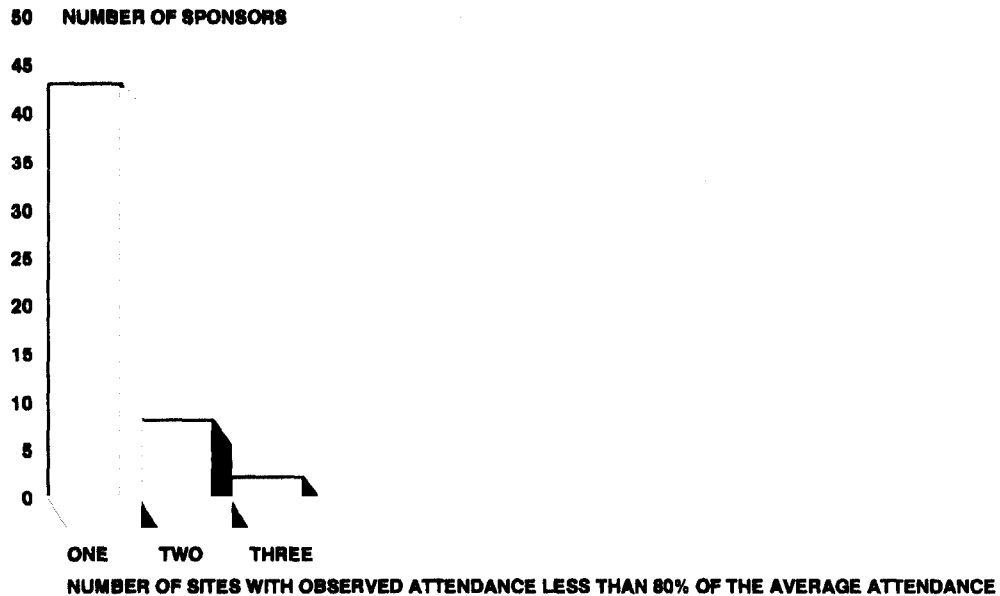
During their monitoring visits to the sponsor's sites, FNS reviewers compared their observed attendance with the sponsor's recorded previous 5-day average attendance. FNS classifies unusually low attendance as occurring whenever observed attendance falls at or below 80 percent of the previous 5-day average. Figure 3.9 shows that the attendance observed by the reviewers on the day that they visited the food service site was less than or equal to 80 percent of the previous 5-day average in about 26 percent (65 sites) of the cases and was higher than the previous 5-day average in about 36 percent (89 sites) of the cases. These percentages are based on the 246 sites that had recorded its previous attendance data. The average observed attendance at these sites was 76 children compared with the average 87 children recorded in the previous 5-day period.

Figure 3.9: Private Sponsors' Attendance, as Observed by FNS, Compared with Sponsors' Reported Average Attendance



FNS reviewers had observed attendance at less than 80 percent of the previous 5-day average at 65 sites that were operated by 53 different private sponsors. Figure 3.10 shows that of these private sponsors with low attendance: 43 operated at 1 site; 8 operated at 2 sites; and 2 operated at 3 sites.

Figure 3.10: Private Sponsors With Observed Attendance Less Than 80 Percent of Average Attendance



SECTION 4

COMPARISON OF FNS DATA WITH GAO SAMPLE

On May 23, 1991, we issued our report Food Assistance: Readmitting Private Nonprofit Sponsors Into the Summer Food Service Program (GAO/RCED-91-82). Our review of sponsor compliance with the summer feeding program requirements was limited to observations and analyses of a sample of 10 private sponsors located in 2 of the 7 FNS regions. All of these private sponsors were new to the program in 1990. A comparison between our sample of 10 sponsors and FNS data on the other 172 private sponsors showed that the sponsor's profile data in our sample was similar to FNS data in many respects but differed in the frequency and number of meals disallowed.

SIMILARITIES BETWEEN GAO SAMPLE AND FNS PRIVATE SPONSOR DATA

Figure 4.1 shows that our sample was fairly consistent with FNS data in terms of the number of sites operated by the private sponsors.

Figure 4.1: Private Sponsors in GAO Sample Compared with All Other Private Sponsors by the Number of Sites Per Sponsor

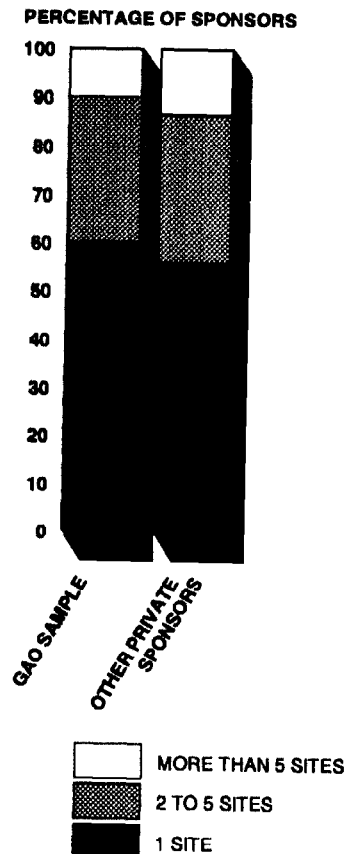


Figure 4.2 shows that our sample was fairly consistent with FNS data in terms of whether the private sponsors operated their program in urban or in rural areas.

