ADMINISTRATIVE REVIEW ORGANIZATIONAL TOOL (AROT)	2019

School Food Authority: _____   **Review Month:** _____

> The School Food Authority (SFA) must use this organizational tool to provide the required documentation for completion of the Administrative   Review (AR) of the U.S. Department of Agriculture's (USDA) Child Nutrition Programs operated by the sponsor.

ABOUT THIS TOOL

HCNP's AROT includes cover pages that correspond to each section of the AR required by the USDA's final rule, **Administrative Reviews in the School Nutrition Programs** (81 FR 50170). Each cover page lists the required documents for the AR and whether HCNP will need a copy or will review documents on or off site.

- **UPLOAD AS AN ATTACHMENT**: Upload these documents to the HCNP Systems AR Tool, to the applicable Off-site Assessment Tool question, for the HCNP team to review off-site.
- **EMAIL AS AN ATTACHMENT:** Email these documents to the HCNP lead reviewer for the HCNP team to review *off-site*.
- **COPY:** Provide a copy of these documents to the HCNP review team.
- **REVIEW:** Have these documents available for the HCNP team to review *on-site*.

The documents listed in the AROT are required for completion of the AR. If you are not familiar with a document, please contact the HCNP lead reviewer **before** the on-site review. Resources bolded in blue are links to documents, forms, and websites with relevant information.

DIRECTIONS

Place all documents listed under **COPY** and **REVIEW** with the corresponding cover page in the AR binder that was given to you by HCNP. **The SFA must have all documents available for the HCNP review team upon arrival on the <u>first day</u> of the AR.**

COVER PAGES

1. SFA Information
2. Meal Access and Reimbursement *(for RCCIs: only applicable for those with day students)*
3. Verification
4. Meal Counting and Claiming
5. Nutritional Quality and Meal Pattern - Meal Components and Quantities and Dietary Specifications & Nutrition Analysis
6. Civil Rights
7. On-site Monitoring
8. Local School Wellness Policy
9. Smart Snacks in School
10. Food Safety/Storage/Buy American (Buy Hawaii)
11. School Breakfast and Summer Food Service Programs Outreach
12. Professional Standards
13. Afterschool Snack Program
14. Fresh Fruit and Vegetable Program
15. Seamless Summer Option
16. Checklist and Instructions

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
     (2) fax: (202) 690-7442; or
     (3) email: program.intake@usda.gov.
    This institution is an equal opportunity provider.

1. SFA Information

EMAIL as an ATTACHMENT

☐ SFA school calendar for **school year 2019-20**. *Indicate holidays, delayed openings, early dismissals, natural disasters (e.g. volcano, tsunami, hurricane) or any day when meals are/were not served.*

☐ Names and titles of staff at the selected school(s).

- o **For the selected school**(s): Meal times for the days of the on-site review. *Include the National School Lunch Program (NSLP), School Breakfast Program (SBP), Fresh Fruit and Vegetable Program (FFVP), and Afterschool Snack Program (ASP).*

- o If the school(s) being visited for the SBP serves breakfast in the classroom, specify the number of locations where meals are counted.

☐ Names and phone numbers for key staff, e.g., food service director, business official, determining officials, claims preparer.

☐ The SFA's meal charge policy and procedure for collecting outstanding balances at the end of the school year
- o **USDA Memo SP 23-2017**: Unpaid Meal Charges: Guidance and Q&As
- o **USDA Memo SP 29-2017**: 2017 Edition: Overcoming the Unpaid Meal Challenge: Proven Strategies from Our Nation's Schools

Have available for HCNP to REVIEW

☐ 2019-20 waivers, as applicable
- o Lunch Time (e.g. early lunch)
- o Residential Child Care Institutions Exception for Safety if Serving Multiple Age/Grade Groups
- o Other waivers not listed

2. Meal Access and Reimbursement
Certification and Benefit Issuance

UPLOAD as an ATTACHMENT

☐ Copy of direct certification letter, only if not using HCNP's direct certification letter *(Off-site Assessment Tool Question #110).*

☐ SFA/School Benefit Issuance Document (e.g., Master List) used at the <u>point of service</u>. Provide the document that is maintained and updated by the determining official from the first operating day of the review month.

