

SCHOOL FOOD AUTHORITY ON-SITE REVIEW CHECKLIST
ASSESSMENT OF THE MEAL COUNTING AND CLAIMING SYSTEM AND READILY
OBSERVABLE GENERAL AREAS FOR THE SBP AND NSLP

According to 7 CFR 210.8(a)(1) and 7 CFR 220.11(d)(1), every school year, prior to February 1, each School Food Authority (SFA) with more than one school (as defined by 7 CFR Part 210.2 to include Residential Child Care Institutions (RCCIs)) must perform no less than one on-site review of the meal counting and claiming system and the readily observable general areas of review identified under 7 CFR 210.18(h) in each school operating the National School Lunch Program (NSLP) and 50% of schools operating the School Breakfast Program (SBP) under its jurisdiction. **REVIEW ALL LOCATIONS WHERE MEALS ARE SERVED. Complete a separate form for each meal clerk at each point of service location.**

Each on-site review must ensure the school's claim is based on the counting and claiming system, as implemented, and yields the actual number of reimbursable free, reduced price, and paid meals, respectively, served for each day of operation.

If the review discloses problems with a school's meal counting and claiming procedures or general review areas, **the SFA must ensure that the school implements corrective action, and within 45 days of the review, conduct a follow-up on-site review to determine that the corrective action resolved the problems.**

School Name: _____

Review Date: _____

SFA Reviewer: _____

Check One: Breakfast Lunch

ON-SITE REVIEW

The following questions are recommended at a minimum to complete the on-site review requirement:

YES	NO	MEAL COUNTING AND CLAIMING SYSTEM			COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	1. Is the method used for counting reimbursable meals in compliance with the approved point of service requirement? (Meal counts must be taken at the location(s) where complete meals are served to children.)			
<input type="checkbox"/>	<input type="checkbox"/>	2. Is the point of service meal count used to determine the school's claim for reimbursement?			
<input type="checkbox"/>	<input type="checkbox"/>	3. Is the person responsible for monitoring and counting meals correctly identifying reimbursable meals?			
<input type="checkbox"/>	<input type="checkbox"/>	4. Is the school correctly implementing policies for handling the following (as applicable):			
		Yes	No	N/A	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incomplete meals?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Second meals?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lost, stolen, misused, forgotten or destroyed tickets, tokens, IDs, etc.?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visiting student meals?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult and non-student meals (and identifying program vs non-program)?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A la carte?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student worker meals?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field Trips?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charged and/or prepaid meals?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Offer vs Serve?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unpaid meal charges
<input type="checkbox"/>	<input type="checkbox"/>	5. Is there a method of identifying non-reimbursable meals (i.e., not meeting meal pattern requirements, seconds, adult meals, etc.) and distinguishing them from reimbursable meals?			
<input type="checkbox"/>	<input type="checkbox"/>	6. Is someone trained as a backup for the monitor and the meal counter?			

YES	NO	MEAL COUNTING AND CLAIMING SYSTEM	COMMENTS
<input type="checkbox"/>	<input type="checkbox"/>	7. Are there procedures for meal counting and claiming when the primary counting and claiming system is not available? Do staff know when and how to implement them?	
<input type="checkbox"/>	<input type="checkbox"/>	8. Are daily counts correctly totaled and recorded?	
<input type="checkbox"/>	<input type="checkbox"/>	9. If claims are aggregated, are the meal counts correctly totaled and consolidated?	
<input type="checkbox"/>	<input type="checkbox"/>	10. Are internal controls (edits, monitoring, etc.) established to ensure that daily counts do not exceed the number of students eligible or in attendance and that an accurate claim is made? <i>Record today's meal counts by category and compare to the total number of students eligible by category</i>	
		Number of Students Approved by Category	Today's Meal Counts by Category
		Free:	Free:
		Reduced Price:	Reduced Price:
		Paid:	Paid
<input type="checkbox"/>	<input type="checkbox"/>	11. Does the system prevent overt identification of children receiving free or reduced price meals?	
<input type="checkbox"/>	<input type="checkbox"/>	12. According to 7 CFR 210.8(a)(3)/7 CFR 220.11(d), are edit checks completed and documented which compare the daily counts of free, reduced price, and paid meals against the product of the number of children currently eligible for free, reduced price, and paid meals, respectively, times an attendance factor (and any discrepancies accounted for)?	
NOTE: The following question is for all SFAs <u>except</u> for SFAs on Provision 2 or 3 in non-base years, CEP, or RCCIs with only residential children			
<input type="checkbox"/>	<input type="checkbox"/>	13. Is a current eligibility list kept up-to-date and used by the meal counting system to provide an accurate daily count of the reimbursable meals by category (free, reduced price, paid)?	