Figure 4.2: Private Sponsors in GAO Sample Compared with All Other Private Sponsors by Location, Urban vs. Rural

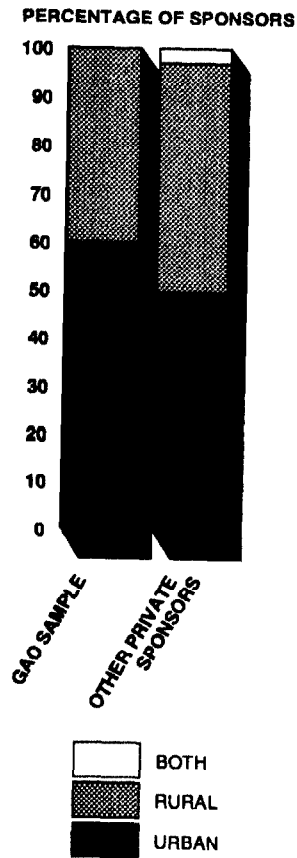
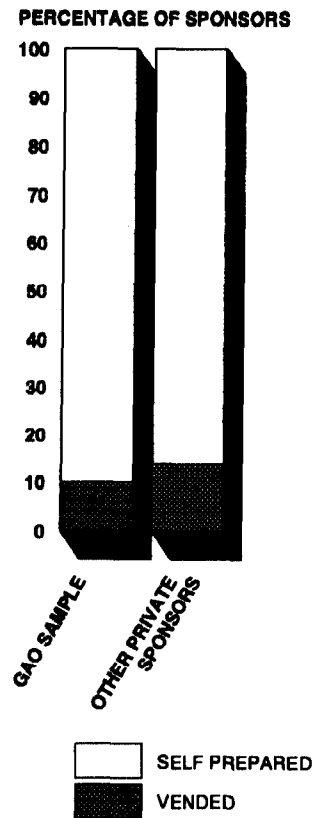


Figure 4.3 shows that our sample was fairly consistent with FNS data in terms of whether the private sponsor purchased their meals or prepared the meals themselves.

Figure 4.3: Private Sponsors in GAO Sample Compared with All Other Private Sponsors by Meal Preparation Method

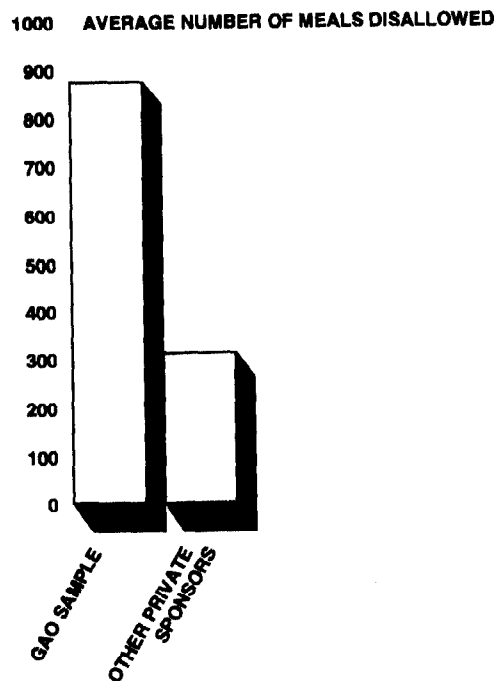


DIFFERENCES BETWEEN GAO SAMPLE
AND FNS PRIVATE SPONSOR DATA

The percentage of private sponsors with meal disallowances and the average number of meals disallowed per sponsor were higher in our sample than for FNS private sponsors data. Our sample of private sponsors was limited to two FNS regions--the Midwest and the Southwest. As noted in section 3, both of these regions had the highest percentages of sponsors with meal disallowances and the highest number of disallowed meals/sponsor of all the regions.

Nine of the 10 sponsors (90 percent) in our sample had meals disallowed. Of the remaining 172 sponsors, 61 sponsors (36 percent) had similar disallowances. Figure 4.4 shows that the number of meals disallowed for our sample cases averaged 873 meals per sponsor while the FNS average was 310 meals per sponsor. This difference occurred even though we estimated that the sponsors in the GAO sample served, on average, fewer meals than the remaining sponsors.

Figure 4.4: Average Number of Meals Disallowed at Private Sponsors
in GAO Sample and All Other Private Sponsors



SPONSOR REVIEW REPORT
SUMMER FOOD SERVICE PROGRAM
FOOD AND NUTRITION SERVICE

SPONSOR REVIEW REPORT SUMMER FOOD SERVICE PROGRAM FOOD AND NUTRITION SERVICE	Date of Review: _____	Agreement Number: _____
Sponsor Name: _____		
Address: _____		
City/State/Zip: _____		
Telephone: _____		
Names/Titles of Persons Interviewed: _____		

Names of Reviewer(s): _____		

Type of Review: <input type="checkbox"/> ROAP <input type="checkbox"/> INDEPENDENT FEDERAL <input type="checkbox"/> STATE ACCOMPANIED FEDERAL		
Number of sites reviewed: Urban _____ Rural _____		

EXPLAIN ALL "NO" ANSWERS ON SUMMARY PAGE

100. SPONSOR PROFILE

101. Period of Operation: Beginning Date: _____ Ending Date: _____
102. Number of Sites: Rural: _____ Urban: _____ Total: _____
103. Type of Sponsor: SFA Res. Camp NYSP Government Entity
 Other Private Nonprofit Org.
104. Number of Sites by Type:
- | | | |
|----------------|----------------|---------------|
| Open _____ | Enrolled _____ | Migrant _____ |
| Homeless _____ | Camp _____ | NYSP _____ |
105. Type of food service:
- Vended - # sites _____ Self prep on site - # sites _____
- Self prep satellite - # sites _____

SPONSOR REVIEW REPORT

PAGE 2

106. Estimated average daily attendance (all sites combined)

Breakfast: _____ A.M. Supplement: _____ Lunch: _____

P.M. Supplement: _____ Supper: _____

200. TRAINING

YES NO

201. Has the sponsor maintained documentation of training, including topics, dates and names of personnel who attended?
202. Does the documentation of training indicate that all site personnel were trained before they undertook site responsibilities?

300. SPONSOR MONITORING

Note: Number of sites to be entered in this chart may not be the same as the total number of sites which will be operated by the sponsor in FY 1990. Read the instructions for question 301 carefully.

301. Record the number of site visits/reviews by sponsor monitors in each category as documented by the sponsor:

TYPE OF VISITS/REVIEWS	PRE-OP VISITS	FIRST WEEK VISITS	FIRST FOUR WEEKS REV.
a. Number of Sites			
b. Number of visits/reviews			
c. Difference (a-b)			
d. Problems Identified Y/N			
e. Corrective Action Taken Y/N			

302. Were all required visits and reviews completed?

400. CIVIL RIGHTS

YES NO NA

401. Is the "... And Justice For All" or FNS-approved poster on display?
402. Does the sponsor have the capability of providing informational material in the appropriate translation concerning the availability and nutritional benefits of the Program?
403. Does the sponsor provide a nondiscrimination statement and a procedure for filing a complaint on information concerning the program and program activities?
404. Has the sponsor collected beneficiary data by Racial/ethnic category for each site?
405. Does the sponsor maintain this data on file for the required three (3) years?
406. Are there any requirements or procedures which restrict or deny enrollment on the basis of race, color, sex, age, handicap or national origin?