Have available for HCNP to REVIEW

☐ Printed Statistical Sample of student names provided by the HCNP

☐ Student Applications and/or documentation of eligibility, e.g. the Direct Certification List. *The applications and documents should be in the same order as the names listed in the sorted Statistical Sample that the Lead Reviewer returns to the Determining Official.*

☐ All denied applications

☐ The actual benefit issuance document that the SFA is using for the review month.

☐ **Residential Child Care Institution (RCCI) ONLY:** Statement of Facts

☐ **Community Eligibility Provision (CEP) Schools ONLY:** All documentation supporting original qualifying Identified Student data for Year 1.

3. Meal Access and Reimbursement
Verification

UPLOAD as an ATTACHMENT

☐ Most recently submitted FNS-742 Verification Report *(Off-site Assessment Tool Question #200).*

Have available for HCNP to REVIEW

☐ A document to show the total number of approved applications for school year 2019-2020 on file as of October 1, 2019. *This is the list used for the selection of applications for verification.*

☐ All verified applications for the current school year

☐ The actual verification materials used by the sponsor in conducting verification including:
  o completed Verification Selection Worksheet (Form v-7a);
  o completed Verification Collection Report (Form v-7b);
  o completed Results of Verification by Original Benefit Type (Form v-7c);
  o the original household application for all verified households;
  o the verification notification letter to selected households;
  o documentation of follow-up with unresponsive households; and
  o any notice of adverse action.

☐ Documentation from the point-of-service (POS) demonstrating change in student eligibility status as a result of verification, when applicable. *This could be a printout of the Benefit Issuance Document showing the date the change was made or a screen shot of change made in electronic POS system.*

4. Meal Access and Reimbursement
Meal Counting and Claiming

Make a COPY for HCNP

☐ **Edit Check Worksheets** for all programs and all schools in the SFA in support of the claim for reimbursement for the review month. *Edit Checks must have the attendance factor applied and include paid students.*

☐ All supporting documentation from the Point-of-Service for the claim submitted for the review month for all child nutrition programs at all schools. *These are the specific documents the claims preparer uses to complete the monthly claim for reimbursement, e.g., **edit check worksheets**.*

Have available for HCNP to REVIEW

☐ **Individual Site Claims** submitted for all schools/sites for the review month.

5. Nutritional Quality and Meal Pattern
Meal Components and Quantities

Make a COPY for HCNP

☐ Menu for the review month for all selected schools.

☐ Menu for the week of the on-site visit for all selected schools.

EMAIL as an ATTACHMENT

☐ See the Menu Documentation Organization Tool (MDOT). Email all requested documentation. This includes the detailed menus for all Child Nutrition Programs for the first full week of the review month for the selected school(s). *This menu must include all choices available to students. Include all milk varieties and vegetable subgroups.*

Have available for HCNP to REVIEW

☐ Copy of all documentation submitted to HCNP with the Menu Documentation Organization Tool (MDOT). This includes the detailed menus for all Child Nutrition Programs for the first full week of the review month for the selected school(s). *This menu must include all choices available to students. Include all milk varieties and vegetable subgroups.*

☐ **Completed** Medical Statement(s) for any Meal Modifications in School Nutrition Programs for student(s) at the selected school(s).

☐ **Crediting information for the menu items served during the week of the on-site review.**

☐ Production Records for breakfast and lunch from **each selected school** for the week of the on-site review. *Production records must be COMPLETE, listing ALL items offered to students including milk varieties and condiments.*

☐ Recipes for foods served at breakfast and lunch from **each selected school** for the week of the on-site review.

☐ Food labels (CN labels, product formulation statements to show crediting information, labels with WGR information) for foods served on the breakfast and lunch menu for the week of the on-site review for **each selected school**.

In some cases, due to findings during the on-site portion of the review, copies of the items listed above may be required by HCNP.

Please refer to HCNP's *Menu Documentation Organizational Tool* (MDOT) to assist with the organization of the menu documentation.

