**SPECIAL MILK REVIEW**  
UTAH STATE BOARD OF EDUCATION  
CHILD NUTRITION PROGRAMS  
250 EAST 500 SOUTH  
P.O. BOX 144200  
SALT LAKE CITY, UTAH 84114  
PH (801) 538 – 7680 FAX (801) 538-7883

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| REVIEWS:  Sponsor/Self  USBE | DID YOU OBSERVE SERVING?  YES  NO |
| DATE OF REVIEW: *Click here to enter a date.* | AGREEMENT #: *Click here to enter text.* |
| SPONSOR/DISTRICT: *Click here to enter text.* | PHONE #: *Click here to enter text.* |
| NAME OF SITE: *Click here to enter text.*  ADDRESS: *Click here to enter text.*  CSZ: *Click here to enter text.* | MONTH REVIEWED: *Click here to enter text.*  REGULAR (OPTION 1)  FREE (OPTION 2)  NON-PRICING (OPTION 3) |

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| **Regular (Option 1):** All children are charged a price per half-pint of milk. The amount charged to the children reflects the difference between the federal reimbursement rate and the cost of the milk. There are no applications for free or reduced-price (all kids pay for cost of the milk they receive). | **Free (Option 2):** Free and reduced-price applications are taken.  Children who qualify for free meal benefits receive milk at no cost.  Schools are reimbursed the full dairy cost of milk served to children who qualify for free benefits. Children from non-low income families pay for their milk.  Schools receive the regular reimbursement for these children. | **Non-pricing (Option 3):** Milk is provided to all children without charge. No free & reduced-price applications are taken.  Sponsor receives regular milk reimbursement. |

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| **1. REVIEWS/COSTS:** | **YES** | **NO** | **N/A** | **COMMENTS** |
| a. Was the sponsor reviewed by the USBE in the previous fiscal year? |  |  |  |  |
| b. Was the sponsor self-reviewed in the previous fiscal year? |  |  |  |  |
| c. Was the sponsor audited in the previous fiscal year?  Auditor: *Click here to enter text.*  Date: *Click here to enter a date.* |  |  |  | Check with your financial personnel to find out if the organization was audited. |
| d. What is the price charged to students for milk? |  |  |  | Your answer will reflect the pricing option your sponsor opted-in for. Ex: If you are Option 3, your answer would be $0.00 |
| e. What is the price charged to adults for milk? |  |  |  |  |
| f. What is the cost of milk per ½ pint? |  |  |  | Designate the amount your pay per ½ pint (carton). You can review your invoices for this information. |
| **2. PROGRAM RECORDS:** |  |  |  |  |
| a. Does the sponsor record a correct daily milk count?  i. Milk served to children? (reimbursable)  *Click here to enter text.*  ii. Milk served to adults? (*not* *reimbursable*)  *Click here to enter text.*  iii. Milk used in cooking? (*not* *reimbursable*)  *Click here to enter text.* |  |  |  | Review the site’s daily count sheets and any other site documentation. The daily count should show the amount of milk served to children, adults, and if any milk was used for other purposes such as cooking. If the site documentation does not answer ALL 3 of these areas, you must mark no and write the reason for No in this comment box. |

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| **2. PROGRAM RECORDS: (continued)** | **YES** | **NO** | **N/A** | **COMMENTS** |
| b. Do milk count reports show the same number of ½ pints served from day to day? Or does LEA have reasonable explanation? |  |  |  | Review the site’s daily milk counts for the month to determine if the same number of ½ pints are served every day. Enter your explanation in this comment box. |
| c. Are the daily milk count reports signed by an authorized employee? |  |  |  | Review the daily count sheets to verify signature of an employee trained on Special Milk service. |
| d. Do the delivery receipts support the milk count reports? |  |  |  | Review site documentation such as milk inventory sheets, daily count sheets, and invoices. |
| e. If a claim for reimbursement has been prepared, do the milk receipts support the milk costs claimed? |  |  |  | Review all site documentation for the most recent claim submitted and verify that the documentation supports the submitted claim. |
| f. Was the correct milk type served? (Fat free or 1%) |  |  |  | Review milk delivery, invoices, and inspect the milk being served. |
| g. Are non-milk item receipts distinguished from milk receipts?  (Straws, napkins, cups, etc.) |  |  |  | If the site charges non-milk items to the Special Milk Program (SMP), review site receipts and other documentation and verify those items are separate from milk receipts/invoices. If the site does NOT charge non-milk items to the SMP, mark N/A |
| h. Is free milk offered?  (For Free Milk Option, contact USBE).  **If yes**:  Are individual child records maintained?  Are free/reduced applications supporting eligibility maintained? |  |  |  | If the sponsor has chosen pricing option 2, verify the site maintains eligibility applications and child records. If the sponsor has chosen pricing option 1 or option 3, mark N/A |
| i. Does the sponsor have a HACCP plan? |  |  |  | Verify the sponsor/site has a procedure in place for proper care and handling of the milk. |
| j. Are the HACCP processes being implemented according to the plan? |  |  |  | Verify employees are following all procedures designed in the HAACP. |
| k. Are program records kept for three years plus the current year? |  |  |  | Verify all program records are kept for 3+ years either on site or at sponsor’s main office. |
| **3. ADMINISTRATIVE/OPERATIONAL COSTS:** |  |  |  |  |
| a. Does the sponsor maintain records of costs incurred in the administration and operation of the program? |  |  |  | Verify sponsor has documentation of all financials related to the Special Milk Program. |

**Summarize the recommendations to be implemented by the sponsor in the operation of the Special Milk Program.**

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| **4. SUMMARY:**  Commendations: (What are they doing well?)  *Click here to enter text.*  Suggestions: (What can they do better?)  *Click here to enter text.*  Corrective Action:  *Click here to enter text.*  Sponsor representative signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The original copy of this completed self-evaluation form is to be filed in your records by FEBRUARY 1 (For Summer Milk Programs by July 1st). This form must be retained for your records for three years plus the current year and made available upon request to the Utah State Board of Education.** |

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| Follow up action required?  YES  NO | BY: *Click here to enter a date.* |

**USOE USE ONLY:**