SPONSOR REVIEW REPORT	PAGE 3
-----------------------	--------

YES NO NA

407. FOR ENROLLED SITES AND CAMPS: Are denied applicants disproportionately composed of minority groups?

500. FOOD SERVICE MANAGEMENT COMPANY (FSMC)

SECTION 500 IS NOT APPLICABLE. SPONSOR HAS ONLY SELF-PREP SITES.

501. Name(s) and type(s) of FSMC:

Commercial FSMC: _____

School Food Service: _____

Other Public Entity (specify): _____

Commercial FSMC with an exclusive contract with a SFA: _____

YES NO NA

502. Is the FSMC registered?

503. Are unitized meals provided?

504. What is the vended price per meal?

Breakfast: \$ _____ A.M. Supplement: \$ _____ Lunch: \$ _____

P.M. Supplement: \$ _____ Supper: \$ _____

505. Does this price include delivery? (A NO answer does not need to be described on the summary page.)

506. Describe the system used by the sponsor to adjust the number of meals delivered by the FSMC to each site, each day.

507. Is the meal adjustment procedure adequate?

508. Have meal order adjustments been requested? (Describe on the summary page if this appears to be a problem.)

509. If YES, have the adjustments been implemented as requested?

QUESTIONS 510 THROUGH 512 SHOULD BE ANSWERED IF THE SA OR ROAP DOES NOT REVIEW ALL FSMC CONTRACTS AS PART OF THE APPLICATION/AGREEMENT APPROVAL PROCESS.

510. Does the contract contain all regulatory requirements?

SPONSOR REVIEW REPORT

PAGE 4

YES NO NA

511. For Private FSMC contracts, were the contracting procedures followed in accordance with regulatory and OMB circular requirements?
512. For Private FSMC contracts, has a performance bond been provided by the FSMC?

600. SELF-PREPARATION SPONSORS

- SECTION 600 IS NOT APPLICABLE. SPONSOR HAS ONLY VENDED SITES.

YES NO NA

601. Does your review of production records confirm that all the meals met component requirements?
602. Do inventory records show the kinds, quantities and value of food items on hand during the period of program operations?
603. Does the sponsor receive USDA commodities?
604. If YES, are records maintained that show the receipt of these commodities?
605. Describe the system used by the sponsor to adjust the number of meals for changes in site meal demands.
-
-

606. Is the procedure for adjusting the number of meals adequate?

700. ELIGIBILITY

QUESTIONS 701 - 704 SHOULD BE ANSWERED ONLY FOR NON-ROAP SPONSORS:

YES NO NA

701. Does the sponsor provide ongoing year round activities for children or families?

FOR AREA ELIGIBILITY SITES:

702. Does the sponsor have documentation that the sites serve needy areas?

FOR MIGRANT SITES:

703. Does the sponsor have information from a migrant organization indicating that at least 50 per cent of the children served at migrant sites are eligible for free and reduced price meals?

FOR HOMELESS SITES:

704. Is the site a facility whose primary purpose is to provide shelter and one or more meal services per day to homeless families?

SPONSOR REVIEW REPORT	PAGE 5
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QUESTIONS 705 - 707 SHOULD BE ANSWERED FOR ALL SPONSORS HAVING ENROLLED SITES OR CAMPS

YES NO NA

FOR ENROLLED SITES:

705. Complete Worksheet for Incorrectly Approved Applications. Were the applications approved correctly?
706. Complete Worksheet for Question 706. Does the sponsor have current signed income eligibility forms with family size and income data to substantiate that 50% of enrolled children at each site are eligible for free or reduced price school meals?

FOR CAMPS:

707. Complete the following chart:

DATES OF SESSIONS	TOTAL CHILDREN	COUNT OF ELIGIBLE CHILDREN		PROBLEMS NOTED? (Y/N)
		Reviewer	Sponsor	

800. MEAL COUNT RECORDS

Review the sponsor's meal count and food purchase and delivery receipts. Evaluate records to determine if counts are accurate.

YES NO NA

801. Do the sponsor's records show a consolidated count totaling daily meals served, at all sites, for all meal types?
802. Do the consolidated counts include:
- (a) First meals served to children?
- (b) Second meals served to children?
- (c) Meals served to program adults?

SPONSOR REVIEW REPORT

PAGE 6

802. (cont.)

YES NO NA

- (d) Meals served to non-program adults?
- (e) Leftover meals?
- (f) Other non-reimbursable meals?
- (g) Meals transferred to another site?
803. Do the meal counts show a different number of meals claimed each day?
804. Does the sponsor have signed meal count reports from individual sites?
805. Do the daily signed meal counts match the sponsor's meal count records?
- # daily counts reviewed : _____ # different from sponsor record: _____
806. FOR SPONSORS WITH SELF PREPARATION SITES AND VENDED SITES WITH MILK PURCHASED SEPARATELY: Does your review of milk receipts confirm the purchase of at least 8 oz. of milk for each reimbursable meal recorded for these sites to date?
807. Does your review of the delivery receipts (vended and self-preparation) or the food production records (self-preparation) support the purchase of sufficient meals or supplies for each reimbursable meal recorded to date?

900. OPERATING AND ADMINISTRATIVE COSTS

Review the sponsor's operating and administrative cost receipts and documentation to determine if they adequately document:

901. Food costs
902. Employee time and salaries/wages attributable to the operation of the Programs
903. Non-food cost items
904. Employee time and salaries/wages attributable to the administration of the Program
905. Other approved administrative costs?
906. Utility costs and the method used for pro-rating them
907. Are all administrative costs allowable costs?
908. What is the current approved administrative budget?

\$ _____

1000. INCOME TO THE PROGRAM

1001. Does the sponsor receive income to the Program? If YES, indicate the source from which the funds are obtained. (A NO answer does not need to be described on the Summary Page.)

