**Section iI: MeAl Access and Reimbursement**

**School Food Authority LEvel**

**Off-Site Assessment Tool Validation**

In the areas of Certification and Benefit Issuance, Verification, Meal Counting and Claiming, Civil Rights, Local School Wellness Policy, Smart Snacks, SBP and SFSP Outreach, and Special Provision Options address discrepancies between a SFA’s responses to specific areas of the

*Off-site Assessment Tool* and the SFA’s current practices as observed on-site.  Explain any technical assistance provided and/or corrective action required to address discrepancies.

**CERtification and BEnefit issuance**

Any Certification or Benefit Issuance Error is a Performance Standard (PS) 1 violation and must be corrected.

If the SFA is implementing CEP SFA wide skip questions 124-215 and proceed to question 314.

124. a. Determine if the SFA conducted an independent review of applications according to FNS requirements.

b. Determine if the SFA completed and submitted the FNS-874 (Local Educational Agency Second Review of Applications Report) according to FNS requirements.

If NO, explain in the Comments section.

125. If the SFA is an RCCI without day students, verify that the SFA has the correct eligibility documentation for each student. Record all discrepancies on the Eligibility Certification and Benefit Issuance Error Worksheet (SFA-1). Skip questions 126 – 215 and proceed to question 314.

If the RCCI has day students, proceed with standard certification review as described (see Certification and Benefit Issuance Module).

If not an RCCI mark N/A and proceed to the next question.

126. Indicate whether all certifications or a statistically valid sample of certifications are reviewed. If using a statistically valid sample, indicate the confidence level, the universe, and the sample.

Based on the selected students (see Certification and Benefit Issuance Module), review and evaluate eligibility determinations for completeness and accuracy. Indicate whether the application approval process is implemented correctly. Answer YES if all applications are approved correctly. If any errors are noted, answer NO and explain in the Comments section. Record the Count of Reviewed Students by category (even if doing a 100% review) and all discrepancies on the Eligibility Certification and Benefit Issuance Error Worksheet (SFA-1) and/or the Other Eligibility Certification and Benefit Issuance Error Worksheet (SFA-2).

127. Determine whether the SFA is using the current year Income Eligibility Guidelines to process applications for free and reduced price meal benefits.

128. Determine whether the SFA is using the correct conversion factors when processing applications that indicate more than one income frequency. Correct conversion factors are:   
weekly – times 52; bi-weekly – times 26; twice per month – 24; and monthly – times 12.

129. Determine whether households were notified of the student’s eligibility according to regulations. If NO, explain in the Comments section.

130. Determine whether denied households were notified of: reason for denial of benefits; right to appeal; instructions on how to appeal; and statement that household may reapply at any time during the school year.

131. Review a minimum of 10 denied applications. Determine whether benefits were denied correctly. Record students incorrectly denied benefits on the Other Eligibility Certification and Benefit Issuance Errors Worksheet (SFA-2).

132. Determine whether the direct certification list utilized by the SFA contains all required information and is provided by the proper agency. If NO, explain in the Comments section.

133. Based on the selected students (see Certification and Benefit Issuance Module), review and evaluate the direct certification documentation for completeness and accuracy. Indicate if students directly certified for free meals were certified correctly. Answer YES if certified correctly. If any errors are noted, answer NO and explain in the Comments section. Record all discrepancies on the Eligibility Certification and Benefit Issuance Error Worksheet (SFA-1).

134. Determine whether the SFA performs direct certification matches with the State agency according to regulations. If NO, indicate how often matches are conducted by the SFA.

135. Indicate whether direct certification documentation is kept on file at the SFA. If NO, explain.

136. a. Observe and evaluate, where possible, that the benefit issuance document(s) is safeguarded to ensure that there is no overt identification of free and reduced price meal eligible students during the meal service or any other time. If NO, explain in the Comments section.

b. Confirm through observation and dialogue with the SFA that free and reduced price eligible students are not required to work for their meals. If YES, explain in the Comments section.

137. Based on the selected students (see Certification and Benefit Issuance Module), test the system of benefit issuance — e.g., tickets, rosters, tokens — by comparing the benefit issuance documentation to the eligibility determinations. Answer YES if certified eligibility was transferred correctly. If any errors are noted, answer NO and explain in the Comments section. Record all discrepancies on the Eligibility Certification and Benefit Issuance Error Worksheet (SFA-1).

138. Based on the selected students (see Certification and Benefit Issuance Module), determine whether there were changes in eligibility as a result of verification, resubmitted applications, new students, transferred students, or withdrawn students during the review period. If changes were required and made within the required timeframes, answer YES. If changes were required and not made within the required timeframes, answer NO and explain in the Comments section. If there were no changes, select N/A. Record all discrepancies on the Eligibility Certification and Benefit Issuance Error Worksheet

(SFA-1).

139. Based on the selected students (see Certification and Benefit Issuance Module), determine whether the SFA’s manual system documents the changes in a student’s eligibility/enrollment. If the SFA is utilizing an electronic system, indicate N/A. If NO, explain in the Comments section. Record all discrepancies on the Eligibility Certification and Benefit Issuance Error Worksheet (SFA-1).

140. Based on the selected students (see Certification and Benefit Issuance Module), determine whether the SFA made timely and accurate updates for direct certification as applicable. If NO, explain in the Comments section and record all discrepancies on the Eligibility Certification and Benefit Issuance Error Worksheet (SFA-1).

141. Based on the selected students (see Certification and Benefit Issuance Module), determine whether the SFA extends free meal benefits to all students living in households that have either: been directly certified for SNAP, FDPIR, or TANF; or submitted applications with case numbers for these programs. If NO, explain in the Comments section and record all discrepancies on the Eligibility Certification and Benefit Issuance Error Worksheet (SFA-1). Select N/A if none of the selected students were certified for free meals through this method.

142. Based on the selected students (see Certification and Benefit Issuance Module), determine whether the SFA changed the eligibility category of households requesting a lower level of benefits and reflected this request on the Benefit Issuance document. If NO, explain in the Comments section. Select N/A if none of the selected student’s households requested a lower level of benefits.

**VERIFICATION**

207. Count the number of verified applications on file for the most recently submitted FNS-742. Confirm that verified applications on file match the number reported on the most recently submitted FNS-742 (see Question 200 on Off-site Assessment Tool). Record any discrepancies in the Comments section.

208. a. Determine how the SFA conducted confirmation reviews and whether documentation is available demonstrating that they occurred.

b. If a confirmation review did not validate the initial determination, determine whether the SFA followed appropriate procedures.

If NO to a. or b., explain in the Comments section.

209. The Verification Review must be completed according to the following guidelines:

* If the review is scheduled for a timeframe prior to the completion of verification and the submission of the verification collection report (FNS-742) for the current year:
  + Use the previous year’s verified applications
  + Verified students selected in the Certification and Benefit Issuance review will not count toward the verification review requirements
* If the review is scheduled for a timeframe that falls before the verification collection report (FNS-742) has been submitted to the State Agency for the current year, but after verification has been completed by the SFA:
  + Use current year verified applications. Verified students selected in the Certification and Benefit Issuance review can count toward the verification review requirements.
* If the review is scheduled for a timeframe after the current school year verification collection has been submitted:
  + Use current year verified applications. Verified students selected in the Certification and Benefit Issuance review can count toward the verification review requirements.

Select 10% of the verified applications (but not fewer than 3, if available, and no more than 30 verified applications) to determine whether verification was completed correctly.

If a verified application was selected as part of the Certification and Benefit Issuance review, the application may contribute toward the 10% verification sample size. Record all verification errors on the Other Eligibility Certification and Benefit Issuance Errors Worksheet (SFA-2) unless the student was selected as part of the Certification and Benefit Issuance review. Record verification errors found for students in the Certification and Benefit Issuance review on the Eligibility Certification and Benefit Issuance Error Worksheet (SFA-1). Any other student(s) appearing on the verified application selected as part of the Certification and Benefit Issuance review will be recorded on the SFA-2 and require corrective action ONLY. If a verified application is selected as part of the 10% verification sample and was not part of the Certification and Benefit Issuance review, any discrepancies will be recorded on the SFA-2 and require corrective action ONLY.

a. Determine whether the applications selected for verification were appropriate for the sample size option used.

b. Determine whether the SFA replaced applications selected for verification, the replacement was selected based on the same criterion and the replacements were limited to 5% of the applications selected. If NO, explain in the Comment section.

c. Evaluate whether the post verification determinations for the applications selected for review were correct.

If NO to a. or b., explain in the Comments section.

210. Identify whether the SFA directly verified selected applications. If YES, determine whether requirements were met. If NO, explain in the Comments section.

211. Determine whether the SFA’s verification notification letter includes the required information. If NO, explain in the Comments section.

212. Determine whether the SFA met the follow-up requirements for households failing to respond to the verification request. If NO, explain in the Comments section.

213. Determine whether the SFA’s notice of adverse action contained all the required information, including notification of appeal rights. If NO, explain in the Comments section.

214. a. Determine whether the SFA updated the eligibility status on the benefit issuance document(s) for students whose eligibility changed due to verification according to regulations. If NO, explain in the Comments section and record discrepancies according to the instructions under question 209.

b. If a student’s eligibility status changed due to verification, determine whether benefits were increased no later than 3 calendar days or decreased no later than 10 calendar days from the final verification decision. If NO, explain in the Comments section.

215. a. Determine whether the SFA completed verification by November 15th. Answer for the current school year unless review occurs prior to November 15. In that instance, answer for the previous school year.

b. If not, indicate whether the SFA was approved by the State agency for an extension until December 15th. If NO, explain in the Comments section.

**MEAL COUNTING AND CLAIMING**

Any Meal Counting and Claiming Error is a Performance Standard (PS) 1 violation and must be corrected.

314. Determine whether the SFA is following their approved SA-SFA Agreement/application, including POS.

315. If each school submits a Claim for Reimbursement directly to the State, answer no. If the SFA submits one Claim for Reimbursement for all schools, answer yes and complete question 316.

316. a. Record the SFA’s claim and the SA’s validated counts by category for all schools for the review period on the chart provided.

b. If there are no differences between the SFA’s claim and the SA’s validated counts for lunch and/or breakfast by category for all schools for the review period, answer YES. If there are differences between the SFA’s claim and the SA’s validated counts for lunch and/or breakfast by category for any schools for the review period, answer NO and explain the problem and determine whether the cause(s) are non-systemic or systemic.

**SECTION IV: RESOURCE MANAGEMENT**

**SCHOOL FOOD AUTHORITY LEVEL**

**RESOURCE MANAGMENT**

SFAs receiving one or more risk indicators under the *Resource Management Risk Indicator Tool* will receive a Resource Management (RM) comprehensive review for each RM area receiving a risk indicator. See supplemental form, *Resource Management Comprehensive Review Form.* SAs are required to provide SFAs technical assistance and/or corrective action for all risk indicators assessed in the *Resource Management Risk Indicator Tool* and document any technical assistance/corrective action provided in the *Resource Management Comprehensive Review Form*

New SFAs in their first year of operation should not receive a risk assessment. Instead, the SA must determine on-site if the new SFA has a sound financial accounting system and sufficient procedures in place to ensure compliance with resource management requirements. The SA must document the SFA’s resource management processes and procedures and any technical assistance/corrective action provided in the *On-site Assessment Tool*.

**SECTION V: GENERAL PROGRAM COMPLIANCE**

**SCHOOL FOOD AUTHORITY LEVEL**

**cIVIL rIGHTS**

Civil Rights requirements are outlined in FNS Instruction 113-1, *Civil Rights Compliance and Enforcement – Nutrition Programs and Activities*, dated November 8, 2005.

809. a. Determine whether a disproportionate number of the denied applications reviewed in question 131 were submitted by minority households.

b. If YES, determine whether these applications were denied for any reason other than the applications being incomplete or the household being ineligible based on income or other program requirements. If NO, explain in the Comments Section.

810. Determine if the appropriate Program materials use the non-discrimination statement.

**Professional Standards**

1210. Review employee list for the day of review and verify that the SFA’s information matches the current (day of review) employee list. If personnel count does not match, list any employees that are no longer employed with the SFA in the comments. If any new personnel have been hired, see question 1220.

1211. If the SFA hired a new director on or after July 1, 2015, review hiring information. If a new director was not hired select NA and proceed to question 1216. If hiring requirements were not met, explain in the comments section and review any flexibility allowed for LEAs with less than 500 students.

