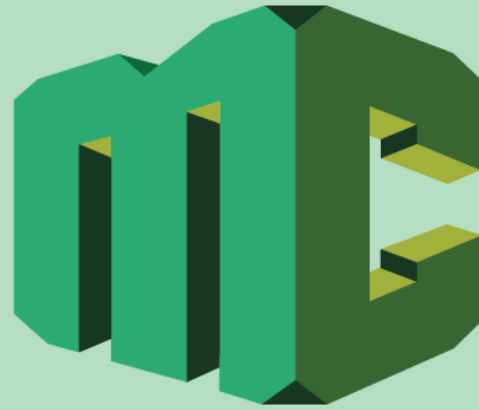


SFSP
Administrative
Review (AR)
Preparations &
Record Keeping



TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER



Stephanie Ramos

Senior Administrative Review Specialist

Patrick Chavez

Review Team Lead

Dwayne Decuire

Prior Approval Compliance Specialist

Meet our Speakers



Stephanie Ramos

Senior Administrative
Review Specialist



Patrick Chavez

Administrative Review Team
Lead



Dwayne Decuire

Prior Approval Compliance
Specialist



TDA Food & Nutrition Community Operations

What We Do





Questions & Resources





Acknowledgement Statement

You understand and acknowledge that:

- The training you are about to take does not cover the entire scope of the program; and that
- You are responsible for knowing and understanding all handbooks, manuals, alerts, notices, and guidance, as well as any other forms of communication that provide further guidance, clarification, or instruction on operating the program.

Why Does This Matter?



Communication



Collaboration



Compliance



Overview

Bridging Language

Bridging the AR Process

Real World Scenarios

Questions



Bridging The Language





Bridging The Language



Visit Prior to Approval



Serious Deficiency



Bridging The Process





Communication



Application



VPA



Compliance
Review



Visit Prior to Approval (VPA)



New
Applicants



Why



When



Goal



Steps of the Administrative Review

Selection for an
Administrative
Review



Announcement
of Selection

Engagement
Letter



On-Site
Observation

Exit
Conference



Notification of
Review Findings &
Corrective Action
Plan (CAP)

Record
Retention
Overview





Selection for an AR



Established
Organizations
3 years

Risk-Based

High
Reimbursement
Yearly

New
Organizations
1st Year



Review Interaction



Announcement Notice (Spring)

Engagement Letter (30 days)



Announced vs. Unannounced

Meal Observation





Engagement Letter



30 Days before Entrance Conference

Date & Time of Administrative Review

Document Request Packet (DRP)

Financial Sampling Tool (FST)

Instructions to Upload Documents



Financial Sampling Tool



Financial Data &
Program
Expenses

Supporting
Documentation

General Ledger
or Accounting
System

Required
Signature



Management Plan

Blueprint for Success



Submitted & Approved by TDA



Reviewers Ensure Compliance



Possible On-Site Observations



Entrance
Conference



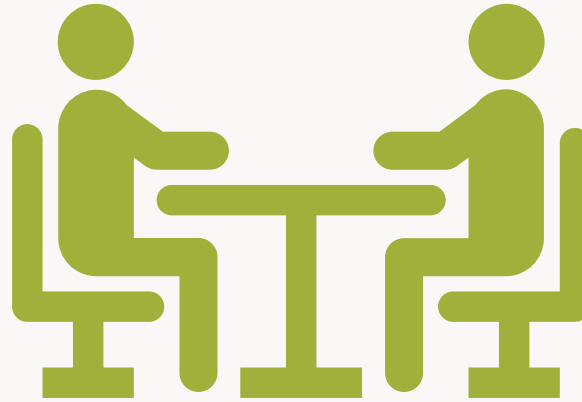
Review of
Records



Meal Service
Observation



Exit Conference



Preliminary
Review
Report

Technical
Assistance

Answer
Questions



Notification of Review Findings

- Completion of on-site & off-site
- Official notification of results
- Organizations standing with TDA compliance
- Notifications of a CAP





Corrective Action Plan (CAP)



Required for
non-
compliances

Includes
corrective
actions made

Includes
processes &
procedures to
prevent future
non-compliance



Record Retention Overview



Current Year
+3 Years



Securely
Stored



Readily
Accessible



Form
Accuracy



Bridging to Real World Scenarios





Common Issues Observed



VPA



Daily Meal
Counts



Monitoring &
Training



Scenario 1

An Organization submitted an SFSP application with a budget of \$501,286.64 for the 3-month period. The organization's financial analysis showed an average monthly balance of \$68,126.68.



Questions to consider



What should their monthly bank balance be to cover one month of expenses?

\$167,095.55



Questions to consider



Was the Organization approved or denied?
Why?



Where can new organizations find this
information?



Scenario 2

A new sponsor submitted an SFSP application for 3 sites.
Which site(s) were not approved?