YES NO

1002. Does the sponsor collect money for meals from:
- a. Program adults? If YES, amount charged: \$ _____
- b. Non-program adults? If YES, amount charged: \$ _____

1100. CLAIM VALIDATION

1101. Has a claim for reimbursement been submitted?
- If YES, complete the Claim Consolidation Worksheet.

QUESTIONS 1102 - 1107 SHOULD BE ANSWERED BASED ON THE CLAIMS CONSOLIDATION WORKSHEET. IF NO CLAIM HAS BEEN SUBMITTED, CHECK NA.

YES NO NA

1102. Do the validated meal count records support the number of meals claimed?
1103. Do the food costs receipts support the food costs claimed?
1104. Do the payroll records support the sponsors operating labor costs claimed?
1105. Do the non-food cost receipts for allowable items support the other costs claimed?
1106. Do the records/receipts for administrative costs incurred support the administrative costs claimed?
1107. Were meals reported as seconds less than or equal to 2% of meals reported as firsts for the claiming period?
1108. If the sponsors reported income to the program, was it claimed correctly?

1200. AUDITS

1201. Has the sponsor met the audit requirements described in Section 225.10(a) of the SFSP regulations?
1202. If the answer to 1201 was YES, were any auditor's recommendations related to the SFSP implemented?
1203. If the answer to 1202 was NO, describe any recommendations which were not implemented.
- _____
- _____
1204. If the sponsor has not obtained the required audit, what arrangements have been made to meet this requirement?
- _____
- _____

1300. HEALTH INSPECTIONS

1301. Has the local Health Department inspected the sponsor's sites? (A NO answer does not need to be described on the summary page.)
- _____

SPONSOR REVIEW REPORT	PAGE 8
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YES NO NA

- 1302. If the answer to question 1301 is YES, were reported violations corrected and recommended changes implemented?
- 1303. If the answer to 1302 is NO, describe any required or recommended corrective action which has not been implemented.

1400. SUMMARY

Summarize in detail all findings and recommendations for corrective action to be taken by the sponsor in the operation of the Summer Food Service Program for Children.

OPERATIONAL WEAKNESSES	PRELIMINARY RECOMMENDATIONS FOR CORRECTIVE ACTION

Signature Statement: The comments above were discussed between the reviewer and the sponsor representative.

DATE:	REVIEWER:	
DATE:	SPONSOR REP:	

1400. (cont.)

OPERATIONAL WEAKNESSES	PRELIMINARY RECOMMENDATIONS FOR CORRECTIVE ACTION

Signature Statement: The comments above were discussed between the reviewer and the sponsor representative.

DATE:	REVIEWER:	
DATE:	SPONSOR REP:	

SITE REVIEW REPORT
SUMMER FOOD SERVICE PROGRAM
FOOD AND NUTRITION SERVICE

.ITE REVIEW REPORT SUMMER FOOD SERVICE PROGRAM FOOD AND NUTRITION SERVICE	Date of Review:		Agreement Number:
	Time Arrived:	Time Departed:	
Sponsor Name:		Site Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Telephone: ()		Telephone:()	
Name/Title of Person(s) Interviewed at Site:			
Names of Reviewers:			

EXPLAIN ALL "NO" ANSWERS ON SUMMARY PAGE

100. SITE PROFILE

101. Location: Urban Rural
102. Type: Open Enrolled Camp Migrant NYSP Homeless
103. Type of Food Service: Vended Self Prep Self Prep Satellite
104. Dates of Operation: Beginning: _____ Ending: _____
105. Complete the following table for each approved meal service, noting the approved serving time, approved level of service, and acceptable delivery time.

MEAL TYPE	SCHEDULED TIME OF MEAL SERVICE		APPROVED LEVEL OF MEAL SERVICE	ACCEPTABLE DELIVERY TIME
	FROM	TO		
BREAKFAST				
A.M. SUPPLEMENT				
LUNCH				
P.M. SUPPLEMENT				
SUPPER				

106. a. Average Daily Attendance: _____
- b. Attendance on Day of Review: _____

200. MEAL ORDERING AND DELIVERY

YES NO NA

- 201. Does site supervisor understand procedure for adjusting meal orders?
- 202. Have meal adjustments been requested at this site?
- 203. If YES, have adjustments been implemented as requested?

If NO, explain: _____

YES NO NA

FOR VENDED OR SATELLITE SITES:

- 204. Was food delivered at correct temperatures and in acceptable condition?
 - a. Is the delivery truck refrigerated?
 - b. If NO, are meals delivered in coolers?
 - c. Time of meal delivery _____ Time truck left vendor/prep site _____
 - d. Was meal delivered within allowable time frame recorded in Question 105?

300. REVIEWER OBSERVATION OF MEAL SERVICE

- 301. a. Type of Meal Observed: Breakfast A.M. Supplement Lunch P.M. Supplement Supper
- b. Actual Time of Meal Service: From _____ To _____
- c. Was meal service within approved timeframe noted in Question 105?

302. Menu:

USDA MEAL COMPONENTS	PLANNED MENU	MENU SERVED
MILK		
MEAT/MEAT ALTERNATE		
BREAD/BREAD ALTERNATE		
FIRST FRUIT/VEGETABLE		
SEC. FRUIT/VEGETABLE		

YES NO

303. Observation of Meal Count:

- a. Does the meal count procedure yield a reliable count of reimbursable meals?
- b. **MEAL COUNT OBSERVATION FORM:** Enter the meal counts in each of the listed categories for the day of review. Obtain on the meal count records (as available at the site) for the five serving days prior to the day of the review. Enter the number of meals delivered or prepared, leftover from previous days, and the first and second meals served for each of the five prior serving days. If counts are not available at the site for one or more of the five prior days, mark NA in the appropriate box.

SITE REVIEW REPORT	PAGE 3
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303. (cont.)