1212. If a new director was hired, validate that he/she obtained food safety certification within the last 5 years. If no new director select NA and proceed to 1216.

1213-1215.

Validate the responses on the Off-site Assessment Tool. If school nutrition program staff have not met annual training requirements at the time, review documentation of scheduled/planned trainings for the remainder of the school year or next school year if the State agency allows the SFA the flexibility for training requirements to be met across two years. Determine if school nutrition program staff is expected to meet annual training requirements.

1216. Does the SFA training tracking method meet requirements?

a. Describe the frequency (i.e. annually, quarterly, monthly etc.) in which training hours are being tracked and which mechanism is being used. b. Does the tracking methods contain all of the required fields?

1217. The SA must determine if any employees hired between the completion of the Off-site and On-site Assessment Tools met annual training requirements. If there are

non-compliant employees, list their names, titles/positions, and the number of training hours currently completed.

1218. Review employee lists and functions and assess whether any other employees outside of the school nutrition program whose responsibilities include duties related to the operation of the programs have not yet received applicable training.

**FOOD SAFETY, STORAGE, AND BUY AMERICAN**

1400. a. Review documentation to determine whether a food safety plan is in place and complies with the HACCP program criteria found in 7 CFR 210.13(c). Describe any missing elements in the Comments section. For additional information, refer to *Guidance for School Food Authorities: Developing a Food Safety Program Based on the Process Approach to HACCP. Principles,* United States Department of Agriculture, Food and Nutrition Service, June 2005.

b. Determine whether a copy of the written food safety plan is available at each school. If NO, explain in the Comments section.

1401. If conducted as part of the Administrative Review, determine whether the SFA has any contracted or self-operated warehouses and, if so, the SA must determine whether all foods (commercial and USDA) are being stored properly. If no, explain in the comments section.

1402. Determine if agricultural food commodities and products are domestic as required by the Buy American provision in 7 CFR 210.21(d). On-site reviews will be conducted as follows:

* The number of agricultural food components to review will be determined based on the SFA storage facility practices used:
  + if the majority of agricultural food components used are located at individual schools only, the SA will review at each reviewed school 2-3 items in each agricultural food component category below;
  + if the majority of agricultural food components used are located at an SFA’s off-site storage facility only, the SA will review at the SFA’s off-site storage facility 2-3 items in each agricultural food component category below; or
  + if agricultural food components used are located at a combination of places both on-site at schools and at the SFA’s off-site storage facilities, the SA will review 1-2 items in each agricultural food components category below for each school reviewed and 1-2 items in each agricultural food component category below at the SFA’s off-site storage facilities.
* Agriculture Food Component categories include:
  + Bakery, pasta, and miscellaneous (grain components delivered ready to serve; or wheat flour, cornmeal, or other grain flours, used to prepare grain components, pasta, bread, etc.)
  + Canned fruit and fruit juice
  + Canned vegetables and vegetable juice
  + Frozen fruit and fruit juice
  + Frozen vegetables and vegetables juice
  + Frozen meat/entrée items
  + Refrigerated foods (produce; dairy such as cheese, yogurt, milk; and food components that may be thawing for future meal service, etc.)
* If any noncompliant food items are observed list in the comments section.

1403. Determine whether observations indicate any violations of the Buy American provision as found in 7 CFR 210.21(d) either during review of foods on-site at reviewed schools or at off-site storage facilities as applicable. If there are violations, obtain documentation to determine if an exception was granted by the SFA because:

• The agricultural food component is not produced or manufactured in the U.S. in sufficient and reasonably available quantities of a satisfactory quality; or

• Competitive bids reveal the costs of domestic agricultural food components are significantly higher than the non-domestic ones.

Identify the noncompliant food in the comments section. Inform SA staff conducting the procurement review of this finding in order for them to identify if the Buy American provision is in the SFA’s solicitation and contract documents. Note: documented USDA Foods are presumed to be domestic; however, processed end products that contain USDA Foods must meet the over 51% domestic requirement, by weight or volume.

**REPORTING AND RECORDKEEPING**

1500. Determine whether the SFA prepares and submits reports as required. If NO, explain in the Comments section. (See 7 CFR 210.20 for reporting and recordkeeping requirements and Module: Reporting and Recordkeeping.)

1501. Determine whether the SFA is retaining the appropriate records regarding program management for 3 years after the final Claim for Reimbursement for the fiscal year or until resolution of any audits. If NO, explain on in the Comments section (see Module: Reporting and Recordkeeping.

**SECTION VII: SPECIAL PROVISION OPTIONS**

**SCHOOL FOOD AUTHORITY LEVEL\***

**\*NOTE:** Some of these activities may be assessed at the site level. If some or any of these activities occur at the site level, record the activities below in the School Food Authority Level area.

2113. Obtain the total meal counts and applicable claiming percentages and/or funding levels established during the Base Year and ensure that they were calculated correctly (i.e., appropriate rounding was used; SFA/site meal counting and claiming system results in reliable daily and monthly total meal counts and meal counts by category, consolidating meal counting and claiming data appropriately). The SA must ensure claiming percentages and/or funding levels established during the Base Year were calculated correctly for, at a minimum, the Review Period and Month of On-site Review. Record any errors for NSLP and SBP separately on the SFA-1A.

2114. Obtain the total meal counts and applicable claiming percentages and/or funding levels and ensure they equal what was established in the Base Year calculations or latest approval for Community Eligibility Provision. (If adjustments were made to the funding levels based on enrollment, number of operating days, and/or inflation, reviewer must ensure that the adjustment was calculated correctly as specified in 7 CFR 245.9 d (4). The SA must ensure claiming percentages and/or funding levels established during the Base Year are being applied correctly to, at a minimum, the Review Period and Month of On-Site Review. If errors are identified, every Non-Base Year SPO site must show documentation that the correct claiming percentages and/or funding levels are applied correctly for every closed claim period from the current SY. Record any errors for NSLP and SBP separately on the SFA-1A.

2115. The SA must validate the accuracy of Identified Student Percentage (ISP) and the claiming percentages calculated for free and paid meals (complete the SFA-2A). The SA will obtain the certification documentation used to determine the ISP and claiming percentages that were submitted for the latest approval to operate CEP.  The certification documentation may include direct certification lists, documentation for extension of eligibility, and lists from homeless/migrant liaisons).  The certification documentation review must include obtaining the list of all students used to derive the free claiming percentage and selecting 10 student names at random to verify that those students can be found on source documentation that certifies free eligibility. If more than 20% of the 10 randomly selected students cannot be properly verified on source documentation, the SFA must be required, as part of their corrective action plan, to provide source documentation for every student used to establish the free claiming percentage. Record any errors for NSLP and SBP separately on SFA-2A.

2116. The SA should verify whether the SFA has distributed Free and Reduced Price meal applications for sites operating Provision 2 or3 in Non-Base Years. If so, ascertain whether the SFA’s distribution of the applications and use of the data obtained is appropriate. List the reasoning in the comments section. If the SFA has distributed meal applications in a Provision 2 or 3 Non-Base Year, they must use the information provided by families to develop claiming percentages (by conducting an entire new Base Year), or return to standard counting and claiming procedures. The only exception would be for a school taking new applications in the last year of a cycle in order to develop socioeconomic data of the school's population for purposes of requesting an extension.

2117. For Provision 1 sites only: The SA should review the meal counting and claiming system to ensure that meal counts are recording the number of meals served by type.

**Section iI: MEAL Access and Reimbursement**

**SCHOOL LEVEL**

**MEAL COUNTING AND CLAIMING**

Any Meal Counting and Claiming error is a Performance Standard (PS) 1 violation and must be corrected.

School Level – Day of Review

317. a. Observe and indicate whether the meal counting system as implemented prevents overt identification of students receiving free or reduced–price meals. If NO, explain in the Comments section.

b. Observe and indicate whether the school has separate dining areas, meal service times, or serving lines based on a student’s eligibility status. If YES, explain in the Comments section.

c. Observe and indicate whether the school limits choice of reimbursable meals based on a student’s eligibility status. If YES, explain in the Comments section.

d. Observe and indicate whether the school uses different mediums of exchange based on a student’s eligibility status. If YES, explain in the Comments section.

318. Observe and indicate whether an accurate count of reimbursable meals by eligibility category is taken at the point of service or an approved alternate. FNS suggests that reviewers observe 5% to 25% of meals served on each reimbursable meal service line. To answer YES, the system must be based on an actual count of students served by category and must consistently yield correct results. A NO answer is needed when an accurate count of meals by category is not observed.

If NO, describe the problem and determine whether the problem is nonsystemic or systemic. If second meals or meals served to ineligibles were observed, list the total in the comments section. Combine this total with errors identified in #321 and record in S-1, Line 10.

319. a. If an electronic point of service system is used, determine whether excessive overrides to the meal counting system occurred during the meal service.

b. If excessive overrides do occur, investigate and document the reasons for the excessive overrides.

c. Determine if the use of the excessive overrides is reasonable and supports the school having an accurate meal count. If the answer in c. is NO, describe the problem and determine whether the problem is nonsystemic or systemic.

320. Observe how the meal count totals by category are obtained from each point of service and combined for the total meal count by category for the school. Record the School’s Combined Counts for the Day of Review, Reviewer's Counts for the Day of Review, and any differences on the S-1, Line 13. If there were differences between the school's combined counts and the reviewer's combined counts, answer NO and describe the problem and determine whether the causes are nonsystemic or systemic.

321. a. Obtain a copy of the meal counts by category for each serving day of the review period and compare it to the day of review count. Record the school’s meal counts by category for the day of review and for the lowest day and the highest day during the Review Period in the chart in the Comments section. This comparison should be made to the number of meals reported by the school, prior to any daily meal adjustments which may have been made by the SFA as a result of edit checks, etc. However, if a nonsystemic error occurred in the school's day of review count, the validated counts on the day of review may be used. Evaluate the counts and indicate whether unreasonable shifts occurred in the counts by category from the review month to the day of review.

b. If NO to a, obtain the school’s explanation and record in the Comments section.

c. Determine whether the explanation describes an acceptable meal count system.

d. If NO, list the total number of second meals and meals served to ineligibles in the comments section. Combine this total with errors identified in #318 and record on the S-1, Line 10.

School Level – Review Period

322. a. Determine whether the school claimed more free, reduced-price, or paid meals on any day of the review period than the number of students eligible for free or reduced-priced meals. Record by category the dates in the review period where the eligible counts were exceeded. This determination should be made using the number of meals reported by the school, prior to any daily meal adjustments that may have been made by the SFA as a result of edit checks, etc.

b. If YES, determine whether there was an acceptable explanation for each day the number of free, reduced-priced, or paid meals claimed was greater than the number of eligible by category. Indicate N/A if there were no days where the meal counts by category exceeded the number of students eligible by category.

c. If no acceptable explanation is available, list the number of ineligible meals by Program in the Comments section. Combine this total with errors identified in #323 and #324 and record on the S-1, Line 14.

323. a. Determine whether there were any days in the review month where the free lunch count exceeded the attendance adjusted free eligible count; or the reduced priced lunch count exceeded the attendance adjusted reduced eligible count; or the paid lunch count exceeded the attendance adjusted paid eligible count. To determine this, multiply the number of students eligible for free meals or reduced price meals by the attendance factor in S-1, Line 5. Round to the nearest whole number. Compare the number of free, reduced price, and paid lunches claimed each day of the review period to the number of attendance adjusted free, reduced price, and paid eligible students.

b. If YES, indicate whether there were 50% or more of the serving days in the review period when free lunches exceeded the number of attendance adjusted free eligible students; or reduced-price lunches exceeded the number of attendance adjusted reduced-price eligible students; or paid lunches exceeded the number of attendance adjusted paid eligible students.

c. If YES, determine whether there was an acceptable explanation for each day the free lunch count was greater than the number of attendance adjusted free eligible students; or the reduced-price lunch count was greater than the number of attendance adjusted reduced-price eligible students; or the paid lunch count was greater than the number of attendance adjusted paid eligible students.

d. If NO, explain in the Comments section. List the number of ineligible lunches in the Comments section. Combine this total with errors identified by Program in #322 and #324 and record on the S-1, Line 14.

