**SUMMER FOOD SERVICE PROGRAM**
**ADMINISTRATIVE REVIEW REPORT**

[Name of Sponsor (Sponsor Number)]

Date(s) of Review:

**Introduction and Scope:** The Florida Department of Agriculture and Consumer Services, Division of Food, Nutrition and Wellness (FNW) conducted an Administrative Review of [Sponsor Name and Number] Summer Food Service Program as required under Federal Regulation 7 CFR, Section 225.7. The review was conducted by FNW staff members, [Names]. FNW was accompanied by [Name], USDA Southeast Regional Office. The month of review was [Month Year]. For the review month, 10% (10 sites) of the [Number] active sites for the sponsorship were reviewed for meal count accuracy. Listed below are the findings and recommendations for corrective actions for [Sponsor Name].

Review sites: [Type Review Site Names Here]

**Meal Counts**

Meal counts were validated for [Number] sites. [Number] sites had meal count errors for the month of review. In addition, [Number] sites had disallowed meals.

[Type Specific Findings in Meal Counts For Each Site Here]

**Prior Review:** [Type Prior Review Information if Applicable]

**Criteria:** USDA SFSP [Year] Administrative Guidance for Sponsors; pages [Page Numbers]

**Recommendations for Corrective Action:**

**Sponsor Monitoring**

[Type Specific Findings Here]

**Prior Review:** [Type Prior Review Information if Applicable]

**Criteria:** USDA SFSP [Year] Administrative Guidance for Sponsors; pages [Page Numbers]

**Recommendations for Corrective Action:**

[Type Specific Recommendations Here]

[Sponsor Number] Continued
**State Review Monitoring**

[Type Specific Findings Here]

**Prior Review:** [Type Prior Review Information if Applicable]

**Criteria:** USDA SFSP [Year] Administrative Guidance for Sponsors; pages [Page Numbers]

**Recommendations for Corrective Action:**

[Type Specific Recommendations Here]

**Health Inspections**

[Type Specific Findings Here]

**Prior Review:** [Type Prior Review Information if Applicable]

**Criteria:** USDA SFSP [Year] Administrative Guidance for Sponsors; pages [Page Numbers]

**Recommendations for Corrective Action:**

[Type Specific Recommendations Here]

**Ethnic/Racial Data Forms**

[Type Specific Findings Here]

**Prior Review:** [Type Prior Review Information if Applicable]

**Criteria:** USDA SFSP [Year] Administrative Guidance for Sponsors; pages [Page Numbers]

**Recommendations for Corrective Action:**

[Type Specific Recommendations Here]

**Civil Rights**

[Type Specific Findings Here]

**Prior Review:** [Type Prior Review Information if Applicable]

**Criteria:** USDA SFSP [Year] Administrative Guidance for Sponsors; pages [Page Numbers]

**Recommendations for Corrective Action:**

[Type Specific Recommendations Here]
Program Expenses

The state reviewer was unable to completely validate program costs since the sponsor did not keep a ledger of expenses for the program that was supported by receipts.

The following costs were validated for the month of [Month Year]:

- Food: [Insert Dollar Amount]
- Labor: [Insert Dollar Amount]
- Other: [Insert Dollar Amount]
- Admin: [Insert Dollar Amount]

Total: [Insert Dollar Amount]

[Month] Reimbursement: [Insert Dollar Amount]

For the month of [Month Year], the program’s reimbursements exceeded expenses by [Insert Dollar Amount].

Prior Review: [Type Prior Review Information if Applicable]


Recommendation for Corrective Action:

[Type Specific Recommendations Here]
## MEAL COUNTS

<table>
<thead>
<tr>
<th>Site Name</th>
<th>1st Meals Claimed</th>
<th>1st Meals Validated</th>
<th>2nd Meals Claimed</th>
<th>2nd Meals Validated</th>
<th>1st Meals Claimed</th>
<th>1st Meals Validated</th>
<th>2nd Meals Claimed</th>
<th>2nd Meals Validated</th>
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<tbody>
<tr>
<td>Lunch</td>
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<td>PM Snacks</td>
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Date of Review: [Dates]  
Review Period: [Month]  

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