MEAL COUNT OBSERVATION FORM	DAY OF REVIEW	1ST DAY PRIOR	2ND DAY PRIOR	3RD DAY PRIOR	4TH DAY PRIOR	5TH DAY PRIOR
Meals delivered or prepared						
+ Meals leftover from prev. day						
= A. TOTAL MEALS AVAILABLE						
Firsts serv. to elig. child.						
+ Seconds serv. to elig. child.						
= B. TOT. POT. REIMB. MEALS						
Meals consumed offsite						
+ Meals missing components						
+ Non-unitized meals						
+ Other deficient meals						
= C. TOTAL DISALLOWANCES						
TOTAL REIMBURSABLE MEALS (B - C)						
Meals to program adults						
+ Meals to non-program adults						
+ Spoiled, inedible, damaged						
+ Unserved/Leftover meals						
= D. TOT. INELIG. FOR REIMB.						

YES NO NA

c. Were any meals disallowed on the day of the review?

If YES, enter number disallowed in appropriated category/categories on the Site Disallowance Form.

d. If first meals served on day of review were 20% or more below the average for prior days, note any explanation given for the decrease.

304. Describe the level of plate waste:

a. 0 - 25% b. 25 - 50% c. over 50%

305. Rate the overall quality of the meal served. If Unacceptable, explain in Question 703.

Acceptable Unacceptable

306. FOR SELF PREPARATION SITES ONLY: Check type On Site Satellite

If satellite, enter address of food preparation location. See instructions.

Address: _____

Complete the following meal analysis.

USDA MEAL COMPONENTS	NUMBER OF MEALS SERVED	QUANTITY USED	ALLOWABLE SERVINGS PER UNIT	NUMBER OF SERVINGS		
				TOTAL	OVER	SHORT
MILK						
MEAT/MEAT ALT						
BREAD/BREAD ALT						
FRUIT/VEGETABLE						
FRUIT/VEGETABLE						

YES NO

307. FOR VENDED PROGRAMS ONLY:

a. Were any delivered meals missing components?

If YES, how many? _____

b. Were any meals observed with components which appeared to be significantly under the required portion size?

If YES, note component and portion size observed: _____

c. Does the vendor receipt meal count match the observed count of meals delivered?

If NO, note difference: Receipt: _____ Observed _____

400. HEALTH AND SANITATION

YES NO

401. Did you observe any problems with the acceptability of sanitary procedures used during the receiving, preparing, holding, and serving of meals?

If YES, explain: _____

402. Describe how meals are held between preparation and delivery:

403. Are the holding procedures and facilities adequate?

If NO, explain: _____

404. Are there adequate trash disposal containers available for the discard of disposable items during and after the meal service?

405. How often does the State or Local Health Department visit the site? _____

Date of last visit: _____

500. SPONSOR MONITORING

YES NO NA

[] [] 501. Has the sponsor monitor visited the site during the period of operation ?
If YES, date of last visit: _____

[] [] 502. Was the food service at this site reviewed during the first 4 weeks of Program operation?

[] [] 503. Is documentation available at the site recording the results of sponsor reviews?

600. SITE RECORDKEEPING

601. Is a daily count taken and recorded at the site of:

[] [] Meals delivered or prepared?

[] [] First meals served to children?

[] [] [] Second meals served to children?

[] [] [] Meals to program adults?

[] [] Meals to non - program adults?

[] [] Excess meals not served?

[] [] Any deficient meals?

[] [] 602. Does the site supervisor receive, sign, date, and maintain a record of delivery receipts or invoices?

603. How often does the site supervisor turn in meal count documentation to the sponsor?

[] Once a week [] Other (explain): _____

[] [] 604. Is a record maintained of site labor (daily time and attendance records)?

700. SUMMARY OF FINDINGS

[] [] 701. FOR VENDED SITES: should a new approved level of service be set for this site?
If YES, recommended level: _____

Reason for change: _____

[] [] 702. FOR SELF PREPARATION SITES: Is the meal count on the day of the review consistent with the meal count for the five days prior to the review?

If NO, indicate recommended action: _____

703. Discuss all findings of this review and any recommendations for corrective action to be taken by the sponsor and/or the site to improve the operation of the SFSP at this site. All deficiencies noted during this review must be included in this summary.

--	--

FNS REVIEWER			
Name (print)	Signature	Title	Date
FNS REVIEWER			
Name (print)	Signature	Title	Date
STATE REPRESENTATIVE			
Name (print)	Signature	Title	Date
SITE REPRESENTATIVE			
Name (print)	Signature	Title	Date

703. (cont.)

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FNS REVIEWER			
Name (print)	Signature	Title	Date
FNS REVIEWER			
Name (print)	Signature	Title	Date
STATE REPRESENTATIVE			
Name (print)	Signature	Title	Date
SITE REPRESENTATIVE			
Name (print)	Signature	Title	Date

SITE REVIEW REPORT	PAGE 8
---------------------------	---------------

U. S. DEPARTMENT OF AGRICULTURE
 FOOD AND NUTRITION SERVICE
 CIVIL RIGHTS DATA COLLECTION FORM FOR SITE REVIEW REPORT
 SUMMER FOOD SERVICE PROGRAM FOR CHILDREN

NOTE: Any review of a site having only one race should include a statement indicating the general racial composition of the area the site serves.

IMPORTANT: All line items on this page MUST be answered NUMERICALLY (No percentages) DO NOT use words "ALL" or "NONE"

INSTRUCTIONS: The Racial Data Form should be retained with the Site Review Report in the files of the Regional Office.

1. ACTUAL CURRENT ATTENDANCE BY RACIAL/ETHNIC GROUP					
BLACK (NOT HISPANIC)	HISPANIC	AMERICAN INDIAN OR ALASKAN	ASIAN OR PACIFIC ISLANDER	WHITE (NOT HISPANIC)	TOTAL

RACIAL/ETHNIC CATEGORIES

BLACK - (Not of Hispanic origin). A person having origin in any black racial groups of Africa.

WHITE - (Not of Hispanic origin). A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

HISPANIC - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

AMERICAN INDIAN OR ALASKAN NATIVE - A person having origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos.)

ASIAN OR PACIFIC ISLANDER - A person having origins in any of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes (for example) China, Japan, Korea, the Philippine Islands, and Samoa.