324. a. Examine the patterns of the reported counts of free, reduced, and paid meals for the review period and indicate whether the counts are questionable for the population of students participating in the observed meal program.

b. If YES, obtain and record the school’s explanation.

c. If the explanation provided is acceptable, answer NO. If the explanation provided is not acceptable, answer YES and explain in the Comments section. List the number of ineligible meals by Program in the Comments section. Combine this total with errors identified in #322 and #323 and record on the S-1, Line 14.

325. a. Record the school’s meal count by category for the review period, the SFA’s count by category for the review period for the Claim for Reimbursement, and the State agency count on the S-1, Line 17. If the school submits one monthly claim period report, validate the entire month by summing the daily totals by category. If the school submits for timeframes other than a monthly claim period report, validate one of the school's report submissions, e.g., daily, weekly, or bi-weekly. Combine the validated count with the other reports for the review period and record the results in State agency count. If the validated count is different than the school reported count, investigate and determine whether the SFA correctly claimed meal counts for the school. If the validated count is different from the SFA claim for this school, record the difference.

b. Answer YES if the validated count matches the SFA's claim for this school. If the validated meal counts did not match the SFA's claimed counts, answer NO and describe the problem.

c. If NO, explain and determine whether the causes are nonsystemic or systemic. Record differences on the S-1, Line 17.

**SECTION III: NUTRITIONAL QUALITY AND MEAL PATTERN**

**SCHOOL LEVEL**

**MEal Components and Quantities**

All meals missing required meal components are Performance Standard (PS) 2 violations and must be corrected.

When multiple meal pattern violations are identified for a meal, list all violations in the appropriate comments section. Record meals with multiple violations on the S-1 under only one meal violation category to ensure that fiscal action is applied only once. If multiple violations include meals served with missing meal components, record the meal under the missing meal component category. For all other multiple meal pattern error violations, record repeated vegetable sub-group or milk type violations before all other violations. For all other multiple meal pattern violations, use discretion and record the most egregious violation for fiscal action.

Day of Review

Record menu observed the day of review.

400. a. Prior to the beginning of meal services, identify whether all required meal components are available on every reimbursable meal service line. If NO, explain all errors identified and the technical assistance provided. The school should be advised and given the opportunity to add any missing meal component(s) before the meal service begins. If the missing meal component(s) is added, answer YES but record the error and technical assistance that was provided in the Comments section. If the deficiency was not corrected prior to the beginning of meal service, list the number of meals served from the applicable meal service line that were missing required meal components in the comments section.

b. During the meal service, observe that all required meal components are available on every reimbursable meal service line throughout the entire meal service. If NO, explain all errors identified and the technical assistance provided. If deficiencies are identified, list the number of meals served from the applicable meal service line missing required meal components in the comments section. Combine the total in the comments section with errors identified in #401 and record on the S-1, Line 11.

401. During the meal service, observe a significant number of program meals counted as reimbursable on every reimbursable meal service line. FNS suggests observing 5% to 25% of meals served on each reimbursable meal service line. Meals should be observed at the beginning, middle, and end of the meal service. During meal service observation, determine whether the meals selected by students as they exit the POS contain the meal components and food quantities required for the age/grade group being served. If NO, explain all errors identified and the technical assistance provided. If deficiencies are identified, record the number of meals observed missing required meal components, which includes the requirement for at least ½ cup of fruits/vegetables under OVS, in the comments section. Combine this total with errors identified in #400 and record on the

S-1, Line 11.

402. Evaluate whether the portion sizes of meal components from the planned menu and served on the day of review meet the minimum meal pattern requirements for the age/grade group(s) being served. If NO, explain all errors identified and the technical assistance provided. Indicate whether the violations identified were repeat violations for the SFA. Record only the number of incomplete meals counted for reimbursement that will be subject to fiscal action in the appropriate field on the S-1, Line 12. (Refer to

7 CFR 210.10 for more guidance.)

403. a. Determine whether at least two required milk varieties are available throughout the serving period on all meal service lines. If SFA/school is offering 1% flavored milk, check that approved waiver from State Agency is on file.

b. If substitutions are made, evaluate whether the substitutions were allowable per 7 CFR Part 210.10. If NO, explain all errors identified and the technical assistance provided. Indicate whether the violations identified were repeat violations for the SFA.

Record only the number of incomplete meals counted for reimbursement that will be subject to fiscal action in the appropriate field on the S-1, Line 12.

404. a.-b. Determine whether what constitutes a reimbursable meal is identified near or at the beginning of the meal service line(s) for both breakfast and lunch. (See 7 CFR 210.10(a) (2))

c. Ensure that program operators do not promote or offer water or any other beverage as an alternative selection to fluid milk throughout the food service area.

405. If the school reviewed serves meals Family Style, the reviewer must evaluate whether the meal service is acceptable per FNS Instruction 783-9. If NO, explain all errors identified and the technical assistance provided.

406. If a school is serving multiple menus and/or age/grade groups, the reviewer must evaluate how the school has structured the meal service to meet the specific meal pattern requirements for each menu type and/or age/ grade group being served. List all errors identified and the technical assistance provided.

407. Obtain a copy of the planned menu for the day of review and compare it to what was actually offered on the meal service line. While substitutions are allowed, the reviewer must ensure that the daily meal pattern minimums for each meal service line, menu type, and age/grade group are still met. If NO, explain all errors identified and the technical assistance provided. Record only the number of incomplete meals counted for reimbursement that will be subject to fiscal action in the appropriate field on the S-1, Line 12.

408. If any finding cited for the day of review resulted in the turning off of the Performance-Based Reimbursement, answer YES and record on S-1, Line 18. Identify the issues in the comments section.

**OFFER VS. SERVE**

Day of Review

500. Evaluate whether the cashier demonstrates a clear understanding of OVS and its requirements. Meals missing a required meal component to include the ½ cup F/V requirement under OVS are recorded under Question 401. For any instances where meals were claimed for reimbursement that were incomplete due to required meal components being selected in insufficient portion sizes, not to include the requirement for at least ½ cup of fruits/vegetables, record only those meals claimed for reimbursement that will be subject to fiscal action in the appropriate field on the S-1, Line 12. For instances where a student has selected a reimbursable meal, but is made to select an additional item(s), record the error(s) in the comments section and provide technical assistance to ensure Offer vs. Serve is properly implemented in the future.

501. Obtain sufficient information demonstrating that the cafeteria staff has been trained on Offer vs. Serve requirements for both NSLP and SBP. If NO, explain the technical assistance provided.

502. Determine if signage regarding what constitutes a reimbursable meal includes the requirement that students must select at least ½ cup fruit or vegetable. (See 7 CFR 210.10(a) (2))

**MEal Components and Quantities**

All meals missing required meal components are Performance Standard (PS) 2 violations and must be corrected.

When multiple meal pattern violations are identified for a meal, list all violations in the appropriate comments section. Record meals with multiple violations on the S-1 under only one meal violation category to ensure that fiscal action is applied only once. If multiple violations include meals served with missing meal components, record the meal under the missing meal component category. For all other multiple meal pattern error violations, record repeated vegetable sub-group or milk type violations before all other violations. For all other multiple meal pattern violations, use discretion and record the most egregious violation for fiscal action.

Review Period

409. Reviewer must examine production records for a week from the review period. The minimum number of school days in the week reviewed is three (3), and the maximum is seven (7). All must be consecutive days. Reviewer may examine any food crediting documentation, including but not limited to food labels, product formulation statements, CN labels, and bid documentation to ensure meal pattern compliance. Evaluate whether the meals served meet the appropriate daily and weekly meal pattern requirements for the age/grade group(s) being served. If critical issues are identified from the initial documentation review, the reviewer must expand the scope of review to the entire review period. If NO, explain all errors identified and the technical assistance provided. Indicate whether the violations identified were repeat violations for the SFA. Record the number of meals missing required meal components on the S-1, Line 15. Record only the number of incomplete meals claimed for reimbursement that will be subject to fiscal action in the appropriate field on the S-1, Line 16.

410. Evaluate productions records to determine whether the portion sizes of meal components from the planned menu and served during the review period meet the minimum meal pattern requirements for the age/grade group(s) being served. If NO, explain all errors identified and the technical assistance provided. Indicate whether the violations identified were repeat violations for the SFA. Record only the number of incomplete meals claimed for reimbursement that will be subject to fiscal action in the appropriate field on the S-1, Line 16. (Refer to 7 CFR 210.10 for more guidance.)

411. Obtain a copy of the planned menu for the review period and compare it to a week (3-7 days) of production records from the review period. While substitutions are allowed, ensure that the daily meal pattern minimums for each meal service line, menu type, and age/grade group are still met. If NO, explain all errors identified and the technical assistance provided. Indicate whether the violations identified were repeat violations for the SFA. Record the number of meals observed missing required meal components on the S-1, Line 15. Record only the number of incomplete meals claimed for reimbursement that will be subject to fiscal action in the appropriate field on the S-1, Line 16.

412. If any finding cited for the review period resulted in the turning off of the Performance-Based Reimbursement, answer YES and record on the S-1, Line 18. Identify the issues in the comments section.

**DIETARY SPECIFICATIONS AND NUTRIENT ANALYSIS**

603. Determine whether any applicable off-site Dietary Specifications and Nutrient Analysis activities resulted in areas being identified that required technical assistance or corrective action prior to the beginning of the on-site portion of the review. If technical assistance or corrective action was necessary, explain in the comments section.

604. If Option 1 is selected to complete the targeted menu review, indicate the on-site validation risk determination (see Dietary Specifications and Nutrient Analysis Module).

605. If a nutrient analysis was not conducted due to a validated low risk score from the *Dietary Specifications Assessment Tool, check the low risk box.* If a nutrient analysis was conducted by the State agency (due to a high risk score from the *Dietary Specifications Assessment Tool* or the State agency selected Option 3) or the SFA conducted a nutrient analysis that was validated by the State agency, and not all the Dietary Specifications were met for the establishedage/grade group and menu type, record which method was used and which Program was deficient in the commentssection and answer NO.

If a nutrient analysis was conducted or validated, follow the Nutrient Analysis and Validation Checklist for properly completing this question. If the State agency elects to use a different method when conducting Nutrient Analysis activities required for answering this question, the method must address at a minimum the information contained within this checklist. Explain all errors identified and the technical assistance provided. Indicate whether the violations identified were repeat violations for the SFA. Record only the number of meals counted for reimbursement that will be subject to fiscal action on the S-1, 16A.

**SECTION V: GENERAL PROGRAM COMPLIANCE**

**SCHOOL LEVEL**

**cIVIL rIGHTS**

Civil Rights requirements are outlined in FNS Instruction 113-1, *Civil Rights Compliance and Enforcement – Nutrition Programs and Activities*, dated November 8, 2005.

811. Verify whether the approved “And Justice for All” poster is posted in a prominent location and visible to all program participants.

812. Ensure that program meals were made available to all students without discrimination.

**SFA ON-SITE MONITORING**

901. Examine the documentation of the on-site review of the reviewed school to determine whether the SFA had monitored the reviewed school’s counting and claiming procedures and the general areas of review that are readily observable by February 1. Please note that documentation may be kept on file at the SFA rather than site. If documentation is not available or the on-site review occurred after February 1 without SA approval, answer NO and explain in the Comments section.

902. a. Determine whether there were errors in the meal counting and claiming procedures for the reviewed school that required corrective action. If corrective action was required but did not occur, or corrective action was insufficient, answer NO and explain in the Comments section. Select N/A if corrective action from SFA On-site monitoring was not required.

b. If corrective action occurred but was insufficient to address the problem identified, answer NO and explain in the comments section.

c. Determine, regardless of corrective action sufficiency, whether an on-site follow-up review was conducted within 45 days to ensure that corrective action was implemented. If an on-site follow-up review did not occur within 45 days, answer NO and explain in the Comments section. Select N/A if a follow-up review was not required.

903. Review documented corrective action to determine whether deficiencies cited were successfully corrected. If NO, explain in the Comments section. Select N/A if corrective action resulting from SFA On-site Monitoring was not required.

**SMART SNACKS IN SCHOOL**

1104. Complete the table in the On-site tool where food and beverages are sold during the school day.

1105. a. Review documentation for 10% of the food and beverage items sold during the review month. Obtain the time when foods and beverages are sold to students during the school day (defined as 12 am on a day of instruction to 30 minutes after the end of the official school day). This includes a la carte foods and beverages sold during meal services.

b. If the school enrollment includes mixed grades, (e.g., K-12, K-8, 6-12, etc.) determine if the beverages meet the requirements for students in the youngest age/grade group.