Apartment A

- Converting a storage unit to a dining room.
- Has a restroom and a separate hand sink.
- Is being painted.
- Refrigerator ordered.
- Space, tables, and chairs for 50 ADP.

Apartment B

- Fitness center converted into an area to hold 50 participants.
- Separate entrance for the complex.

Apartment C

- Plan to serve the meal service outside in the courtyard near the pool.
- No plan for inclement weather.

Not Approved



Questions to consider



What change would Apartment C need to make to be approved?

Apartment C

- Plan to serve the meal service outside in the courtyard near the pool.
- No plan for inclement weather.



Scenario 3

In late June, there were 15 straight days of triple-digit temperatures.





Questions to consider



Can the sites use their inclement weather plan?



YES

Inclement weather is not limited to rain. **Extreme heat** can be inclement weather.

Does this meal count form meet SFSP requirements?

YES



NO

NO

SUMMER
MEAL
PROGRAMS

Daily Non-Congregate Meal Count Form – Standard Congregate

May 2024

Site Name: _____ Address: _____ Telephone: _____

Supervisor's Name: _____ Delivery Time: _____ Service Date: 7/8/24

Total Meals available (include meals available from previous day) - Enter for the applicable meal type being distributed at this service:
 Breakfast Lunch _____ Snack _____ Supper _____

Total First Meals (Cross off a number as each child receives a meal)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75
76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125
126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175
176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225
226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250

Total Second Meals

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Meals served to Program adults

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Meals served to non-Program adults

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

Total Meals Served: 175 Total Meals Leftover: 0 Total Meals Damaged/Incomplete/Other Non-reimbursable Meals: _____

Total Meals Served + Total Meals Leftover + Non-Reimbursable Meals (should equal Total Meals Available): 175

Number of children requesting a first meal after all available meals were served. This information is helpful in adjusting meal orders upward.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----

By signing this form, I certify that this information is true and accurate: Signature: _____ Date: 7/8/24



SUMMER MEAL PROGRAMS Daily Meal Count Form – Standard Congregate

May 2024

Site Name: Address: Telephone: Supervisor's Name: Delivery Time: 11:21 AM Service Date: 6/24/25

Total Meals available (include meals available from previous day) - Enter for the applicable meal type being distributed at this service: 61 Breakfast Lunch 60 Brack 6/24/25 Supper

Table with 25 columns for meal counts (1-250) and rows for Total First Meals, Total Second Meals, Meals served to Program adults, and Meals served to non-Program adults.

Total Second Meals

Meals served to Program adults N/A

Meals served to non-Program adults N/A

Total Meals Served: 60 w/ 6/24/25 Total Meals Leftover: 0 Total Meals Damaged/Incomplete/Other Non-reimbursable Meals: 0

Total Meals Served + Total Meals Leftover + Non-Reimbursable Meals (should equal Total Meals Available): 60

Number of children requesting a first meal after all available meals were served. This information is helpful in adjusting meal orders upward. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

By signing this form, I certify that this information is true and accurate: Signature: Date: 6-24-25



Does this meal count form meet SFSP requirements?

SFSP DAILY MEAL COUNT

SITE: [REDACTED] SITE # [REDACTED]
 SITE ADDRESS [REDACTED] CE ID [REDACTED]
 DATE: 7/11/2024
 MEAL TYPE: LUNCH
 MEAL SERVICE TIME: 12PM - 1PM

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80

	LUNCH SERVED	NON-PROGRAM MEALS
TOTAL	36	

By signing below, I certify that the above information is true and accurate:

[REDACTED] 7/11/2024
 COORDINATOR DATE





Organizations are required to conduct the following SFSP monitoring:

Pre-Operational Visit

Site Review

Site Visit

The required monitoring listed must be conducted at separate times.



Pre-Operational Visit

Site Review

Site Visit



The following log was submitted for confirmation of training requirements during an administrative review. Does the document submitted meet requirements?

ABC SFSP SPONSOR of MEALS			
May 15, 2026			
ABC HALL of Learning			
Presenter: Ms. Smith, Mr. Sanchez			
Topics: SFSP Operations, SFSP meal service, SFSP Meal Counting, SFSP Attendance, SFSP Meal Components, SFSP Documentation, SFSP Meal Delivery, SFSP Meal Times, SFSP Inclement Weather, Civil Rights			
NAME	SIGNATURE	LOCATION	

Communication is Key!





Questions



Leave Us Your
Feedback!



Contact Us



(877) TEX MEAL
(877) (839-6325)



ComOps@TexasAgriculture.gov



Squaremeals.org

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax:
(833) 256-1665 or (202) 690-7442; or

3. email:
program.intake@usda.gov

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TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER

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Fraud Hotline: 1-866-5-FRAUD-4 or 1-866-537-2834 | P.O. Box 12847 | Austin, TX 78711

Toll Free: (877) TEX-MEAL | For the hearing impaired: (800) 735-2989 (TTY)