<p>2. ARE ADMISSION AND PLACEMENT CRITERIA AND PROCEDURES NONDISCRIMINATORY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>3. IS "JUSTICE FOR ALL" OR FNS-APPROVED POSTER ON DISPLAY? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>								
<p>4. HAS A PUBLIC ANNOUNCEMENT BEEN MADE STATING THAT ADMISSION IS OPEN TO ALL, REGARDLESS OF AGE, SEX, HANDICAP, RACE, COLOR, OR NATIONAL ORIGIN? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>5. GIVE DATE(S) WHEN MEDIA WERE USED AND ATTACH COPIES OF ANY BROCHURES, NEWS ARTICLES, BULLETINS, ETC. (IF COPIES ARE NOT AVAILABLE, GIVE DATE(S) AND DESCRIBE MEDIA USED.)</p>								
<p>6. IS THERE ANY SEPARATION BY RACE, AGE, SEX, HANDICAP, COLOR OR NATIONAL ORIGIN? (If YES, explain in q. 703.) IF ONLY ONE RACE IS SHOWN IN ITEM 1, INDICATE "NO" FOR A THROUGH D.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. IN EATING AREA?</td> <td style="width: 50%;">YES NO</td> </tr> <tr> <td>B. IN SERVING LINES?</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>C. IN SEATING ARRANGEMENTS?</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>D. IN ASSIGNMENT OF EATING PERIOD?</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>	A. IN EATING AREA?	YES NO	B. IN SERVING LINES?	<input type="checkbox"/> <input type="checkbox"/>	C. IN SEATING ARRANGEMENTS?	<input type="checkbox"/> <input type="checkbox"/>	D. IN ASSIGNMENT OF EATING PERIOD?	<input type="checkbox"/> <input type="checkbox"/>	<p>7. ARE ALL SERVICES AND FACILITIES USED ROUTINELY BY ALL PERSONS WITHOUT REGARD TO AGE, SEX, HANDICAP, RACE, COLOR, OR NATIONAL ORIGIN? (i.e., social and recreational areas, study areas, lavatories, waiting rooms, chapels, playgrounds, etc.?)</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
A. IN EATING AREA?	YES NO								
B. IN SERVING LINES?	<input type="checkbox"/> <input type="checkbox"/>								
C. IN SEATING ARRANGEMENTS?	<input type="checkbox"/> <input type="checkbox"/>								
D. IN ASSIGNMENT OF EATING PERIOD?	<input type="checkbox"/> <input type="checkbox"/>								
<p>9. IF NEEDED, IS INFORMATION PROVIDED IN THE APPROPRIATE TRANSLATIONS CONCERNING THE AVAILABILITY AND NUTRITIONAL BENEFITS OF THE SFSP AS REQUIRED BY FNS INSTRUCTION 113-87 <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>8. IN THE OPINION OF THE REVIEWER BASED ON INFORMATION OBTAINED BY PERSONAL OBSERVATION, DOES THE SERVICE SITE APPEAR TO BE IN COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p style="text-align: center;">IF NO, INDICATE IN Q. 703:</p> <p>A. THE AREAS OF NONCOMPLIANCE AND B. RECOMMENDATIONS FOR CORRECTIVE ACTION AND FOLLOWUP</p>								
<p>10. IS THE NONDISCRIMINATION STATEMENT AND THE PROCEDURE FOR FILING A COMPLAINT IN THE SFSP INFORMATION WHICH IS DIRECTED TO PARENTS OF BENEFICIARIES OR POTENTIAL BENEFICIARIES AS REQUIRED BY FNS INSTRUCTION 113-87 <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>11. REMARKS: EXPLAIN ANY SPECIAL CIRCUMSTANCES IN QUESTION 703.</p>								

SITE DISALLOWANCE FORM

Date of Review: _____	State: _____
Sponsor Name: _____	Site Name: _____

The following number of meals have been disallowed:

	Breakfasts		Supplements
	Lunches		Suppers

The reason(s) for the disallowance(s) and the numbers of meals disallowed for each program violation is indicated below.

- | | | | | | |
|----|--|--|----|--|--|
| a. | | Meals served at unapproved sites | i. | | Meals served of a type (snack, breakfast, lunch, or supper) not approved by the State Agency |
| b. | | Meals served to adults and claimed as reimbursable meals | j. | | Meals served outside of approved dates of operation |
| c. | | Meals consumed off-site | k. | | Meals served at enrolled sites that do not have 50% eligible |
| d. | | Meals not containing all meal components | l. | | Portion requirements not met |
| e. | | Meals served over CAP | m. | | Spoiled or damaged meals claimed as reimbursable meals |
| f. | | Non-utilized meals served (for vended sponsors) | | | |
| g. | | Meals served outside of approved serving time | | | |
| h. | | Leftover (excess) meals claimed for reimbursement | | | |

Site Representative (if disallowance results from on site review)

Date

Reviewer

Date

- Copies to:
- Site Supervisor
 - Sponsor
 - State Agency
 - Regional Office

**SAMPLE COPY OF THE FORM USED BY
A STATE AGENCY FOR ITS MONITORING REVIEWS**

ADMINISTRATIVE REVIEW REPORT SPONSOR SUMMER FOOD SERVICE PROGRAM FOR CHILDREN		1. DATE OF REVIEW	2. AGREEMENT NUMBER	
		3. NAME AND ADDRESS OF SPONSOR		
		TELEPHONE NO.:		
4.a. SPONSOR AVERAGE DAILY ATTENDANCE (ADA)	5. PERIOD OF OPERATION	6. NUMBER OF SITES		
	DATES	CAMP	NON-CAMP	TOTAL
b. APPROVED LEVEL OF MEAL SERVICE (include all sites)	BEGINNING ENDING			

7. TRAINING

	YES	NO	N/A	COMMENTS:
a. Has the sponsor received training from the administering agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Has the sponsor conducted training sessions for site and sponsor personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has the sponsor maintained records of training, including topics and names of personnel who attended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- (1) List dates of sponsor's training sessions: _____
- (2) List the number of personnel who attended training sessions: _____

SITE	SPONSOR

8. MONITORING

a. Visits

- (1) Number of sites and/or camps visited by the sponsor prior to opening date: _____
- (2) Are written reports available to substantiate the pre-operational visits?
- (3) Did sponsor visit all sites once during first week of operations?
- (4) Are written reports available to substantiate the first week's visits?
- (5) Were problems identified and corrective action taken at the time of the visit?
- (6) Total number of site visits to date: _____

<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. Reviews

- (1) Is at least one written review of the food service on file for each site serving meals during the first four weeks of operation? . .
- (2) Is the sponsor using State agency forms? . . If not, attach a copy
- (3) Total number of reviews conducted to date by sponsor's monitors: _____
- (4) Total number of written reports on file by sponsor's monitors: _____
- (5) Do these written reviews indicate problem areas at the sites and the corrective action taken by the sponsor?