1106. Review the food sales policies (off-site tool) to determine if schools hold fundraisers. If yes, determine if the schools observe the State-defined limit on fundraisers. For

non-exempt fundraisers, determine if these meet the Smart Snack standards. (Note that fundraisers on weekends, off-site, or during non-school hours are also exempt.)

1107. Obtain copies of production records to determine if exempt leftover NSLP entrees are only sold the same day, or the day after, they are initially offered.

**WATER**

1300. Confirm that free potable water is available to all students for lunch (in each location where lunches are served during the meal service) and for breakfast (when breakfast is served in the cafeteria). The location of the potable water must be in the meal service area or immediately adjacent to the meal service area.

**FOOD SAFETY, STORAGE, AND BUY AMERICAN**

1404. Confirm that a copy of the written food safety plan is available.

1405. a. Examine documentation from food safety inspections. Record the dates of the inspections in the Comments section.

b. If the school has received two food safety inspections in the current school year, answer YES and move to question 1406. If less than two food safety inspections are available for the current school year, answer NO and move to c.

c. If the school received two food safety inspections in the previous school year, answer YES and move to question 1406. If the school did not receive two food safety inspections in the previous school year, answer NO and move to d.

d. Determine whether the SFA has documentation to indicate that the SFA requested two food safety inspections in the current school year from the applicable agency. If no documentation is available, explain in the Comments section.

1406. Determine whether the most recent food safety inspection report (see *Food Safety Module*) is posted in a publicly visible location. If NO, explain in the Comments section.

1407. Determine whether observations on the day of review indicate compliance with the SFA’s written food safety plan. If NO, explain. Proper HACCP principles include, but are not limited to: proper personal hygiene is evident (e.g., hairnets, gloved hands, appropriate hand washing); cross contamination is prevented; food temperatures are monitored; refrigerator and freezer temperatures are monitored; food preparation and service areas are clean; clean utensils and equipment are used for food preparation and meal service; and no obvious evidence of pests is present.

1408. Confirm that selected temperature logs were available for review. If YES, record the dates of the selected temperature logs in the Comments section. If NO, specify which document(s) were unavailable and explain in the Comments section.

1409. Determine whether observations on the day of the review indicate any on-site or off-site storage violations. If YES, explain in the Comments section. Proper storage practices include, but are not limited to: temperature is appropriate for the applicable equipment (e.g., freezer, refrigerator, milk cooler); food is stored 6 inches off the floor; the food storage facility is clean and neat; canned goods are free from bulges, leaks, and dents; chemicals are clearly labeled and stored away from food and food-related supplies; open bags of food are stored in containers with tight fitting lids; the FIFO (First In, First Out) method of inventory management is used; and no obvious evidence of pests is present.

1410. Determine if agricultural food commodities and products are domestic as required by the Buy American provision in 7 CFR 210.21(d). On-site reviews will be conducted as follows:

• The number of agricultural food components to be reviewed will be determined based on the SFA storage facility practices used:

* If the majority of agricultural food components used are located at individual schools only, the SA will review at each reviewed school 2-3 items in each agricultural food component category below;
* If the majority of agricultural food components used are located at an SFA’s off-site storage facility only, the SA will review at the SFA’s off-site storage facility 2-3 items in each agricultural food component category below; or
* If agricultural food components used are located at a combination of places both on-site at schools and at the SFA’s off-site storage facilities, the SA will review 1-2 items in each agricultural food components category below for each school reviewed and 1-2 items in each agricultural food component category below at the SFA’s off-site storage facilities.

• Agricultural food component categories include:

* Bakery, pasta, and miscellaneous (grain components delivered ready to serve; or wheat flour, cornmeal, or other grain flours, used to prepare grain components, pasta, bread, etc.)
* Canned fruit and fruit juice
* Canned vegetables and vegetable juice
* Frozen fruit and fruit juice
* Frozen vegetables and vegetables juice
* Frozen meat/entrée items
* Refrigerated foods (produce; dairy such as cheese, yogurt, milk; and food components that may be thawing for future meal service, etc.)

• Noncompliant food items will be listed in the comments section.

1411. Observations will be made to determine any violations of the Buy American provision as found in 7 CFR 210.21(d) either during review of foods on-site at reviewed schools or at off-site storage facilities as applicable. If there are non-domestic agricultural food components, documentation will be obtained to determine if any exceptions were granted by the SFA where:

* + The agricultural food component is not produced or manufactured in the U.S. in sufficient and reasonably available quantities of a satisfactory quality; or
  + Competitive bids reveal the costs of domestic agricultural food components are significantly higher than the non-domestic ones.
* Noncompliant foods will be identified in the comments section and this information will be shared with the SA staff conducting the procurement review in order for them to identify if the Buy American provision is in solicitation and contract documents. Note that documented USDA foods are presumed to be domestic; however, processed end products that contain USDA Foods must meet the over 51% domestic requirement, by weight or volume.

For 1410 and 1411, corrective action may include:

• Requiring review of food deliveries for contractor compliance;

• Monitoring to ensure the correct domestic food components contracted for are delivered; and/or

• Prior to accepting foods, ensuring that an alternative domestic food component, or an exception to purchase non-domestic foods, has been approved for delivery.

**REPORTING AND RECORDKEEPING**

1502. Determine whether the school is retaining the appropriate records regarding program management for 3 years after the final Claim for Reimbursement for the fiscal year or until resolution of any audits. If NO, describe the reason in the Comments section (see Module: Reporting and Recordkeeping).

**SECTION VI: OTHER FEDERAL PROGRAM REVIEWS**

**SCHOOL LEVEL**

**Afterschool SNACk program**

1700. Identify areas that required technical assistance and/or corrective action from the Afterschool Snack Program Administrative Review Form.

**Fresh fruit and vegetable PROGRAM**

Review Period

1900. Determine whether the school is on track to spend no more than 10% of its total grant on administrative costs. If NO, explain in the Comments section.

1901. Review the school’s Fresh Fruit and Vegetable Program cost documentation provided to support the selected month’s Claim for Reimbursement. Compare the total cost claimed for reimbursement against the total cost established by the supporting documentation. If the cost documentation supports the Claim for Reimbursement, answer YES. If the cost documentation does not support the Claim for Reimbursement, answer NO. Record any unsupported Program costs in the Comments section. Combine amount with any applicable amount in 1902 and record on the S-1, Line 21. Additionally, review the cost documentation to ensure that all costs were allowable. If the cost documentation supports the claim for reimbursement and all costs are allowable, then the claim is validated. If the cost documentation does not support the claim for reimbursement or contained unallowable costs, the claim cannot be validated. Fiscal action may be necessary.

1902. Review the school’s Fresh Fruit and Vegetable Program cost documentation provided to support the selected month’s Claim for Reimbursement. Determine whether the cost documentation provided is for allowable Program costs. If the cost documentation is for allowable Program costs, answer YES. If any cost documentation is for an unallowable Program costs, answer NO. Record any unallowable Program costs in the Comments section. Combine amount with any applicable amount in 1901 and record on the S-1, Line 21.

Day of Review

1903. Determine whether the Fresh Fruit and Vegetable Program is available to all enrolled children at no cost. If NO, explain in the Comments section.

1904. Determine whether the Fresh Fruit and Vegetable Program is offered during the school day, but outside the meal service times of the NSLP and/or SBP. If NO, explain in the Comments section.

1905. Determine whether the Fresh Fruit and Vegetable Program is widely publicized within the school. If NO, explain in the Comments section.

1906. Determine whether any of the following unallowable products were offered to children during the Fresh Fruit and Vegetable Program meal service: frozen, canned, and other types of processed fruits/vegetables; fruit/vegetable juice, nuts, cottage cheese, trail mix, fruit/vegetable pizza, smoothies, fruit strips, fruit drops, fruit leather, jellied fruit, or carbonated fruit. If YES, explain in the Comments section.

1907. a. Determine whether dip was offered with the day’s Fresh Fruit and Vegetable Program offering.

b. If YES, determine whether the dip was fat-free or low-fat, no greater than 2 Tablespoons, and provided for vegetables only. If NO, explain in the Comments section.

1908. a. Determine whether a cooked vegetable is the day’s Fresh Fruit and Vegetable offering.

If YES, answer b and c.

b. Determine whether the cooked vegetable is included as part of a nutrition education lesson.

c. Determine whether today is the only offering of a cooked vegetable this week.

If NO to b or c, explain in the Comments section.

1909. If adults are provided fresh fruits and vegetables during the Fresh Fruit and Vegetable Program meal service, determine whether the adults are teachers who are in the classroom with students during the Fresh Fruit and Vegetable meal service. If NO, explain in the Comments section.

1910. Determine whether the Fresh Fruit and Vegetable Program meal service followed HACCP principles and applicable sanitation and health standards, including the handling of any left overs. If NO, explain. See Food Safety module for HACCP principle compliance requirements.

**SPECIAL MILK PROGRAM**

2000. Identify areas that required technical assistance and/or corrective action from the Special Milk Program Administrative Review Form.

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| **Off-Site Assessment Tool Validation** | | |
| For each question on the *Off-site Assessment Tool*, do the responses provided demonstrate compliance with FNS requirements and reflect current practices? If NO, explain technical assistance and/or corrective action provided. | **YES** | **NO** |
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| Comments: | | |
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| **Section II: Meal Access and Reimbursement** |

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| **Module: Certification and Benefit Issuance** | | | | | | | |
| 124. | If the SFA is implementing CEP SFA wide skip questions 124-215 and proceed to question 314.   1. Was the SFA required to conduct an independent review of applications in the previous or current school year according to FNS requirements?   If yes, please identify in the comments section who is responsible for the second review of applications.  If NO, explain in comments.  b. Did the SFA complete and submit the FNS-874 (Local Educational Agency Second Review of Applications Report) according to FNS requirements?  If NO, explain. | **YES** | | **NO** | | | **N/A** |
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| Comments:  a. (Names and/or position titles):  b. | | | | | | | |
| 125. | For RCCIs with NO day students and no applications on file, does the SFA have the correct eligibility documentation available for residential students? Skip questions 126 – 215 and proceed to question 314.  For all other RCCIs, proceed with the standard certification review. Record errors on the SFA-1.  If not an RCCI mark N/A and proceed to the next question. | **YES** | | **NO** | | | **N/A** |
|  | |  | | |  |
| Comments: | | | | | | | |
| 126. | Certification and Benefit Issuance Review Method:  \_\_\_\_100% of students determined to be eligible for free and reduced price benefits; or  \_\_\_\_Statistically Valid Sample of students determined to be eligible for free and reduced price benefits  Confidence Level: 95%\_\_\_\_ 99%\_\_\_\_  Universe:\_\_\_\_\_\_\_\_\_ Sample Size\_\_\_\_\_\_\_\_  Were all selected applications correctly approved?  If NO, explain.Record the Count of Reviewed Students by category and any errors on the SFA-1 and/or SFA-2. | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments: | | | | | | | |
| 127. | Are the correct income eligibility guidelines used to certify applications?  If NO, explain. | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments: | | | | | | | |
| 128. | Are the correct conversion factors used when processing applications that indicate more than one income frequency?  If NO, explain. | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments: | | | | | | | |
| 129. | Is household notification of eligibility consistent with the responses provided on the *Off-site Assessment Tool*?  If NO, explain. | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments: | | | | | | | |
| 130. | Is household notification of denied benefits consistent with FNS requirements?  If NO, explain. | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments: | | | | | | | |
| 131. | Are any applications denied incorrectly?  If YES, record student names on the SFA-2. | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments: | | | | | | | |
| 132. | Does the direct certification list utilized by the SFA:   1. Contain the correct information for direct certification? 2. Come from the proper agency (SNAP, TANF, FDPIR, foster, homeless, runaway, migrant, Head Start)?   If NO, explain. | **YES** | | | **NO** | | |
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| Comments:  a.  b. | | | | | | | |
| 133. | Were all direct certifications (SNAP, TANF, FDPIR, foster, homeless, runaway, migrant, and/or Head Start) correctly certified?  If NO, explain.  Record errors on the Certification and Benefit Issuance Error Worksheet, SFA-1. | | **YES** | | | **NO** | |
|  | | |  | |
| Comments: | | | | | | | |
| 134. | Does the SFA perform Direct Certification matches according to the required timeframes?  If NO, how often are matches conducted? | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments: | | | | | | | |
| 135. | Are the Direct Certification lists retained on file by the SFA?  If NO, explain. | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments: | | | | | | | |
| 136. | a. Are free and reduced price benefits provided to students in a manner that assures confidentiality and prevents overt identification during meal service or at any other time in accordance with regulations and FNS Policy Memos.?  If NO, explain.  b. Are free and reduced price eligible students required to work for their meals?  If YES, explain. | **YES** | | | **NO** | | |
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| Comments:  a.  b. | | | | | | | |
| 137. | Did the SFA accurately transfer the correct benefit from the eligibility determination document to the Point of Service benefit issuance document?  If NO, explain.  Record errors on the SFA-1. | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments: | | | | | | | |
| 138. | Did the SFA update the benefit issuance document(s) accurately and in a timely manner, including those students that are new, transferred, or withdrawn?  If NO, explain.  Record errors on the SFA-1. | **YES** | | **NO** | | | **N/A** |
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| Comments: | | | | | | | |
| 139. | For Manual Systems: If number sheets and coded rosters are used, did the SFA/school document changes in student eligibility/enrollment throughout the month?  If NO, explain.  Record errors on the SFA-1. | **YES** | | **NO** | | | **N/A** |
|  | |  | | |  |
| Comments: | | | | | | | |
| 140. | Did the SFA update benefit issuance documents accurately and in a timely manner upon receipt of Direct Certification updates?  If NO, explain.  Record errors on the SFA-1. | **YES** | | | **NO** | | |
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| Comments: | | | | | | | |
| 141. | Does the SFA account for benefits that have been extended to students living in a household that is receiving SNAP, TANF or FDPIR benefits?  If NO, explain.  Record errors on the SFA-1. | **YES** | | **NO** | | | **N/A** |
|  | |  | | |  |
| Comments: | | | | | | | |
| 142. | If any family declined or requested a lower level of benefits, were benefits changed on the Benefit Issuance document?  If NO, explain. | **YES** | | **NO** | | | **N/A** |
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| Comments: | | | | | | | |