6. Civil Rights

UPLOAD as an ATTACHMENT

☐ SFA's press release sent for publication for the current school year *(Off-site Assessment Tool Question #801).*

☐ Written procedures for handling Child Nutrition Civil Rights complaints *(Off-site Assessment Tool Question #803). The SFA must have a written, formal procedure for receiving and processing complaints alleging discrimination within the Child Nutrition programs. All Civil Rights Complaints pertaining to the USDA Child Nutrition Programs **must** be reported to USDA Office of Civil Rights and HCNP immediately.*

☐ Documentation of most recent Civil Rights training used pertaining to the USDA Child Nutrition Programs for **all** staff (food service workers, hearing official, determining officials, verifying officials, etc.) along with the agenda and the sign-in sheets *(Off-site Assessment Tool Question #806).*

☐ SFA's Civil Rights Ethnic Data Report *(Off-site Assessment Tool Question #807).*

7. On-site Monitoring

Make a COPY for HCNP

☐ The completed On-Site Review Checklist (MC-7) for all schools in the SFA. *If the Administrative Review is early in the school year and the on-site monitoring has not yet occurred for all schools, have the completed forms from the **2018-2019** school year available for review.* ***If your SFA has more than one site, on-site monitoring must be done in all schools for the NSLP and for 50 percent of all SBP schools prior to February 1, 2020.***

☐ Documentation of follow-up and corrective action taken for any deficiencies noted.

8. Local School Wellness Policy

UPLOAD as an ATTACHMENT

☐ A copy of the current local school wellness policy *(Off-site Assessment Tool Question #1000).*

☐ Documentation demonstrating the local school wellness policy has been made available to the public *(Off-site Assessment Tool Question #1001).*

☐ Documentation demonstrating when and how the local school wellness policy is reviewed and updated. Include the name and title of the school official responsible for developing, implementing and monitoring the wellness policy *(Off-site Assessment Tool Question #1002).*

☐ Documentation of the SFA's efforts to review and update the local school wellness policy, including an indication of who is involved in the update and methods the district uses to make stakeholders aware of their ability to participate *(Off-site Assessment Tool Question #1004).*

☐ A copy of the SFA's most recent assessment on the implementation of the local school wellness policy *(Off-site Assessment Tool Question #1005).*

☐ Documentation demonstrating the SFA's most recent assessment on the implementation of the local school wellness policy has been made available to the public *(Off-site Assessment Tool Question #1006).*

9. Smart Snacks in School

Make a COPY for HCNP

☐ Documentation for the first week of the review month of all foods and beverages sold a la carte at the selected school(s). Acceptable documentation includes menus, production records, and related materials.

☐ Nutrition documentation for food items sold by the food service department to students in **all** schools in the district.

☐ Nutrition documentation for food items sold by entities outside of the school food service, such as school stores, PTAs, fundraisers. *Any documentation that contains the necessary information is acceptable including* **Alliance for a Healthier Generation Smart Snacks Calculator** *printouts, recipes, product specifications*.

10. Food Safety/Storage/Buy American (Buy Hawaii)

Have available for HCNP to REVIEW

☐ Written food safety plan based on the Process Approach to HACCP Principles and Standard Operating Procedures (SOPs)

☐ Documentation of annual review of the food safety plan.

☐ Copies of two most recent food safety inspections for each school reviewed. *If one or no inspections were completed in the current school year, provide copies of the two inspections conducted during the 2018-2019 school year. In absence of two inspections, provide documentation of the request made to the local health department for two inspections.*

☐ The addresses of any off-site storage facilities.

11. School Breakfast Program & Summer Food Service Program Outreach

EMAIL as an ATTACHMENT

☐ Documentation of household notification of availability of the School Breakfast Program prior to or at beginning of school year.

☐ Documentation of reminders provided throughout school year of availability of the School Breakfast   Program.