<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"/>

c. Health Inspections

- (1) Has the local Health Department inspected the sponsor's sites?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

YES NO N/A COMMENTS:

9. FOOD SERVICE MANAGEMENT COMPANY (FSMC) (For vended programs only)

- a. List the name of the FSMC: _____
- b. Are unitized meals provided?
- c. What is the vended price per meal? \$ _____
- d. Is there adequate provision for daily meal adjustments with the FSMC?.....
- e. Agreements with School Food Authorities:
 - (1) Does the Agreement contain all regulatory requirements?.....
 - (2) Does the Agreement fairly reflect the full values of any USDA donated commodities?.....

10. SELF-PREPARATION SPONSORS

- a. Does this sponsor maintain inventory records that show the kinds, quantities, and value of food items on hand during period of program operation?.....
- b. Does this sponsor maintain meal production records?.....
- c. Do records show that meals met requirements?.....
- d. Does this sponsor receive USDA donated commodities?.....
- e. Does this sponsor maintain records of all USDA donated commodities?.....

11. ELIGIBILITY

- a. Area:
 - Does the sponsor have documentation that sites serve needy areas?.....
- b. Enrolled:
 - (1) Does the sponsor have current signed statements with family size and income data on each individual child?.....
 - (2) Were applications approved correctly?.....
 - (3) Camps only:

DATES OF SESSION(S)	TOTAL APPLICATIONS	ELIGIBLE APPLICATIONS

	YES	NO	N/A	COMMENTS
12. MEAL COUNT RECORDS				
a. Does the sponsor maintain a daily count of all meals (by type):				
(1) Served to children?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Served to program adults?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(3) Served to non-program adults?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(4) Served as seconds?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(5) Left over?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Do meal counts show the same number of children from day to day?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are the meal count reports signed by the site supervisor or other responsible employee?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Do the delivery receipts (vended) or the food production records (self-preparation) support the meal count records?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. If a Claim for Reimbursement has been prepared, do the meal counts support the turnover of meals claimed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. OPERATING COSTS				
a. Food Costs				
(1) Does the sponsor maintain receipts to document food costs?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) If a claim has been prepared, do the receipts support the food costs claimed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Operating Labor Costs				
(1) Does the sponsor maintain records which reflect employee salaries/wages and the time expended in the food service operation of the program?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Do the payroll records support the sponsors operating labor costs?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Non-food Costs				
(1) Are non-food item receipts distinguished from food receipts to prevent any duplication?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(2) Do the non-food receipts for allowable items substantiate the non-food costs?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. ADMINISTRATIVE COSTS				
a. Does the sponsor maintain records of costs incurred in the administration of the program?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the sponsor maintain records which reflect employee salaries and time expended on the administration of the program?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the sponsor maintain direct administrative control?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. ADMINISTRATIVE COSTS (Continued)	YES	NO	N/A	COMMENTS:
d. Are any administrative personnel funded by another government source? (If yes, explain)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Does the sponsor maintain records which document other approved administrative costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Does the sponsor maintain records showing how utility costs are prorated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Do records/receipts for administrative expenses incurred support the sponsor's administrative costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Are administrative costs consistent with the sponsor's approved administrative budget?..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Does the Program level justify the administrative costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. INCOME TO THE PROGRAM				
a. Does the sponsor receive income to the program? If yes, indicate from what source the funds are obtained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the sponsor collect money from adults? If yes, explain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If a claim has been prepared, has income been claimed correctly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. CIVIL RIGHTS				
a. Are sites displaying USDA poster?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Have informational materials in the appropriate translation been requested? If requested, were the materials distributed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Has program information been requested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Has the nondiscrimination statement and complaint procedure been provided on all program information to parents and the beneficiaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Has <u>actual</u> beneficiary data by racial/ethnic category for each site been collected at least once?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Are there any requirements or procedures which restrict ordering enrollment on the basis of race, color, sex, age, handicap or national origin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Are denied free and reduced price applicants disproportionately composed of minority groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	N.A	COMMENTS
17. Is sponsor keeping all program records including actual beneficiary data for three years by racial/ethnic category?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

18. SUMMARY

Summarize in detail, all findings and recommendations for corrective action to be taken by the Sponsor in the operation of the Summer Food Service Program for Children.

OPERATIONAL WEAKNESSES	RECOMMENDATION FOR CORRECTION ACTION

19. SIGNATURES		
	TITLE	SIGNATURE OF REVIEWER
DATE	TITLE	SIGNATURE OF SPONSOR

SUMMER FOOD SERVICE PROGRAM Site Civil Rights Compliance	1. NAME OF SITE _____ 2. NAME OF SPONSOR _____
--	---

CIVIL RIGHTS

3.a. ACTUAL CURRENT ATTENDANCE BY RACIAL/ETHNIC GROUP

BLACK (NOT HISPANIC)	HISPANIC	ALASKAN OR AMERICAN INDIAN	ASIAN OR PACIFIC ISLANDER	WHITE (NOT HISPANIC)	TOTAL

3.b. ACTUAL DAILY MEAL PARTICIPATION BY RACIAL/ETHNIC GROUP

BREAKFAST					
AM SUPPLEMENT					
LUNCH					
PM SUPPLEMENT					
SUPPER					

RACIAL, ETHNIC CATEGORIES:

BLACK. (Not of Hispanic origin). A person having origins in any of the black racial groups of America.

WHITE. (Not of Hispanic origin). A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

HISPANIC. A person of Mexican, Puerto Rico, Cuban, Central or South American, or other Spanish Culture or origin regardless of race.