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| **Module: Verification** | | | | | | | | | | | |
| 207. | a. Did the SFA complete verification?  b. Do the verified applications on file match the number reported on the most recent FNS-742 as reviewed in Question 200 of the *Off-site Assessment Tool*? Record any discrepancies in the Comments section. | **YES** | | | | | **NO** | | | | **N/A** |
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| Comments:  a.  b. | | | | | | | | | | | |
| 208. | When a confirmation review was conducted:   1. Is documentation demonstrating that a confirmation review took place on file at the SFA? 2. Did the SFA follow the required procedures if the confirmation review did not validate the original determination?   If NO to a or b, explain in comments. | **YES** | **NO** | | | | | **N/A** | | | |
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| Comments:  a.  b. | | | | | | | | | | | |
| 209. | Based on the review of verified applications:   1. Were the applications subject to verification properly selected in accordance with the sample size option used (e.g., error prone)? 2. If the SFA chose to replace applications selected for verification, was it done correctly and limited to 5% of the applications selected? 3. Were all applications selected for review verified correctly?   If NO to a, b, or c, explain. | **YES** | | | | | **NO** | | | | **N/A** |
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| Comments:  a.  b.  c. | | | | | | | | | | | |
| 210. | a. Did the SFA attempt to directly verify selected applications?  b. If YES, were the requirements met?  If NO to b, explain in comments. | **YES** | | | **NO** | | | | | **N/A** | |
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| Comments: | | | | | | | | | | | |
| 211. | Does the SFA’s verification notification letter include all required information?  If NO, explain. | **YES** | | | | **NO** | | | **N/A** | | |
|  | | | |  | | |  | | |
| Comments: | | | | | | | | | | | |
| 212. | Did the SFA meet the follow-up requirements if the household failed to respond to the request for verification?  If NO, explain. | **YES** | **NO** | | | | | **N/A** | | | |
|  |  | | | | |  | | | |
| Comments: | | | | | | | | | | | |
| 213. | If applicable, did the SFA’s notice of adverse action contain all required information, including notification of appeal rights?  If NO, explain. | **YES** | **NO** | | | | | **N/A** | | | |
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| Comments: | | | | | | | | | | | |
| 214. | If a student’s eligibility changed due to verification:   1. a. Did the SFA make updates to the eligibility status to benefit issuance list? 2. Were benefits increased no later than 3 calendar days?   c. Were households for whom benefits were to be reduced or terminated given 10 calendar days' written advance notice of the change? to a, b, or c explain. | **YES** | | **NO** | | | | | **N/A** | | |
|  | | | | | | | | | |
| Comments:  a.  b. | | | | | | | | | | | |
| 215. | a. Did the SFA complete verification by November 15?  b. If not, did the SFA get SA approval for an extension until December 15?  If NO to a or b, explain. | **YES** | **NO** | | | | | **N/A** | | | |
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| Comments:  a.  b. | | | | | | | | | | | |

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| **Module: Meal Counting and Claiming** | | | | | | | | | | | | | | |
| 314. | Is the SFA following their approved SFA-SA Agreement/application (including POS)?  If NO, explain. | | | | | | | | | **YES** | | | **NO** | |
|  | | |  | |
| Comments: | | | | | | | | | | | | | | |
| 315. | Does the SFA consolidate the Claim for Reimbursement?  If YES, complete question 316. | | | | | | | | | **YES** | | | **NO** | |
|  | | |  | |
| Comments: | | | | | | | | | | | | | | |
| 316. | a. Complete the chart below for all schools for the review period.  b. Were the counts for all schools for the review period correctly consolidated and claimed by the SFA?  If NO, explain and indicate whether the problem was non-systemic or systemic. If there are differences refer to the instructions to this question for further guidance. | | | | | **NSLP** | | | | | **SBP** | | | |
| **YES** | | **NO** | **N/A** | | **YES** | **NO** | | **N/A** |
|  | |  |  | |  |  | |  |
| **NSLP** | | **SFA Claim** | **SA Count** | **Diff +/-** | **SBP** | | **SFA Claim** | | **SA Count** | | | **Diff +/-** | | |
| **Free** | |  |  |  | **Free** | |  | |  | | |  | | |
| **Reduced** | |  |  |  | **Reduced** | |  | |  | | |  | | |
| **Paid** | |  |  |  | **Paid** | |  | |  | | |  | | |
| Comments: | | | | | | | | | NSLP:  Non-systemic  Systemic  SBP:  Non-systemic  Systemic | | | | | |

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| **Section IV: Resource Management** |

**TO BE COMPLETED ONLY FOR SFAs IN FIRST YEAR OF OPERATION**

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| **Module: Maintenance of the Nonprofit School Food Service Account** | | | |
|  | Does the new SFA have processes and procedures for ensuring compliance with FNS requirements concerning Maintenance of the Nonprofit School Food Service Account, including compliance with allowable costs? (7 CFR 210.14/2 CFR 200 Subpart E)  Document any technical assistance provided/corrective action necessary | **YES** | **NO** |
|  |  |
| Comments: | | | |
| **Module: Paid Lunch Equity** | | | |
|  | Does the new SFA have processes and procedures for ensuring compliance with FNS requirements concerning the Paid Lunch Equity? (7 CFR 210.14(e))  Document any technical assistance provided/corrective action necessary | **YES** | **NO** |
|  |  |
| Comments: | | | |
| **Module: Revenue from Nonprogram Foods** | | | |
|  | Does the new SFA have processes and procedures for ensuring compliance with FNS requirements concerning Revenue from Nonprogram Foods? (7 CFR 210.14(f)) and FNS Policy Memo SP 20-2016.)  Document any technical assistance provided/corrective action necessary | **YES** | **NO** |
|  |  |
| Comments: | | | |
| **Module: Indirect Costs** | | | |
|  | Does the new SFA have processes and procedures for ensuring compliance with FNS requirements concerning Indirect Costs? (2 CFR 225 and SP 41-2011)  Document any technical assistance provided/corrective action necessary | **YES** | **NO** |
|  |  |
| Comments: | | | |

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| **Section V: General Program Compliance** |

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| --- | --- | --- | --- |
| **Module: Civil Rights** | | | |
| 809. | a. Are denied applications disproportionately submitted by minority households?  b. If YES, were they denied correctly?  If NO, explain. | **YES** | **NO** |
|  |  |
|  |  |
| Comments: | | | |
| 810. | Review, program materials, do appropriate Program materials use the non-discrimination statement? | **YES** | **NO** |
|  |  |
| Comments: | | | |
| **Module: Professional Standards** | | | |

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| 1210. | Does the LEA’s enrollment match the enrollment level described on the off-site assessment tool? i.e. 2,499 or less, 2,500 – 9,999, or 10,000 or more. | | | | | | | **YES** | | | **NO** | | | | |
|  | | |  | | | | |
| 1211. | Review an employee list for the day of the review and verify that the SFA’s information from the Off-site matches the current (day of review) employee list. If personnel count does not match, list any employees that are no longer employed with the SFA in the comments. If any new personnel have been hired, see question 1220. | | | | | | | | | | | | | | |
|  | **SFA Count Off-site Tool** | | **SA Count Day of Review** |  | **SFA Count Off-site Tool** | | | | **SA Count Day of Review** | | | | | | |
| **Directors** |  | |  | **Managers** |  | | | |  | | | | | | |
| **Full-Time Nutrition Staff** |  | |  | **Part-Time Nutrition Staff** |  | | | |  | | | | | | |
| **Personnel hired after January 1 of the School Year being reviewed, if applicable. Otherwise list NA.** |  | |  | **Non-school nutrition staff that have responsibilities that include duties related to the program** | |  | | |  | | | | | | |
| Comments: | | | | | | | | | | | | | | |
| 1212. | a) After review of documentation, if the SFA hired any new directors on or after July 1, 2015 were hiring requirements met? If no new directors were hired mark NA and proceed to question 1216.  b) If yes, validate that the SFA has documentation to substantiate hiring requirements on file? If no, for LEAs with student enrollment less than 500 students did the SFA receive approval prior to hiring? For LEAs with more than 500 students explain in the comments section. | | | | | | **YES** | | | **NO** | | | **NA** | | |
|  | | |  | | |  | | |
| Comments: | | | | | | | | | | | | | | | |
| 1213. | | Verify the SFA’s response to Question 1203 on the Off-site Assessment Tool.  Validate that a previous food safety certification was obtained in the last 5 years or that the newly hired School Nutrition Program Director completed food safety training at the time of the on-site review? If yes, list date of certification in the comments | | | | | **YES** | | | **NO** | | | | **NA** | |
|  | | |  | | | |  | |
| Comments: | | | | | | | | | | | | | | | |
| 1214. | | Validate the SFA’s response to Question 1204 on the Off-site Assessment Tool.  If the School Nutrition Program Director has not met the training requirements, review documentation of the scheduled/planned trainings for the remainder of the school year and determine if the School Nutrition Program Director is expected to meet annual training requirements.  List current completed training hours and expected/planned training hours in the comments. | | | | | **YES** | | | | **NO** | | | | |
|  | | | |  | | | | |
| Comments: | | | | | | | | | | | | | | | |
| 1215. | | Validate the SFA’s response to Question 1205 on the Off-site Assessment Tool, if applicable.  If the School Nutrition Program Manager has not met the training requirement, review documentation of the scheduled/planned trainings for the remainder of the school year and determine if the School Nutrition Program Manager is expected to meet annual training requirements.  List current completed training hours and expected/planned training hours in the comments. | | | | | **YES** | | | | **NO** | | | | |
|  | | | |  | | | | |
| Comments: | | | | | | | | | | | | | | | |
| 1216. | | Validate the SFA’s response to Question 1206 on the Off-site Assessment Tool, if applicable.  List current completed training hours and expected/planned training hours in the comments. | | | | | **YES** | | | | **NO** | | | | |
|  | | | |  | | | | |
| Comments: | | | | | | | | | | | | | | | |
| 1217. | | a. Please describe the frequency (i.e. annually, quarterly, monthly etc.) in which training hours are being tracked. i.e. entered into a tracking mechanism  b. Does the SFA use the USDA Professional Standards Training Tracking Tool? If not, please describe in the comments section what is being used and if the SFA’s process clearly documents the required fields listed in the Professional Standards Module. | | | | | | | | | | | | | |
| Comments:  a.  b. | | | | | | | | | | | | | | | |
| 1218. | | Are there any employees that were hired in the time between completion of the Off-site and On-site Assessment Tools? If yes, did they meet the training requirements?  If no, explain in comments below. Please list non-compliant employee’s name(s), title/position and training hours completed. | | | | | **YES** | | | | | **NO** | | | |
|  | | | | |  | | | |
| Comments: | | | | | | | | | | | | | | | |
| 1219. | | 1. Are there additional employees outside of the School Nutrition Program whose responsibilities include duties related to the operation of the School Nutrition Program? 2. If yes, have these employees received the required applicable training? | | | | | **YES** | | | | **NO** | | | | |
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|  | | | |  | | | | |
| Comments: | | | | | | | | | | | | | | | |