☐ Documentation of household notification of availability of and location of free summer meals via the Summer Food Service Program. *This is required even if your district does not offer summer meals!*

☐ **If outreach in these areas has not been completed, email the plan of action for how this outreach will be conducted.**

12. Professional Standards

EMAIL as an ATTACHMENT

☐ The spreadsheet currently being used to track the training of all school nutrition staff members according to USDA Professional Standards.
  o The spreadsheet must be **current as of the start of the on-site review** and contain a complete list of the nutrition program employees and include the following information:
    • Name
    • Date hired
    • Title/Position
    • Employee status (full time, part time, acting, substitute, include average hours per week for each employee)
    • USDA Professional Standards Employee Category/Position (nutrition program director, manager or staff)
    • Professional development hours completed

Have available for HCNP to REVIEW

☐ Documentation to support the spreadsheet emailed
  o Previous (school year 2018-19) and current (school year 2019-2020) training sign-in sheets, attendance rosters, and agenda.
  o Certificates of completion for any off-site trainings being tracked.
  o Planned/scheduled trainings for the remainder of this school year.

☐ For School Nutrition Program Directors hired on or after July 1, 2015:
  o Highest level of education achieved
  o Education achievement certificates (i.e. diplomas)
  o Years of school nutrition program experience
  o Prior food safety training record

13. Afterschool Snack Program

EMAIL as an ATTACHMENT

The following items for the selected school(s):

- ☐ Documentation indicating that the approved after school care program offers educational or enrichment activities.

- ☐ Documentation indicating the days and times of snack service.

- ☐ **Production records** for snacks served during the first week of the review month. Production records are mandatory. See the Menu Documentation Organization Tool (MDOT). Email all requested documentation.

- ☐ Description of the procedure used to ensure accurate counting and claiming of snacks.

Make a COPY for HCNP

- ☐ Completed **Afterschool Snack Program on-site monitoring forms** for the two required visits at the selected site.

- ☐ Snack menu for the review month.

Have available for HCNP to REVIEW

The following items for the selected school(s):

- ☐ All documentation available in support of the claim for the review month.

- ☐ *For programs that are **not** area eligible*, the roster of students receiving snacks for the first week of the review month.

14. Fresh Fruit and Vegetable Program

Have available for HCNP to REVIEW

☐ FFVP claim submitted for the review month.

☐ All supporting documentation for the above claim.
- o Invoices (anything claimed on your monthly report)
  - Fresh fruits/vegetables
  - Dips, paper, small equipment
  - Large equipment purchases (must have been approved prior to purchase)
- o Payroll records
  - Frontline staff
  - Administrative staff

15. Seamless Summer Option

Make a COPY for HCNP

☐ Menu for the review month for all selected schools.

☐ Menu for the week of the on-site visit for all selected schools.

☐ **Edit Check Worksheets** for all programs and all schools in the SFA in support of the claim for reimbursement for the review month. *Edit Checks must have the attendance factor applied and include paid students.*

☐ All supporting documentation from the Point-of-Service for the claim submitted for the review month at all schools. *These are the specific documents the claims preparer uses to complete the monthly claim for reimbursement, e.g., **edit check worksheets**.*

EMAIL as an ATTACHMENT

☐ Menu documentation for the review month. This includes the detailed menus for all Child Nutrition Programs for the first full week of the review month for the selected school(s). *This menu must include all choices available to students. Include all milk varieties and vegetable subgroups.*

☐ SFA's documentation of household notification of availability and location of free summer meals.

Have available for HCNP to REVIEW

☐ Copy of all menu documentation submitted to HCNP. This includes the detailed menus for all Child Nutrition Programs for the first full week of the review month for the selected school(s). *This menu must include all choices available to students. Include all milk varieties and vegetable subgroups.*

☐ **Completed** Medical Statement(s) for any Meal Modifications in School Nutrition Programs for student(s) at the selected school(s).

☐ **Crediting information for the menu items served during the week of the on-site review.**

☐ Production Records for breakfast and lunch from **each selected school** for the week specified by HCNP. *Production records must be COMPLETE, listing ALL items offered to students including milk varieties and condiments.*

☐ Recipes for foods served at breakfast and lunch from **each selected school** for the week of the on-site review.

☐ Food labels (CN labels, product formulation statements to show crediting information, labels with WGR information) for foods served on the breakfast and lunch menu for the week of the on-site review for **each selected school**.

In some cases, due to findings during the on-site portion of the review, copies of the items listed above may be required by HCNP.

