|  |  |  |
| --- | --- | --- |
| **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** |
|  |  |
| Comments: | | |
|  | |  |
|  | | |

|  |
| --- |
| **Section II: Meal Access and Reimbursement** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  | |  | | |  |
|  | |  | | |  |
| 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 errors on the SFA-1. | **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** | | |
|  | | |  | | |
|  | | |  | | |
| 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** | | |
|  | | |  | | |
|  | | |  | | |
| 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** |
|  | |  | | |  |
| 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** | | |
|  | | |  | | |
| 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** |
|  | |  | | |  |
| Comments: | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  | | | | |  | | | |  |
|  | | | | |  | | | |  |
| 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** | | | |
|  |  | | | | |  | | | |
|  |  | | | | |  | | | |
| 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** |
|  | | | | |  | | | |  |
|  | | | | |  | | | |  |
|  | | | | |  | | | |  |
| 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** | |
|  | | |  | | | | |  | |
|  | | |  | | | | |  | |
| 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** | | | |
|  |  | | | | |  | | | |
| 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** | | | |
|  |  | | | | |  | | | |
|  |  | | | | |  | | | |
| Comments:  a.  b. | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | |

|  |
| --- |
| **Section IV: Resource Management** |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | | | |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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** | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | | |
|  | | | |  | | | | |
|  | | | |  | | | | |
| Comments: | | | | | | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  | | |  | | | |  | | | | | | |  | | | | |  | | | | |  |
|  | | |  | | | |  | | | | | | |  | | | | |  | | | | |  |
|  | | |  | | | |  | | | | | | |  | | | | |  | | | | |  |
|  | | |  | | | |  | | | | | | |  | | | | |  | | | | |  |
| 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** | | | |
|  | | |  | | | |  | |  | | | | | | | | |  | | | | |  |
|  | | |  | | | |  | |  | | | | | | | | |  | | | | |  |
| 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** | |
|  | | |  | | | |  | | | | | | |  | | | | |  | | | | |  |
|  | | |  | | | |  | | | | | | |  | | | | |  | | | | |  |
| **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: | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | |
|  |  | | | | |  | | |  | | |  | | |  |
|  |  | | | | |  | | |  | | |  | | |  |
| **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: | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  | | | | |  | | | | |  | | | |  | | | |  | |
|  |  | | | | |  | | | | |  | | | |  | | | |  | |
|  |  | | | | |  | | | | |  | | | |  | | | |  | |
| 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** | | |
|  | | |  | | |  | | | | |  | | | |  | | | |  | |
|  | | |  | | |  | | | | |  | | | |  | | | |  | |
| 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: | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **[ ] 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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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** |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| Comments: | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | **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: | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
|  |  | | | |  | | | |
| 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** | | |
|  | | | |  | |
|  | | | |  | |
| Comments: | | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | | | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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: | | | |