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| **Module: Food Safety, Storage and Buy American** | | | |
| 1400. |  | **YES** | **NO** |
| a. Does the written food safety plan contain the required elements?  If NO, identify which elements are missing in comments section. |  |  |
| b. Is a copy of the written food safety plan available at each school?  If NO, explain in comments section. |  |  |
| Comments: | | | |

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| 1401. | If conducted as part of the Administrative Review, are SFA contracted and self-operated warehouses, storing all foods (commercial and USDA) properly? If no, explain. | **YES** | **NO** |
|  |  |
| Comments: | | | |

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| --- | --- | --- | --- |
| 1402. | The number of agricultural food components to review will be determined based on the SFA storage facility practices used.  Does the SFA store a majority of the agricultural food components used at each school reviewed? If yes, skip the next section as the review of Buy American compliance will occur at the school-level review.  Does the SFA store a majority of agricultural food components used at an off-site storage facility? If yes, review 2-3 items in each food component listed in the instructions at each reviewed off-site storage facility.  Does the SFA store agricultural food components used at both individual schools and off- site storage facilities? If yes, review 1-2 items in each agricultural food component category listed in the instructions at each site reviewed.  In the comments section list any noncompliant food components that are observed. | **YES** | **NO** |
|  |  |
|  |  |
|  |  |
| Comments: | | | |
| 1403. | 1. Did a review of agricultural food components indicate violations of the Buy American provision (7 CFR 210.21(d)) either during review of products on-site at reviewed schools or at off-site storage facilities as applicable? If yes, proceed to b, if no proceed to next section. 2. Is there documentation to determine if domestic alternatives were considered and if an exception was granted by the SFA because:   • The agricultural food component is not produced or manufactured in the U.S. in sufficient and reasonably available quantities of a satisfactory quality; or  • Competitive bids reveal the costs of domestic agricultural food components are significantly higher than the non-domestic ones.   * The exception was related to the domestic food as prohibitively costly or limited quantity availability.   (Inform the SA staff conducting the procurement review of any findings in this area in order to identify if the Buy American provision is in the SFA solicitation, contract, and/or bid specifications.) | **YES** | **NO** |
|  |  |
|  |  |
| Comments: | | | |

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| --- | --- | --- | --- |
| **Module: Reporting and Recordkeeping** | | | |
| 1500. | Are reports submitted to the State agency as required?  If NO, explain. | **YES** | **NO** |
|  |  |
| Comments: | | | |
| 1501. | Are records retained for 3 years after the final Claim for Reimbursement for the fiscal year or until resolution of any audits?  If NO, explain. | **YES** | **NO** |
|  |  |
| Comments: | | | |

**Section VI: Other Federal Program Reviews**

|  |  |
| --- | --- |
| **Module: Seamless Summer Option**  **Check box if SFA operates SSO** |  |
| \*If a review of SSO is required, complete Supplemental Seamless Summer Option Administrative Review Form. | |
| **Module: Afterschool Care Snack Program**  **Check box if SFA operates Afterschool Snack Care Program** |  |
| \* If a review of Afterschool Care Snack Program is required, complete Supplemental Afterschool Care Snack Program Administrative Review Form. | |

**Section VII: Special Provision Options – SFA Level\***

**SCHOOL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Note:** Some of these activities may be assessed at the site level. If some or any of these activities occur at the site level, record the activities here.

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| **Module: Special Provisions Options** | | | | | | |
| 2113. | Were the claiming percentages and/or funding levels established during the Base Year for Provision 2 and 3 SFAs/sites calculated correctly?  If NO, explain. | | **YES** | **NO** | | **N/A** |
|  |  | |  |
| Comments: | | | | | | |
| 2114. | Are the claiming percentages and/or funding levels established during the Base Year for Special Provision Option SFAs/sites being applied correctly to Non-Base Year claims for reimbursement?  If NO, explain. | | **YES** | **NO** | | **N/A** |
|  |  | |  |
| Comments: | | | | | | |
| 2115. | Does the SFA documentation support the Identified Student Percentages and claiming percentages at time of latest CEP approval?  If NO, explain. | | **YES** | **NO** | | **N/A** |
|  |  | |  |
| Comments: | | | | | | |
| 2116. | | Are Free and Reduced-price Meal Applications being distributed in sites operating Provision 2/3 in Non-Base Years?  If yes, is the SFA’s distribution of applications and use of information acceptable as specified in the USDA Provision 2 Guidance: Free and Reduced Price Applications? Explain in the Comments section. | **YES** | | **NO** | |
|  | |  | |
| Comments: | | | | | | |
| 2117. | For Provision 1 sites only: Are daily meal counts by type used as the basis for calculating claims for reimbursement? | | **YES** | **NO** | | **N/A** |
|  |  | |  |
| Comments: | | | | | | |

**Section II: Meal Access and Reimbursement**

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| **Module: Meal Counting and Claiming**  **DAY OF REVIEW** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 317. | | a. Based on meal observation, does the meal counting system as implemented prevent overt identification of students receiving free and reduced price benefits?  If NO, explain.  b. Does the school have separate dining areas, meal service times, or serving lines based on a student’s eligibility status?  c. Does the school limit choice of reimbursable meals based on a student’s eligibility status?  d. Does the school use different mediums of exchange based on eligibility status?  If YES to b, c, or d, explain. | | **NSLP** | | | | | | | | | | | | | **SBP** | | | | | | | | | | | |
| **YES** | | | **NO** | | | | | | **N/A** | | | | | | **YES** | | | | | **NO** | | | | **N/A** |
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| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 318. | | At the selected school(s), does each type of meal service line as observed on the day of review provide an accurate count by eligibility category at the point of service (or approved alternate)?  If NO, describe the problem and indicate whether the problem was non-systemic or systemic. If second meals or meals served to ineligibles were observed, list the total in the Comments section. Combine this total with errors identified in #321 and record in S-1, 10. | | **NSLP** | | | | | | | | | | | | **SBP** | | | | | | | | | | | | |
| **YES** | | **NO** | | | | **N/A** | | | | | | **YES** | | | | | | **NO** | | | | **N/A** | | |
|  | |  | | | |  | | | | | |  | | | | | |  | | | |  | | |
| Comments: | | | | | | | | | | NSLP:  Non-systemic  Systemic  SBP:  Non-systemic  Systemic | | | | | | | | | | | | | | | | | | |
| 319. | | a. Electronic Systems Only: On the day of review, are excessive overrides used at the POS? If yes, for what purposes? Explain in comments.  b. Is the use/purpose of the overrides reasonable?  If NO to c, describe the problem and indicate whether the problem was non-systemic or systemic. | | | **NSLP** | | | | | | | | | | **SBP** | | | | | | | | | | | | | |
| **YES** | | | **NO** | | **N/A** | | | | | **YES** | | | | | | **NO** | | | | **N/A** | | | |
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| Comments: | | | | | | | | | NSLP:  Non-systemic  Systemic  SBP:  Non-systemic  Systemic | | | | | | | | | | | | | | | | | | | |
| 320. | | Are meal count totals by category combined and recorded correctly?  If NO, describe the problem and indicate whether the problem is systemic or non-systemic. Record any differences on the S-1, 13. | | | **NSLP** | | | | | | | | | **SBP** | | | | | | | | | | | | | | |
| **YES** | | | **NO** | **N/A** | | | | | **YES** | | | | | | **NO** | | | | | **N/A** | | | |
|  | | |  |  | | | | |  | | | | | |  | | | | |  | | | |
| Comments: | | | | | | | | | NSLP:  Non-systemic  Systemic  SBP:  Non-systemic  Systemic | | | | | | | | | | | | | | | | | | | |
| 321. | a. Are total meal counts by category for the review period reasonable compared to meal counts for the day of review?  b. If NO, obtain the school’s explanation and record in the Comments section.  c. Does the explanation describe an acceptable meal count system?  d. If NO, explain and list total number of second meals and meals served to ineligibles in the Comments section. Combine this total with errors identified in #318 and record in S-1, 10. | | **NSLP** | | | | | | | | | | | | **SBP** | | | | | | | | | | | | |
| **YES** | | | **NO** | | **N/A** | | | | | | | **YES** | | | | | | **NO** | | | | | **N/A** | |
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| **NSLP - Day of Review Meal Counts**  Free  Reduced  Paid  Total \_\_\_\_\_\_\_\_  **NSLP Review Period Meal Counts Lowest to Highest**  Free to \_  Reduced to \_  Paid to \_  Total \_\_\_\_\_\_to \_ | | **SBP - Day of Review Meal Counts**  Free  Reduced  Paid  Total \_\_\_\_\_\_\_\_  **SBP - Review Period Meal Counts Lowest to Highest**  Free to \_  Reduced to \_  Paid to \_  Total \_\_\_\_\_\_to \_ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Module: Meal Counting and Claiming**  **REVIEW PERIOD** | | | | | | | | | | | | | | | | | | | | | | | |
| 322. | a. Were there any days when the free, reduced price, or paid meal counts exceeded the number of free, reduced price, or paid eligible students?    b. If YES to a, indicate which dates and determine whether there was an acceptable explanation available for each day.  If NO to a, skip to question 323.  c. If no acceptable explanation is available, explain and list the number of ineligible meals in the Comments section. Combine this total with errors identified in #323-324 and record in S-1, 14. | | | | | | | **NSLP** | | | | | | | | **SBP** | | | | | | | |
| **YES** | **NO** | | | **N/A** | | | | **YES** | | | **NO** | | | **N/A** | |
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| **NSLP** | | | | | **SBP** | | | | | | | | | | | | | | | | | | |
| **School Free Eligible Count** | | | |  | **School Free Eligible Count** | | | | |  | | | | | | | | | | | | | |
| **School Reduced-Price Eligible Count** | | | | **School Reduced-price Eligible Count** | | | | |
| **School Paid Eligible Count** | | | | **School Paid Eligible Count** | | | | |
| **Dates Exceeding Eligible Students** | | | | | **Dates Exceeding Eligible Students** | | | | | | | | | | | | | | | | | | |
| **Free** | | |  | | **Free** | |  | | | | | | | | | | | | | | | | |
| **Reduced** | | | **Reduced** | |
| **Paid** | | | **Paid** | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | |
| 323. |  | | | | | | | | | | | | | | | | | | **YES** | | | **NO** | |
|  | | |  | |
| a. Were there any days when the free, reduced price, or paid lunch counts exceeded the number of attendance adjusted eligible students? | | | | | | | | | | | | | | | | | |
| b. If YES to a, was it 50% or more of the serving days? | | | | | | | | | | | | | | | | | |  | | |  | |
| c. If YES to b, was there an acceptable explanation? | | | | | | | | | | | | | | | | | |  | | |  | |
| d. If NO to c, explain and list the number of ineligible lunches in the Comments section. Combine this total with errors identified by Program in #322 and #324, and record in S-1, 14. | | | | | | | | | | | | | | | | | |  | | |  | |
| **NSLP** | | | | | |  | | | | | | | | | | | | | | | | | |
| **Dates Exceeding Attendance Adjusted Eligible Students** | | | | | |
| **Free:** | |  | | | |
| **Reduced:** | |
| **Paid:** | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | |
| 324. |  | | | | | | | **NSLP** | | | | | | | **SBP** | | | | | | | | |
| **YES** | **NO** | | | **N/A** | | | **YES** | | | | **NO** | | | **N/A** | |
| a. Were there patterns in the free, reduced, or paid meal counts which appear questionable? | | | | | | |  |  | | |  | | |  | | | |  | | |  | |
| b. If YES, obtain the school’s explanation and record in the Comments section. | | | | | | |  |  | | |  | | |  | | | |  | | |  | |
| c. After consideration of this explanation, do the patterns indicate questionable meal count practices?  If YES to c, explain and list the number of ineligible meals by Program in Comments section. Combine this total with errors identified in #322 and #323 and record on the S-1, 14. | | | | | | |  |  | | |  | | |  | | | |  | | |  | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | |
| 325. | a. For the review period, complete S-1, 17.  b. Were the counts by category correctly used in the Claim for Reimbursement?  c. If NO, explain and indicate whether the problem was non-systemic or systemic. List the number of ineligible meals by Program in the Comments section. Record differences on the S-1, 17. | | | | | | | **NSLP** | | | | | | | **SBP** | | | | | | | | |
| **YES** | **NO** | | **N/A** | | | | **YES** | | | **NO** | | | **N/A** | | |
|  |  | |  | | | |  | | |  | | |  | | |
| Comments: | | | | | | | | | | | | | NSLP:  Non-systemic  Systemic  SBP:  Non-systemic  Systemic | | | | | | | | | | |