☐ **Individual Site Claims** submitted for all schools/sites for the review month.

16. **AROT Document Upload Checklist**

The following items must be <u>uploaded into the HCNP Systems AR Tool</u>, as noted in the AROT. As documents are uploaded, title them as noted in this chart (Title Column) to clearly identify each document for the HCNP reviewers. *Use the first column to keep track of the documents uploaded.*

Date Uploaded	AROT Page	Attachment	TITLE In Description Section	Special Notes
	2	Direct Certification Letter	DC Letter	*Upload as part of Off-site Assessment Tool Question #110*
	2	District Benefit Issuance Document	BI Document	*This must include ALL students in the SFA for the first operating day of the selected Review Month.*
	3	FNS-742 Verification Report	FNS-742 Report	*Upload as part of Off-site Assessment Tool Question #200*
	6	Press Release SY 19-20	Press Release	*Upload as part of Off-site Assessment Tool Question #801*
	6	Civil Rights Complaint Procedure	CR Complaint Procedure	*Upload as part of Off-site Assessment Tool Question #803*
	6	Civil Rights Staff Training	CR Training	*Upload as part of Off-site Assessment Tool Question #806*
	6	Civil Rights Ethnic Data Report	CR Ethnic Data Report	*Upload as part of Off-site Assessment Tool Question #807*
	8	Local Wellness Policy	LWP	*Upload as part of Off-site Assessment Tool Question #1000*
	8	Local Wellness Policy Public Notification	LWP Notification	*Upload as part of Off-site Assessment Tool Question #1001*
	8	Local Wellness Policy – When and How Updated; Name and Title of LWP Responsible Official	LWP Update and Official	*Upload as part of Off-site Assessment Tool Question #1002*
	8	Local Wellness Policy Update/Review	LWP Review	*Upload as part of Off-site Assessment Tool Question #1004*
	8	Local Wellness Policy Assessment	LWP Assessment	*Upload as part of Off-site Assessment Tool Question #1005*
	8	Documentation of LWP Assessment Made Public	LWP Assessment Public	*Upload as part of Off-site Assessment Tool Question #1006*

AROT Document Email Checklist

The following items must be <u>emailed</u> to the lead reviewer, as noted in the AROT. As documents are emailed, title them as noted in this chart (Title Column) to clearly identify each document for the HCNP reviewers. *Use the first column to keep track of the documents emailed.*

Date Emailed	AROT Page	Attachment	TITLE In Description Section	Special Notes
	1	School Calendar SY 19-20	School Calendar	
	1	School Information	School Info	*Names & titles of staff; meal times; number of locations meals are served*
	1	Contact Information	Contact Info	*Names & phone numbers for key staff*
	1	SFA's Meal Charge Policy	Meal Charge Policy	
	Refer to AROT pg 5 <u>AND</u> MDOT section (end of this binder)	Menu Documentation Organizational Tool (MDOT)	NSLP MDOT *If applicable:* SBP MDOT ASP MDOT	*If uploading for more than one program, email a <u>separate</u> attachment for each program and **TITLE** as follows: NSLP MDOT SBP MDOT ASP MDOT*
	11	School Breakfast Program Outreach Start of Year	SBP Outreach Start	
	11	School Breakfast Program Reminders	SBP Reminders	
	11	Summer Meals Outreach	Summer Outreach	
	12	Professional Standards Spreadsheet SY 18-19	Prof Stnds SY 18-19	
	12	Professional Standards Spreadsheet SY 19-20	Prof Stnds SY 19-20	
	13	Afterschool Snack Program Educational/ Enrichment Activities	ASP Activities	
	13	Afterschool Snack Program Meal Service Days and Times	ASP Meal Service	

Date Uploaded	AROT Page	Attachment	TITLE In Description Section	Special Notes
	13	Afterschool Snack Program Production Records	ASP Prod Record (school name)*	*These records must be completed for the selected Review Week.* **If review of the ASP is occurring at more than one school, identify the documents with each school name, as appropriate.*
	13	Afterschool Snack Counting and Claiming Procedure	ASP Count-Claim Procedure	