



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Child Nutrition
 Old Capitol Building
 PO Box 47200
 Olympia, WA 98504-7200
 (360) 725-6200 FAX (360) 664-9397 TTY (360) 664-3631

AGREEMENT		
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SPECIAL MILK PROGRAM SELF-CERTIFICATION OF COMPLIANCE REVIEW

School's/institution's participating in the federal Special Milk Program must complete these review forms and return them by March 31, 2003, to:

Child Nutrition Services
 Office of Superintendent of Public Instruction
 Old Capitol Building
 PO BOX 47200
 OLYMPIA WA 98504-7200

SECTION I

LEGAL NAME OF SPONSOR	COUNTY
ADDRESS	Dates of program operation: _____ to _____

SECTION II TYPE OF PROGRAM check box(es) which describe your program

- A. All children are offered milk without charge. (Milk claimed as paid.)
- B. Milk is offered to children for a fee (no free milk is provided to eligible children). (Milk claimed as paid.)
- C. Free milk is provided to eligible children, all others pay. (Milk claimed as free and paid.)
- D. Free milk is provided to eligible children, all others are provided milk at no charge. (Milk claimed as free and paid.)
- E. In addition to A, B, C or D, milk is served to adults.

Fiscal Information: Using milk receipts/records complete information below.

- F. What is the net cost to your school/institution per half pint of milk? (If milk is purchased in units other than 1/2 pints, convert to 1/2 pints.) \$ _____
- G. What is your 1/2 pint milk charge to children? \$ _____
- H. What is your 1/2 pint milk charge to adults? \$ _____
- I. Do your milk counting procedures insure that milk served to adults is NOT included in milk counts used for claims for reimbursement? Yes No
- J. How do you determine your milk count? Check the method that describes your milk counting system.
- clicker computer roster tickets other (please describe below)
- _____
- _____

SECTION III FREE APPLICATIONS

Complete only if you checked Section II, C or D, above.

- A. Are you using OSPI Letter To Households and Free Milk Applications? Yes No
- B. If not, please submit, with this form, the Letter To Households and Free Milk Application you are using.

SECTION IV RECORDS RETENTION

How long do you keep your milk records on file? _____ years

(Milk records must include the following: Permanent Special Milk Program Application, Free Milk Application, Letter to Households, Monthly Claim for Reimbursement, and documentation that supports the milk claim.)

SECTION V CLAIM FOR REIMBURSEMENT

For what month did you most recently submit a claim for reimbursement? _____

SECTION VI NET CASH RESOURCES

- A. Cash on hand in Special Milk Program fund \$ _____
- B. Accounts receivable (any money due to Special Milk Program fund) \$ _____
- C. Total Special Milk Program resources (A + B = C) \$ _____
- D. Accounts payable (money owed by Special Milk Program fund) \$ _____
- E. Net cash resources (C - D = E) \$ _____
- F. Total Special Milk Program expenditures for most recent fiscal year, which is _____ \$ _____

SECTION VII CIVIL RIGHTS

Because your school/institution is participating in the federally funded Special Milk Program, we need assurance that you are complying with the nondiscrimination regulations.

Yes No

1. Has a civil rights coordinator been appointed for your school/institution? A civil rights coordinator is responsible for the following:

Notifying the public of the nondiscrimination requirements of the federally funded Special Milk Program; informing public of discrimination complaint procedures, and forwards complaints of discrimination in the Special Milk Program to OSPI Child Nutrition Services.

Name of civil rights coordinator. _____

2. Does all information made available to parents and the community regarding the Special Milk Program contain the following statement: "This institution is an equal opportunity provider."

3. Has your school/institution received complaints of discrimination relating to the Special Milk Program? If yes, answer question 4.

4. If discrimination complaints were received, were complaint procedures implemented?

5. Has your school/institution established the need for bilingual staff or materials to facilitate participation in the Special Milk Program? If so, for what languages? _____

6. Do your school's/institution's policies limit or deny admission because of race, color, national origin, sex, age, or disability?

If you have answered "no" to Question 1, 2, 4 or "yes" to Question 6, please explain what corrective action you plan to implement:

SECTION VIII SPONSOR CERTIFICATION OF COMPLIANCE

I, the undersigned, certify that the information enclosed herein by our school/institution is true and accurate, to the best of my knowledge.

SPONSOR AUTHORIZED SIGNATURE

DATE