**Section III: Nutritional Quality and Meal Pattern**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Module: Meal Components and Quantities**  **DAY OF REVIEW** | | | | | | | | | | | | | | | | |
| **NSLP MENU:** | | | **SBP MENU:** | | | | | | | | | | | | | |
| 400. | Were all required meal components available on every reimbursable meal service line to all participating students  a. Prior to the beginning of meal service?  b. During the meal service?  If NO to a or b, explain all errors identified and the technical assistance provided in the Comments section.  If the error was not corrected prior to the beginning of the meal service, or if the meal service line did not offer all required meal components throughout the meal service, list the number of meals served from the applicable meal service line missing the required meal components in the Comments section. Combine this total with errors identified in #401 and record on the S-1, 11. | | | **NSLP** | | | | | **SBP** | | | | | | | |
| **YES** | **NO** | | **N/A** | | **YES** | | **NO** | | **N/A** | | | |
|  |  | |  | |  | |  | |  | | | |
|  |  | | |  |  | |  | |  | | | |
| Comments: | | | | | | | | | | | | | | | | |
| 401. | Did all meals observed and counted for reimbursement for the day of review contain all of the required meal components?  If NO, explain any errors identified and the technical assistance provided in the Comments section.  Record the number of meals observed missing required meal components, which includes the requirement for at least ½ cup of fruits/vegetables under OVS, in the Comments section. Combine this total with errors identified in #400 and record on the S-1, 11. | | | **NSLP** | | | | | **SBP** | | | | | | | |
| **YES** | **NO** | | **N/A** | | **YES** | | **NO** | | **N/A** | | | |
|  |  | |  | |  | |  | |  | | | |
| Comments: | | | | | | | | | | | | | | | | |
| 402. | Are the minimum daily quantity requirements met for the age/grade group being offered?  If NO, list all the errors identified and the technical assistance provided. Indicate whether the violations identified were repeat violations in the SFA. Record only the number of incomplete meals counted for reimbursement that will be subject to fiscal action in the appropriate field on the S-1, 12. | | | **NSLP** | | | | | **SBP** | | | | | | | |
| **YES** | **NO** | | **N/A** | | **YES** | | **NO** | | | | **N/A** | |
|  |  | |  | |  | |  | | | |  | |
| **NSLP** | | | **SBP** | | | | | | | | | | | | | |
|  | | Indicate Quantity Offered |  | | | Indicate Quantity Offered | | | | | | | | | | |
| **Meat/meat alternate** | |  | **Grains/Breads** | | |  | | | | | | | | | | |
| **Fruits** | |  | **Fruits** | | |  | | | | | | | | | | |
| **Vegetables** | |  | **Milk** | | |  | | | | | | | | | | |
| **Grains/Breads** | |  |  | | |  | | | | | | | | | | |
| **Milk** | |  |  | | |  | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | |
| 403. | a. Was fluid milk available in at least the two required varieties throughout the serving period on all meal service lines? If SFA/school is offering 1% flavored milk, check that approved waiver from State Agency is on file.  b. If milk substitutions are made, are they allowable?  If NO to a or b, list all the errors identified and the technical assistance provided. Indicate whether the violations identified were repeat violations for the SFA. Record only the number of incomplete meals counted for reimbursement that will be subject to fiscal action in the appropriate field on the S-1, 12. | | | **NSLP** | | | | | **SBP** | | | | | | | |
| **YES** | **NO** | | **N/A** | | **YES** | | **NO** | | **N/A** | | | |
|  |  | | |  | |  | |  | | | |  |
|  |  | | |  | |  | |  | | | |  |
| Comments: | | | | | | | | | | | | | | | | |
| 404. | a. Is there signage explaining what constitutes a reimbursable breakfast to students for all applicable grade groups?  b. Is there signage explaining what constitutes a reimbursable lunch to students for all applicable grade groups?  c. Does signage promote water or any other beverage as an alternative selection to fluid milk throughout the food service area?  If NO to a, b, or YES to c, explain and list the technical assistance provided in the comments. | | | | | | | | | | **YES** | | | **NO** | | |
|  | | |  | | |
|  | | |  | | |
|  | | |  | | |
| Comments:  a.  b.  c. | | | | | | | | | | | | | | | | |
| 405. | If the school has elected to serve meals using the Family Style Method, is the school implementing method as specified in FNS Instruction 783-9?  If NO, list the issues identified and the technical assistance provided. | | | **NSLP** | | | | | **SBP** | | | | | | | |
| **YES** | **NO** | | **N/A** | | **YES** | | **NO** | | **N/A** | | | |
|  |  | |  | |  | |  | |  | | | |
| Comments: | | | | | | | | | | | | | | | | |
| 406. | If the school is serving multiple menus and/or age/grade groups, is the meal service structured to comply with the required age/grade group meal pattern requirements? Describe the structure in the Comments section.  List any errors identified and the technical assistance provided. | | | **NSLP** | | | | | **SBP** | | | | | | | |
| **YES** | **NO** | | **N/A** | | **YES** | | **NO** | | **N/A** | | | |
|  |  | |  | |  | |  | |  | | | |
| Comments: | | | | | | | | | | | | | | | | |
| 407. | a. Has the school offered the planned menu for the day of review?  b. If changes are being made to the planned menu, are the changes acceptable substitutions?  If NO to a or b, list all errors identified and the technical assistance provided. Record only the number of incomplete meals counted for reimbursement that will be subject to fiscal action in the appropriate field on the S-1, 12. | | | **NSLP** | | | | | **SBP** | | | | | | | |
| **YES** | **NO** | | **N/A** | | **YES** | | **NO** | | **N/A** | | | |
|  |  | |  | |  | |  | |  | | | |
| Comments: | | | | | | | | | | | | | | | | |
| 408. | Did any findings noted in Questions 400 - 407 result in the turning off of the Performance- Based Reimbursement?  If YES, record on the S-1, 18 and identify the issues in the Comments section. | | | | | | | | **YES** | | **NO** | | **N/A** | | | |
|  | |  | |  | | | |
| Comments: | | | | | | | | | | | | | | | | |

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| **Module: Offer versus Serve**  **DAY OF REVIEW** | | | | | | | | | |
| 500. | Is Offer vs. Serve being implemented properly by the reviewed school?  If the reviewed school does not utilize Offer vs, Serve check N/A and skip 501-502.  If NO, list all errors identified and the technical assistance provided in the Comments section. Meals missing a required meal component, which includes the requirement for at least ½ cup of fruits/vegetables, are recorded under Question 401. Record only the number of incomplete meals due to insufficient quantities (not to include the requirement for at least ½ cup of fruits/vegetables) claimed for reimbursement that will be subject to fiscal action in the appropriate field on S-1, 12. | **NSLP** | | | | **SBP** | | | |
| **YES** | **NO** | | **N/A** | **YES** | **NO** | | **N/A** |
|  |  | |  |  |  | |  |
| Comments: | | | | | | | | | |
| 501. | Has the cafeteria staff been trained on Offer vs. Serve?  If NO, explain and list the technical assistance provided. | **NSLP** | | | | **SBP** | | | |
| **YES** | | **NO** | | **YES** | | **NO** | |
|  | |  | |  | |  | |
| Comments: | | | | | | | | | |
| 502. | Does signage explaining what constitutes a reimbursable meal to students include the requirement to select at least ½ cup fruit or vegetable?  If NO, explain and list the technical assistance provided. | | | | | | **YES** | | **NO** |
|  | |  |
| Comments: | | | | | | | | | |

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| **Module: Meal Components and Quantities**  **REVIEW PERIOD** | | | | | | | | | | | | | | | | | | | | | | |
| 409. | Review production records and other supporting documentation, did all reviewed meals during the review period indicate that all of the required meal components per weekly meal pattern requirements were offered and served to students?  If NO, explain any errors identified and the technical assistance provided. Indicate whether the violations identified were repeat violations for the SFA.  Record the number of meals observed missing required meal components on the S-1, 15. Record only the number of incomplete meals claimed for reimbursement that will be subject to fiscal action in the appropriate field on S-1, 16. | **NSLP** | | | | | | | | **SBP** | | | | | | | | | | | | |
| **YES** | | **NO** | | **N/A** | | | | **YES** | | | | | **NO** | | | **N/A** | | | | |
|  | |  | |  | | | |  | | | | |  | | |  | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | |
| 410. | 1. Do planned menu quantities meet meal pattern requirements for the review period? 2. If NO to a, do production records and/or other supporting documentation for the review period indicate that the required quantities of food were available? 3. If NO to a or b, list all the errors identified and the technical assistance provided. Indicate whether the violations identified were repeat violations for the SFA.   Record only the number of incomplete meals claimed for reimbursement that will be subject to fiscal action in the appropriate field on S-1, 16. | **NSLP** | | | | | | | | | | | | **SBP** | | | | | | | | |
| **YES** | | | **NO** | | | | **N/A** | | | | | **YES** | | | **NO** | | | | | **N/A** |
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| Comments: | | | | | | | | | | | | | | | | | | | | | | |
| 411. | 1. Did the school comply with the planned menu for the review period? 2. If changes are being made to the planned menu, are the changes acceptable substitutions? 3. If NO to a or b, list all the errors identified and the technical assistance provided. Record the number of meals observed missing required meal components on the S-1, 15. Record only the number of incomplete meals claimed for reimbursement that will be subject to fiscal action in the appropriate field on S-1, 16. | **NSLP** | | | | | | | | | | **SBP** | | | | | | | | | | |
| **YES** | | | **NO** | | **N/A** | | | | | **YES** | | | **NO** | | | | | **N/A** | | |
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| Comments: | | | | | | | | | | | | | | | | | | | | | | |
| 412. | Did any findings noted in Questions 409 - 411 result in the turning off of the Performance- Based Reimbursement?  If YES, record on S-1, 18 and identify the issues in the Comments section. | | | | | | | | | | **YES** | | | | | **NO** | | | **N/A** | | | |
|  | | | | |  | | |  | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | |

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| **[ ] N/A - THIS SITE WAS NOT SELECTED FOR THE TARGETED MENU REVIEW**  **Module: Dietary Specifications and Nutrient Analysis**  **This section is completed at only the site selected for targeted menu review for Review Period.**  (To complete this Module of the Administrative Review, reference the following addendums within the Administrative Review Manual: *Meal Compliance Risk Assessment Tool*, *Dietary Specifications Assessment Tool, and Nutrient Analysis and Validation Checklist.)*  **REVIEW PERIOD:** | | | | | | | | | | | | |
| **[ ] ON-SITE PORTION OF DIETARY SPECIFICATIONS ASSESSMENT TOOL COMPLETED** | | | | | | | | | | | | |
| 603. | Were any areas identified during the off-site review requiring technical assistance or corrective action prior to the beginning of the on-site portion of the review?  If so, explain. | | **NSLP** | | | | | | **SBP** | | | |
| **YES** | | | **NO** | | | **YES** | **NO** | | **N/A** |
|  | | |  | | |  |  | |  |
| Comments: | | | | | | | | | | | | |
| 604. | | If Option 1 is selected to complete the targeted menu review (i.e. completed the off-site portion of the *Dietary Specifications Assessment Tool*), what was the on-site validation of the risk determination? | | **Low-Risk** | | | **High-Risk** | | | | **N/A** | |
|  | | |  | | | |  | |
| Comments: | | | | | | | | | | | | |
| 605. | Based on the Nutrient Analysis, did the school meet the Dietary Specifications (Calories, Saturated Fat, Sodium, and Trans Fat) for the appropriate age/grade group being served?  If NO, list all the errors identified and the technical assistance provided. Indicate whether the violations identified were repeat violations for the SFA. Record only the number of meals counted for reimbursement that will be subject to fiscal action on the S-1, 16A. | | **IF LOW RISK, CHECK HERE [ ]** | | | | | | | | | |
| **NSLP** | | | | | | **SBP** | | | |
| **YES** | | **NO** | | |  | **YES** | **NO** | | **N/A** |
|  | |  | | |  |  |  | |  |
| Comments: | | | | | | | | | | | | |

