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| Oregon Department of Education | Child Nutrition Programs |
| 255 Capitol St. NE |  |
| Salem, OR 97310 |  |

**SNP ON-SITE MONITORING FORM**

ASSESSMENT OF THE MEAL COUNTING AND CLAIMING SYSTEM AND READILY OBSERVABLE GENERAL AREAS FOR THE SBP AND NSLP, including SSO

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

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

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

**School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reviewer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Breakfast Review Date: Lunch Review Date:

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Breakfast** | | | |  | | | | | | | | **Lunch** | |
| **YES** | | **NO** | **MEAL COUNTING AND CLAIMING SYSTEM** | | | | | | | | | **YES** | **NO** |
|  | |  | 1. Is the method used for counting reimbursable meals in compliance with the approved point of service requirement? (Meal counts must be taken at the location(s) where complete meals are served to children.) | | | | | | | | |  |  |
|  | |  | 1. Is the point of service meal count used to determine the school’s claim for reimbursement? | | | | | | | | |  |  |
|  | |  | 1. Is the person responsible for monitoring and counting meals correctly identifying reimbursable meals? | | | | | | | | |  |  |
|  | |  | 1. Is the school correctly implementing policies for handling the following (as applicable): | | | | | | | | |  |  |
|  | |  | **Yes** | **NO** | **N/A** | |  | **Yes** | | **NO** | **N/A** |  |  |
|  |  |  | | Incomplete meals? |  | |  |  |
|  |  |  | | Second meals? |  | |  |  |
|  |  |  | | Lost, stolen, misused, forgotten or destroyed tickets, tokens, IDs, etc.? |  | |  |  |
|  |  |  | | Visiting student meals? |  | |  |  |
|  |  |  | | Adult and non-student meals (and identifying program vs non-program)? |  | |  |  |
|  |  |  | | A la carte? |  | |  |  |
|  |  |  | | Student worker meals? |  | |  |  |
|  |  |  | | Field Trips? |  | |  |  |
|  |  |  | | Charged and/or prepaid meals? |  | |  |  |
|  |  |  | | Offer vs Serve? |  | |  |  |
|  | |  |  |  |  | | Unpaid meal charges |  | |  |  |
|  | |  | 1. Is there a method of identifying non-reimbursable meals (i.e., not meeting meal pattern requirements, seconds, adult meals, etc.) and distinguishing them from reimbursable meals? | | | | | | | | |  |  |
|  | |  | 1. Is someone trained as a backup for the monitor and the meal counter? | | | | | | | | |  |  |
|  | |  | 1. Are there procedures for meal counting and claiming when the primary counting and claiming system is not available? Do staff know when and how to implement them? | | | | | | | | |  |  |
|  | |  | 1. Are daily counts correctly totaled and recorded? | | | | | | | | |  |  |
|  | |  | 1. If claims are aggregated, are the meal counts correctly totaled and consolidated? | | | | | | | | |  |  |
|  | |  | 1. Are internal controls (edits, monitoring, etc.) established to ensure that daily counts do not exceed the number of students eligible or in attendance and that an accurate claim is made?   *Record today’s meal counts by category and compare to the total number of students eligible by category* | | | | | | | | |  |  |
| **Today’s Breakfast Meal Counts by Category** | | | | | | **Number of Students Approved by Category** | | | **Today’s Lunch Meal Counts by Category** | | | | |
| Free: | | | | | | Free: | | | Free: | | | | |
| Reduced Price: | | | | | | Reduced Price: | | | Reduced Price: | | | | |
| Paid: | | | | | | Paid: | | | Paid: | | | | |
|  | |  | 1. Does the system prevent overt identification of children receiving free or reduced price meals? | | | | | | | | |  |  |
| **NOTE: The following two questions are for all SFAs except for SFAs on Provision 2 or 3 in non-base years, CEP, or RCCIs with only residential children** | | | | | | | | | | | | | |
| **YES** | | **NO** |  | | | | | | | | | **YES** | **NO** |
|  | |  | 1. Is a current eligibility list kept up-to-date and used by the meal counting system to provide an accurate daily count of reimbursable meals **by category** (free, reduced price, paid)? | | | | | | | | |  |  |
|  | |  | 1. **Breakfast Only**: If applicable according to 7 CFR 220.11(d) are comparisons of daily free, reduced price and paid breakfast counts against data which will assist in the identification of breakfast counts in excess of the number of free, reduced price and paid breakfasts served each day to children eligible for such breakfasts completed? | | | | | | | | |  | |
|  | | | 1. **Lunch Only**: If applicable according to 7 CFR 210.8(a)(3), are edit checks completed and documented which compare the daily counts of free, reduced price, and paid meals against the product of the number of children currently eligible for free, reduced price, and paid meals, respectively, times an attendance factor (and any discrepancies accounted for)? | | | | | | | | |  |  |
|  | | | **READILY OBSERVABLE GENERAL AREAS** | | | | | | | | | | |
| 1. Were any issues readily observed in relation to resource management? | | | | | | | | | | | | | |
| **YES** | **NO** | |  | | | | | | | | | | |
|  |  | | Maintenance of the Nonprofit School Food Service Account? (7 CFR 210.2, 210.14, 210.19(a), 210.21) | | | | | | | | | | |
|  |  | | Paid Lunch Equity? (7 CFR 210.14(e)) | | | | | | | | | | |
|  |  | | Revenue from Nonprogram Foods? (7 CFR 210.14(f)) | | | | | | | | | | |
|  |  | | Indirect Costs? (2 CFR Part 200 and 7 CFR 210.14(g)) | | | | | | | | | | |
| 2. Were any issues readily observed in other general areas? | | | | | | | | | | | | | |
| **YES** | **NO** | |  | | | | | | | | | | |
|  |  | | Free and Reduced Price Process – including verification, notification, and other procedures (7 CFR Part 245) | | | | | | | | | | |
|  |  | | Civil Rights (7 CFR 210.23(b)) | | | | | | | | | | |
|  |  | | Reporting and Recordkeeping (7 CFR Parts 210, 220, and 245) | | | | | | | | | | |
|  |  | | Food Safety (7 CFR 210.13) | | | | | | | | | | |
|  |  | | Competitive Food Service (7 CFR 210.11 and 220.12) | | | | | | | | | | |
|  |  | | Water (7 CFR 210.10(a)(1)(i) and 220.8(a)(1)) | | | | | | | | | | |
|  |  | | Professional Standards (7 CFR 210.30) | | | | | | | | | | |
|  |  | | SBP and SFSP Outreach (7 CFR 210.12(d)) | | | | | | | | | | |
|  |  | | Local School Wellness Policies (7 CFR 210.30) | | | | | | | | | | |
|  |  | | Other | | | | | | | | | | |

**SBP CORRECTIVE ACTION PLAN:**

**DATE SBP CORRECTIVE ACTION(S) WILL BE IMPLEMENTED:** \_\_\_\_\_\_\_\_\_BY WHOM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Representative Title Date

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Reviewer Title Date

**SBP FOLLOW-UP VISIT** (must be conducted within 45 days if corrective action was required): Date(s) of Follow-Up: \_\_\_\_\_\_\_\_\_\_\_\_

Observations of corrective action implementation:

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Representative Title Date

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Reviewer Title Date

**NSLP CORRECTIVE ACTION PLAN:**

**DATE NSLP CORRECTIVE ACTION(S) WILL BE IMPLEMENTED:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BY WHOM: \_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Representative Title Date

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Reviewer Title Date

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

Date(s) of Follow-Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observations of corrective action implementation:

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Representative Title Date

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Reviewer Title Date