**Summer Milk Program**

**Review Form**

**Date of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| ***Sponsor Information*** | |
| Sponsoring Agency |  |
| Sponsor Address |  |
| City & Zip Code |  |
| Phone Number |  |
| Email Address |  |

|  |  |
| --- | --- |
| ***Site Information*** | |
| Site Name |  |
| Site Address |  |
| City & Zip Code |  |
| Phone Number |  |
| Average Daily Participation |  |

1. Are the following documents maintained on file at the Sponsoring organization?

1. Special Milk Program Agreement \_\_\_Yes \_\_\_No
2. Policy Statement for Nonpricing Milk Only Programs \_\_\_Yes \_\_\_No

and schedule A

C. IRS Letter Documenting tax exemption (if private, non-profit)

\_\_\_Yes \_\_\_No

2. Civil Rights

Based on the reviewer’s observations, does the site being reviewed appear to be in Compliance with Title VI of the Civil Rights Act of 1964? \_\_\_Yes \_\_\_No

3. Records / Recordkeeping

1. Does the Sponsor maintain records on file for three years plus the current fiscal year? \_\_\_Yes \_\_\_No
2. Does the Sponsor maintain a financial management system that will substantiate claims for reimbursement?

\_\_\_Yes \_\_\_No

Is the Daily Milk Inventory accurate, maintained daily at the site, and based on physical counts? \_\_\_Yes \_\_\_No

1. Is the quantity of fluid milk purchased backed by invoices and/or delivery receipts? \_\_\_Yes \_\_\_No

4. Describe the Sponsors Method for calculating the unit cost of milk.

Is this reasonable? \_\_\_Yes \_\_\_No

5. Summarize all findings and recommendations.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Corrective Action*** | ***YES*** | ***Due Date*** | ***NONE*** |
|  |  |  |

This report has been discussed with me.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Signature of CDE Representative Signature of Authorized Sponsor Representative Date

This report has been discussed with me. I understand from the findings that a corrective action letter (must / does not need to) be submitted to the following address and by the date noted: Kim Butler, Colorado Department of Education, Nutrition Unit, 201 E. Colfax Avenue, Denver, Colorado, 80203. The corrective action plan must be postmarked by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand from the findings that a corrective action letter must be submitted to the following address and postmarked by the date noted:

Colorado Department of Education

Office of School Nutrition

1580 Logan Street, Suite 760

Denver, Colorado, 80203.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CDE Representative

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Signature of Authorized Sponsor Representative Date