**Section V: General Program Compliance**

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| **Module: Civil Rights** | | | |
| 811. | Is the USDA “And Justice for All” poster displayed in a prominent location and visible to recipients of benefits?  If NO, describe reason. | **YES** | **NO** |
|  |  |
| Comments: | | | |
| 812. | Do meal service observations on the day of review indicate that program benefits were made available to all children without discrimination?  If NO, explain. | **YES** | **NO** |
|  |  |
| Comments: | | | |

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| **Module: SFA On-site Monitoring** | | | | | | |
| 901. | 1. Was the on-site review of the lunch counting and claiming procedure completed prior to February 1? 2. If NO, was an extension requested and approved by the State agency? 3. Was the on-site review of the breakfast counting and claiming procedure completed prior to February 1? 4. If NO, was an extension requested and approved by the State agency? 5. If NO, explain in comments. | **YES** | | **NO** | | **N/A** |
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| Comments: | | | | | | |

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| 902. | a. Was corrective action of the meal counting and claiming procedure required?  b. If YES, was corrective action sufficient?  c. Was a follow-up review conducted within 45 days to ensure that the school implemented corrective action?  If NO to a, b, or c, explain. | **YES** | **NO** | **N/A** |
|  |  |  |
|  |  |  |
|  |  |  |
| Comments:  a.  b.  c. | | | | |

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| 903. | Does documentation indicate that corrective action was successful?  If NO, explain. | **YES** | **NO** | **N/A** |
|  |  |  |
| Comments: | | | | |
| 904. | Was corrective action in the general areas of review that are readily observable required? | **YES** | **NO** | **N/A** |
|  |  |  |
| Comments: | | | | |

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|  | | | | **Module: Smart Snacks in School [ ] N/A** | | | | | | | | | | | |
| 1104. |  | | | Where are students able to purchase foods during the school day? | | | | | | | | | | | |
| **Check below if foods/beverages are sold to students** | | | **Location** | **If applicable, check below if foods/beverages sold to students meet Smart Snacks standards** | | | **Entity Responsible** | | | | | | | | |
| **YES** | **NO** | **N/A** | **SFA** | | **LEA** | | | | **If LEA, contact name** | | |
|  | | | Cafeteria |  |  |  |  | |  | | | |  | | |
|  | | | Vending machines |  |  |  |  | |  | | | |  | | |
|  | | | School store(s) |  |  |  |  | |  | | | |  | | |
|  | | | Snack/coffee bar |  |  |  |  | |  | | | |  | | |
|  | | | Concession Stand |  |  |  |  | |  | | | |  | | |
|  | | | Fundraisers |  |  |  |  | |  | | | |  | | |
|  | | | Other (please specify)(e.g., booster club, football coach) |  |  |  |  | |  | | | |  | | |
| Comments: | | | | | | | | | | | | | | | |
| 1105. | 1. Review 10% of the food and beverages sold during the review month. Do foods and beverages sold to students during the school day (defined as 12 am on a day of instruction to 30 minutes after the end of the official school day), including a la carte foods and beverages sold during meal services, meet Smart Snacks standards? (Includes food items sold during non-exempt fundraisers)   If NO, explain.   1. If mixed grades, do beverages meet requirements for the youngest age?   If NO, explain. | | | | | | | **YES** | | | **NO** | | | **N/A** | |
|  | |  | | | |  | |
|  | |  | | | |  | |
| Comments:  a.  b. | | | | | | | | | | | | | | | |
| 1106. | | a. Does the school hold fundraisers during the school day where students may purchase food or beverages? If yes, indicate whether or not the items are Smart Snacks compliant.  b. If the items are not Smart Snacks compliant, did the school observe the State-defined limit on fundraisers? | | | | | | **YES** | | | | **NO** | | | **N/A** |
|  | | | |  | | |  |
| Comments: | | | | | | | | | | | | | | | |
| 1107. | Are exempt SBP and NSLP leftover entrees only sold the same day, or the day after, they are initially offered?  If NO, explain. | | | | | | | **YES** | | | | **NO** | | | **N/A** |
|  | | | |  | | |  |
| Comments: | | | | | | | | | | | | | | | |

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| **Module: Water** | | | | | | | |
| 1300. | Is free potable water available to all students for lunch (in each location where lunches are served during the meal service) and for breakfast (when breakfast is served in the cafeteria)? | **NSLP** | | | **SBP** | | |
| **YES** | **NO** |  | **YES** | **NO** | **N/A** |
|  |  |  |  |  |
| Comments: | | | | | | | |

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| **Module: Food Safety, Storage and Buy American** | | | | | | | | | | |
| 1404. | Is a copy of the written food safety plan site specific and available at each school? | | | **YES** | | | | | | **NO** |
|  | | | | | |  |
| Comments: | | | | | | | | | | |
| 1405. | a. In the comments section, list the dates of the two (2) most recent food safety inspections  b. Are both inspections from the current school year? If YES, move to Question 1404. If NO, go to c.  c. Were two inspections received in the previous school year? If NO, go to d.  d. Does the SFA have documentation to indicate that the SFA requested two (2) inspections in the current school year from the applicable agency?  If NO to d, explain. | **YES** | **NO** | | | **N/A** | | | | |
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|  |  | | | |  | | | |
| Comments:   1. Date(s) of two (2) most recent safety inspections:   \_\_\_\_\_  c.  d. | | | | | | | | | | |
| 1406. | Is the most recent food safety inspection report posted in a publicly visible location?  If NO, explain. | | | | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments: | | | | | | | | | | |
| 1407. | Was the SFA’s written food safety plan implemented?  If NO, explain. | | | | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments: | | | | | | | | | | |
| 1408. | Were the selected relevant temperature logs available for review?  If YES, specify which date was selected.  If NO, explain. | | | | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments:  Date(s) of selected temperature logs: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| 1409. | Were on-site (or off-site, if observed) storage violations observed? If YES, explain. | | | | **YES** | | | **NO** | | |
|  | | |  | | |
| Comments: | | | | | | | | | | |
| 14010. | The number of agricultural food components to review will be determined based on the SFA storage facility practices used.  a. Does the SFA store a majority of food products used at each school? If yes, review 2-3 items in each food category listed in the instructions at each school reviewed.  b. Does the SFA store agricultural food components used at both individual schools and off- site storage facilities? If yes, review 1-2 items in each agricultural food component category listed in the instructions at each site reviewed..  In the comments section list any noncompliant food items that are observed. | | | | **YES** | | | **NO** | | |
|  | | | |  | |
|  | | | |  | |
| Comments: | | | | | | | | | | |
| 1411. | a. Did a review of agricultural food components indicate violations of the Buy American provision (7 CFR 210.21(d)) either during review of products on-site at reviewed schools or at off-site storage facilities as applicable? If yes, proceed to b, if no proceed to next question.  b. Is there documentation to determine if domestic alternatives were considered and if an exception was granted by the SFA because:  The agricultural food component is not produced or manufactured in the U.S. in sufficient and reasonably available quantities of a satisfactory quality; or  • Competitive bids reveal the costs of domestic agricultural food components are significantly higher than the non-domestic ones.  The exception was related to the domestic food as prohibitively costly or limited quantity availability. (Inform the SA staff conducting the procurement review of any findings to identify if the Buy American provision is in the SFA solicitation, contract, and/or bid specifications. | | | | **YES** | | | **NO** | | |
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| Comments: | | | | | | | | | | |

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| **Module: Reporting and Recordkeeping** | | | |
| 1502. | Are records retained for 3 years after the final Claim for Reimbursement for the fiscal year or until resolution of any audits? If NO, describe reason. | **YES** | **NO** |
|  |  |
| Comments: | | | |

**Section VI: Other Federal Program Reviews**

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| **Module: Afterschool Snack Program [ ] N/A**  \*See Supplemental Afterschool Snack Program Administrative Review Form. | | | |
| 1700. | Were any areas identified requiring technical assistance or corrective action?  If YES, explain. | **YES** | **NO** |
|  |  |
| Comments: | | | |

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| **Module: Seamless Summer Option [ ] N/A** |
| \*If a review of SSO is required, complete Supplemental Seamless Summer Option Administrative Review Form |

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| **Module: Fresh Fruit and Vegetable Program [ ] N/A**  **Review Period** | | | | |
| 1900. | Is the school on track to spend no more than 10% of its total grant on administrative costs?  If NO, explain. | **YES** | | **NO** |
|  | |  |
| Comments: | | | | |
| 1901. | Did the cost documentation provided support the school’s FFVP claim for reimbursement?  If NO, explain. Record any unsupported Program costs in the Comments section. Combine amount with any applicable amount in 1902 and record on the S-1, 21. Unsupported costs and/or unallowable costs must be recorded on the Fiscal Action Workbook. | **YES** | **NO** | |
|  |  | |
| Comments: | | | | |
| 1902. | Is the cost documentation for allowable FFVP costs?  If NO, explain. Record any unallowable Program costs in the Comments section. Combine amount with any applicable amount in 1901 and record on the S-1, 21. Unsupported costs and/or unallowable costs must be recorded on the Fiscal Action Workbook. | **YES** | **NO** | |
|  |  | |
| Comments: | | | | |
| **Module: Fresh Fruit and Vegetable Program [ ] N/A**  **Day of Review** | | | | |
| 1903. | Is the FFVP available to all enrolled children at no cost?  If NO, explain. | **YES** | | **NO** |
|  | |  |
| Comments: | | | | |
| 1904. | Is the FFVP offered during the school day, but outside the meal service times of the NSLP and/or SBP?  If NO, explain. | **YES** | **NO** | |
|  |  | |
| Comments: | | | | |
| 1905. | Is the FFVP widely publicized within the school?  If NO, explain. | **YES** | **NO** | |
|  |  | |
| Comments: | | | | |
| 1906. | Were any of the following unallowable products offered during the FFVP meal service: frozen, canned, and other types of processed fruits/vegetables; fruit/vegetable juice, nuts, cottage cheese, trail mix, fruit/vegetable pizza, smoothies, fruit strips, fruit drops, fruit leather, jellied fruit, or carbonated fruit?  If YES, explain. | **YES** | **NO** | |
|  |  | |
| Comments: | | | | |
| 1907. | a. Did the school choose to offer dip with the day’s offering?  b. If YES, was it fat-free or low-fat, no greater than 2 tablespoons, and provided for vegetables only?  If NO, explain. | **YES** | **NO** | |
|  | |  |
|  | |  |
| Comments: | | | | |
| 1908. | a. Is a cooked vegetable offered today?  If YES, answer b and c.  b. Is it included as part of a nutrition education lesson?    c. Is this the only offering of a cooked vegetable this week?  If NO to b or c, explain. | **YES** | **NO** | |
|  | |  |
|  | |  |
|  | |  |
| Comments: | | | | |
| 1909. | Are teachers who are in the classroom with students during the FFVP meal service the only adults provided with fresh fruits and vegetables?  If NO, explain. | **YES** | **NO** | |
|  |  | |
| Comments: | | | | |
| 1910. | Did the FFVP meal service follow HACCP principles and applicable sanitation and health standards, including the handling of any left overs?  If NO, explain. | **YES** | **NO** | |
|  |  | |
| Comments: | | | | |

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| --- | --- | --- | --- |
| **Module: Special Milk Program [ ] N/A**  \*See Supplemental Special Milk Program Administrative Review Form. | | | |
| 2000. | Were any areas identified requiring technical assistance or corrective action?  If YES, explain. | **YES** | **NO** |
|  |  |
| Comments: | | | |