CORRECTIVE ACTION PLAN (for any "NO" answers above)

SPECIFY DATE ALL CORRECTIVE ACTION(S) WILL BE IMPLEMENTED: _____

BY WHOM: _____

The SFA must conduct a follow up on-site review within 45 days to determine that corrective action resolved the problem.

This review has been discussed with the following (including the meal clerk that was reviewed):

_____	_____	_____	_____
School Representative Signature	Print Name	Title	Date
_____	_____	_____	_____
School Representative Signature	Print Name	Title	Date
_____	_____	_____	_____
SFA Reviewer	Print Name	Title	Date

The following should be completed by the SFA Program Director/SFA Supervisor/Cafeteria Manager:

YES	NO	READILY OBSERVABLE GENERAL AREAS (SFA Responses)		COMMENTS	
<input type="checkbox"/>	<input type="checkbox"/>	1. Were any issues readily observed in relation to resource management?			
		YES	NO		
		<input type="checkbox"/>	<input type="checkbox"/>	Maintenance of the Nonprofit School Food Service Account? (7 CFR 210.2, 210.14, 210.19(a), 210.21)	
		<input type="checkbox"/>	<input type="checkbox"/>	Paid Lunch Equity? (7 CFR 210.14(e))	
		<input type="checkbox"/>	<input type="checkbox"/>	Revenue from Nonprogram Foods? (7 CFR 210.14(f))	
<input type="checkbox"/>	<input type="checkbox"/>	2. Were any issues readily observed in other general areas?			
		YES	NO		
		<input type="checkbox"/>	<input type="checkbox"/>	Free and Reduced Price Process – including verification, notification, and other procedures (7 CFR Part 245)	
		<input type="checkbox"/>	<input type="checkbox"/>	Civil Rights (7 CFR 210.23(b))	
		<input type="checkbox"/>	<input type="checkbox"/>	Reporting and Recordkeeping (7 CFR Parts 210, 220, and 245)	
		<input type="checkbox"/>	<input type="checkbox"/>	Food Safety (7 CFR 210.13)	
		<input type="checkbox"/>	<input type="checkbox"/>	Competitive Food Service (7 CFR 210.11 and 220.12)	
		<input type="checkbox"/>	<input type="checkbox"/>	Water (7 CFR 210.10(a)(1)(i) and 220.8(a)(1))	
		<input type="checkbox"/>	<input type="checkbox"/>	Professional Standards (7 CFR 210.30)	
		<input type="checkbox"/>	<input type="checkbox"/>	SBP and SFSP Outreach (7 CFR 210.12(d))	
		<input type="checkbox"/>	<input type="checkbox"/>	Local School Wellness Policies (7 CFR 210.30)	
		<input type="checkbox"/>	<input type="checkbox"/>	Fresh Fruit and Vegetable Program, if applicable	
		<input type="checkbox"/>	<input type="checkbox"/>	Other	

CORRECTIVE ACTION PLAN (for any “YES” answers above):

SPECIFY DATE ALL CORRECTIVE ACTION(S) WILL BE IMPLEMENTED: _____

BY WHOM: _____

The SFA must conduct a follow up on-site review within 45 days to determine that corrective action resolved the problem.

This review has been discussed with the following:

_____	_____	_____	_____
School Representative Signature	Print Name	Title	Date
_____	_____	_____	_____
School Representative Signature	Print Name	Title	Date
_____	_____	_____	_____
School Representative Signature	Print Name	Title	Date
_____	_____	_____	_____
SFA Reviewer	Print Name	Title	Date

FOLLOW-UP VISIT (must be conducted within 45 days if corrective action was required):

Date(s) of Follow-Up: _____

Observations of corrective action implementation:

This review has been discussed with the following:

_____ School Representative Signature	_____ Print Name	_____ Title	_____ Date
_____ School Representative Signature	_____ Print Name	_____ Title	_____ Date
_____ School Representative Signature	_____ Print Name	_____ Title	_____ Date
_____ SFA Reviewer	_____ Print Name	_____ Title	_____ Date