AMERICAN INDIAN or ALASKAN NATIVE. A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition. (Includes Aleuts and Eskimos).

ASIAN or PACIFIC ISLANDER. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes (for example) China, Japan, Korea, the Philippine Islands and Samoa.

- 4. Is this site displaying the U.S.D.A. poster? YES _____ NO _____
- 5. Has site been requested to provide program eligibility information in an appropriate translation? If so, was the material transmitted to the appropriate people? YES _____ NO _____
- 6. Has program information been made available to the public upon request? YES _____ NO _____
- 7. Has nondiscrimination statement and complaint procedures been provided on all materials directed to beneficiaries or their parents? YES _____ NO _____
- 8. Does this site serve meals to all attending children equally regardless of the child's race, color, sex, age, handicap or national origin? YES _____ NO _____
- 9. Does the site allow all children equal access to the services and facilities regardless of race, color, sex, age, handicap, or national origin? YES _____ NO _____

10. COMPLIANCE:

YES

NO

In the opinion of the reviewer, based on information obtained by personal observation, does the Service Site appear to be in compliance with Title VI of the Civil Rights Act of 1964?

(If "NO", indicate in remarks or on the back of this sheet:

- (1) What the areas of non-compliance are, and
- (2) Recommendations for corrective action and follow up.)

11. REMARKS

12. DATE

TITLE

SIGNATURE OF REVIEWER

SUMMER FOOD SERVICE PROGRAM Site Review Form		1. DATE OF REVIEW	2. AGREEMENT NUMBER					
		TIME ARRIVED	TIME DEPARTED	3. TYPE OF SITE <input type="checkbox"/> CAMP <input type="checkbox"/> NON-CAMP				
4. NAME OF SPONSOR		5. NAME AND LOCATION OF SITE						
TELEPHONE NUMBER AC -		NAME AND TITLE OF PERSON INTERVIEWED AT SITE:						
TELEPHONE NUMBER AC -		TELEPHONE NUMBER AC -						
6. BEGINNING DATE: _____	7. Approved Meal Type(s) (a)	Approved Times of Meal Service (b)	Approved Level of Meal Service (c)					
ENDING DATE: _____								
TOTAL DAYS OF OPERATION: _____								
8. Average daily attendance listed on Site Information Sheet _____		Actual attendance on the day of the review _____						
9. MEAL ORDERING/DELIVERY:								
	YES	NO	N/A	COMMENTS				
a. Do site personnel notify the sponsor when adjustments in the meal orders are necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
b. Is reordering a problem at this site? If so, describe a corrective action to be taken.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
c. Was food delivered within approved timeframe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
d. Was food delivered at correct temperatures and in acceptable condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10. ACTUAL OBSERVED MEAL:								
a. Was observed meal served within approved time frames?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
b. Type of meal observed: _____	TIME OF MEAL SERVICE _____							
c. Meal Analysis								
USDA MEAL COMPONENTS	ACTUAL FOOD SERVED	FOR DELIVERED MEALS ONLY		FOR SELF-PREPARED MEALS ONLY				
		Number of Units Delivered	Number of Units Served	Quantity Used	Allowable Servings Per Unit	Total	Over	Short
11. MEAL SERVICES								
	YES	NO	COMMENTS:					
a. Were all required components served to each child in the proper quantities?	<input type="checkbox"/>	<input type="checkbox"/>						
b. Were Meals served at correct temperatures and in acceptable condition?	<input type="checkbox"/>	<input type="checkbox"/>						

11. MEAL SERVICE (continued)		YES	NO	N/A	COMMENTS:
c.	Vended Programs only: Were meals delivered and served as a unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d.	Did the meal served comply with the approved menu?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e.	Describe the level of plate waste.	_____			
12. MEAL COUNT: Complete the following with the actual meals observed in each category. Explain any problems with deficient meals.					
a.	Number of meals delivered or prepared	_____			
	Number of meals properly held over from previous day.	_____			
	TOTAL MEALS DELIVERED, PREPARED OR HELD OVER	<input type="text"/>			
b.	First meals to children	_____			
	Second meals to children	_____			
	TOTAL MEALS ELIGIBLE FOR REIMBURSEMENT	<input type="text"/>			
c.	Meals to Program adults	_____			
	Meals to Non-Program adults	_____			
	Spoiled or inedible meals	_____			
	Meals consumed off-site	_____			
	Meals not conforming to USDA meal patterns	_____			
	Non-Unitized Meals	_____			
	Other deficient meals	_____			
	TOTAL MEALS NOT ELIGIBLE FOR REIMBURSEMENT	<input type="text"/>			
d.	Explain the disallowance(s) of any meals:	_____			
13. HEALTH AND SANITATION					
		YES	NO	N/A	COMMENTS:
a.	Are acceptable sanitary procedures followed during the receiving, or preparing, holding and serving of meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Does this site have adequate holding facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Has the State or local Health Department visited the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. MONITORING					
a.	Has this site been visited by the sponsor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Was the food service at this site reviewed during the first 4 weeks of Program operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Is documentation available at the site to substantiate any sponsor reviews?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. SITE RECORDKEEPING					
a.	Is a daily count (by meal type) maintained at the site of:				
	Meals left over from previous day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Meals delivered or prepared?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	First meals served to children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Second meals served to children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Meals to Program adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Meals to Non-Program adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Excess meals not served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Any deficient meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SITE RECORDKEEPING (continued)

b. How often does the site supervisor turn in signed meal count reports?

c. Is a record maintained of delivery receipts or invoices?

d. Is a record maintained of site labor costs (daily time and attendance records)?

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. SUMMARY

Discuss all findings of this review and any recommendations for corrective actions to be taken by the sponsor and/or the site to improve the operation of the SFSP. All deficiencies noted during this review must be included in this summary.

OPERATIONAL WEAKNESSES	RECOMMENDED CORRECTIVE ACTION

17a. FNS REVIEWER			
NAME (please print)	SIGNATURE	TITLE	DATE
17b. SITE SUPERVISOR			
NAME (please print)	SIGNATURE	TITLE	DATE

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