SFSP Compliance Reviews
Screenshots of Sponsor and Site Forms

Sponsor Review Questions

Review Questions - Review Information

Date(s) of Review:	
Sponsor ID:	10131
Sponsor Name:	Boyd County
Type of Agency:	Educational Institution
Type of SFSP Organization:	School Food Authority
SFSP Contact	
Telephone Number:	
Mailing Address	1104 Bob McCullough Drive, Ashland, KY, 41
Lead Reviewer:	-
Additional Reviewer(s):	
Name(s)/Title(s) of Person(s) Interviewed:	
* Reason for Visit:	New Sponsor Other
Other (specify)	
Number of Sites Planned:	
* If over 25 and a private non-profit, has a waiver been submitted?	Yes No

Review Questions - 100-Sponsor Eligibility (Non-School Sponsors)

* **101** Is there another Sponsor that could serve the proposed site(s)?	Yes No
If yes, explain and identify existing Sponsors.	
* **102** According to KDE records, are other Sponsors serving sites in this area?	Yes No
If yes, enter Sponsor name.	
* **103** Has the documentation provided by the Sponsor demonstrated financial capability?	Yes No
If no, explain.	
* **104** Has the documentation provided by the Sponsor demonstrated administrative capability?	Yes No
If no, explain.	

* **105** Does the Sponsor have an acceptable plan to provide management control over the sites? ◯ Yes ◯ No

If no, explain.

* **106** Does the Sponsor plan on spending $20,000 or more on a service/food item? ◯ Yes ◯ No

a If yes, has the proper procurement method been implemented by the Sponsor? ◯ Yes ◯ No

If no, explain.

b If yes, are adequate contracts/agreements in place for services/food as needed? ◯ Yes ◯ No ◯ N/A

If no, explain any procurement problems.

Review Questions - 200-Site Eligibility (All Sponsors)

201 Describe the documentation that is on file which supports eligibility of sites:

* **202** Was a current program year letter(s) mailed to the local health department? ◯ Yes ◯ No

a If yes, on what date(s) was/were letter(s) to local health department mailed?

b Does it appear that the appropriate health department(s) were notified? ◯ Yes ◯ No

If no, explain:

Review Questions - 300-Staffing Patterns (All Sponsors)

301 Person in Charge:

302 Person in Charge of Food Service:

303 How many monitors?

a Briefly describe plans for monitoring.

304 How many onsite personnel are involved?

a Briefly describe their duties.

* **305** Do the staffing patterns appear adequate? ◯ Yes ◯ No

If no, explain.

Review Questions - 400-Site Meal Service (All Sponsors)

* **401** Are there any duplicate site issues within this Sponsor? ◯ Yes ◯ No

If yes, explain.

* **402** Type of Food Service

- ☐ Self-Prep – Receives meals (Central Kitchen)
- ☐ Self-Prep – Prepares on site
- ☐ Vended by School Food Authority (SFA)
- ☐ Vended by Food Service Management Company (FSMC)
- ☐ Vended by another SFSP Sponsor

403 **If vended:**

a Will contract exceed $20,000 ◯ Yes ◯ No

b If vended, will contract exceed $100,000 ◯ Yes ◯ No

c Describe bid procedures and affected sites.

* **404** Based upon available documentation, do all sites meet requirements? ◯ Yes ◯ No

If no, explain how the site(s) does not meet requirements.

Review Questions - 500-Summary of Review

* **501** Based on visit, this Sponsor's eligibility to operate a Summer Food Service Program is: ○ Eligible ○ Not Eligible

If not eligible, explain.

Site Review

Review Questions - Review Information

Date(s) of Review:	
Sponsor ID:	10131
Sponsor Name:	Boyd County
Site ID	1004
Site Name	Cannonsburg Elementary School
Rural/Urban?	
Site Type (from Application)	
* Is this the correct site type?	◯ Yes ◯ No
If no, what type should this site be?	
Sponsor Contact for this Site	
Telephone Number:	
Street Address	
Lead Reviewer:	
Additional Reviewer(s):	
Name(s)/Title(s) of Person(s) Interviewed:	
* Is this a new site?	◯ Yes ◯ No
If no, reason for conducting pre-operational visit.	

* Type of Food Service

- ☐ Self-Prep – Receives meals (Central Kitchen)
- ☐ Self-Prep – Prepares on site
- ☐ Vended by School Food Authority (SFA)
- ☐ Vended by Food Service Management Company (FSMC)
- ☐ Vended by another SFSP Sponsor

Average Daily Participation

Breakfast	
AM Snack	
Lunch	
PM Snack	
Supper	
* Can this site be served by an existing Sponsor?	◯ Yes ◯ No
If yes, enter Sponsor name.	

Review Questions - 100-Information Collected at Site

* **100** Function of Site

- [ ] Recreation Center
- [ ] School
- [ ] Church
- [ ] Park
- [ ] Playground
- [ ] Residential Camp
- [ ] Housing Authority
- [ ] Homeless/Emergency Shelter
- [ ] Apartment Complex
- [ ] Mobile (specify type of site)
- [ ] Other (specify type of site)

* **101** Is shelter available if there is inclement weather? ○ Yes ○ No ○ N/A

102 **If site type is Self-prep-Prepares:**

a Is the food preparation area adequate? ○ Yes ○ No

If no, explain.

b Is there appropriate holding equipment available (for prepared foods)? ○ Yes ○ No

If no, explain.

c Is there adequate storage available (for not prepared foods)? ○ Yes ○ No

If no, explain.

d Are there sufficient trash receptacles available? ○ Yes ○ No

If no, explain.

e Is there a process for leftovers? ○ Yes ○ No

If no, explain.

103 **If site type is Self-prep-Central Kitchen:**

a Is the food preparation area adequate? ○ Yes ○ No

If no, explain.

b Is there appropriate holding equipment available (for prepared foods)? ○ Yes ○ No

If no, explain.

c Is there adequate storage available (for not prepared foods)? ○ Yes ○ No

If no, explain.

d Are there sufficient trash receptacles available? ○ Yes ○ No

If no, explain.

e Is there a process for leftovers? ○ Yes ○ No

If no, explain.

104 **If site type is Vended:**

a Is the food preparation area adequate? ◯ Yes ◯ No

If no, explain.

b Is there appropriate holding equipment available (for prepared foods)? ◯ Yes ◯ No

If no, explain.

c Is there adequate storage available (for not prepared foods)? ◯ Yes ◯ No

If no, explain.

d Are there sufficient trash receptacles available? ◯ Yes ◯ No

If no, explain.

e Is there a process for leftovers? ◯ Yes ◯ No

If no, explain.

* **105** Does it appear that the site can accommodate the number of meals estimated above? ◯ Yes ◯ No

If no, explain.

* **106** Is the site adequate for organized meal service? ◯ Yes ◯ No

If no, explain.

* **107** Are there any site safety concerns? ◯ Yes ◯ No

If yes, explain.

* **108** Will accommodations be made for any of the above concerns? ◯ Yes ◯ No

If yes, describe.

* **109** Is this site accessible to individuals with a disability? ◯ Yes ◯ No

If no, explain how individuals with a disability will be accommodated.

* **110** Did the site agree to be an SFSP site? ◯ Yes ◯ No

If yes, identify name of Sponsor.

If no, explain.

111 Additional comments not addressed above:

Review Questions - 200-Summary of Review

* **201** Does the site appear adequate for the Summer Food Service Program? ◯ Yes ◯ No

If no, explain.