Sponsor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of staff completing this form: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
1. Number of sites currently serving summer meals: \_\_\_\_\_\_

2. Has the sponsor filled out the “Waiver Reporting for the extension of SFSP 7/1/2021-9/30/2021” through Maine DOE, MS forms?**Y/N**[July 1, 2021-September 30, 2021 Summer Food Service Program Waiver Reporting Form](https://forms.microsoft.com/Pages/ResponsePage.aspx?id=q6g_QX0gYkubzeoajy-GTjkRg43GkTRGl8oKaTh8Y-JUOTJONjVVRERCQzRJQkJKNkpXN0Q3T1g4WCQlQCN0PWcu) 

3. If you are operating under the 50% eligibility waiver, summarize the district’s plan to target program eligible participants or those in need of services:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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4. What is the total number of nutrition staff helping to administer the program? \_\_\_\_\_\_\_\_

5. How many non-food service program staff help with meal distribution and accountability? \_\_\_\_\_\_\_\_

6. Have all staff indicated above in questions 4 and 5 been trained in civil rights? **Y/N**

7. Please list additional topics these staff were trained on:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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8. Are there recorded food temperatures at each food production site? **Y/N**

9. Indicate the number of places meal counts are being taken: \_\_\_\_\_\_

10. Are meal counts taken/recorded only as they are provided to children, or appointed parent/guardian? **Y/N**

11. Are meal counts being consolidated for the monthly claim? **Y/N**  
  
12. Are all Site Info Sheets up to date with current predicted operating days in each month? **Y/N**

13. Are program funds being used for allowable program expenses? **Y/N**

14. Do meals being offered meet meal pattern requirements? **Y/N**

If you have indicated “no” on any of the questions above, corrective action is needed. Describe the Corrective Action completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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