**SELF-ASSESSMENT/ON-SITE REVIEW OF THE MEAL COUNTING AND CLAIMING SYSTEM AND READILY OBSERVABLE GENERAL AREAS FOR THE SBP AND NSLP**

School Lunch Program

(Complete before November 1 and April 1 annually; maintain on file)

Charter and Non-Public Schools operating the National School Lunch Program (NSLP) and the School Breakfast Program (SBP) are required to conduct two program self-assessments of the meal counting and claiming systems used to document the service or reimbursable meals to students before November 1 and April 1 annually.

Each self-assessment must ensure the school’s claim is based on the counting and claiming system, as approved by the State agency, and yields the actual number of reimbursable free, reduced price, and paid meals, respectively, served for each day of operation.

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

|  |  |
| --- | --- |
| **School Food Authority Name:** | **Agreement#:** |
| **School Name:** | **Review Date:** |
| **SFA Reviewer:** | **SFA Reviewer’s Signature** |
| **School/Site Manager:** | **School Site Manager’s Signature** |

**NATIONAL SCHOOL LUNCH PROGRAM SELF ASSESSMENT (ON-SITE) REVIEW**

|  |  |
| --- | --- |
| **Review Date:** |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| ***I. Master Roster*** | **YES** | **NO** | **N/A** |
| 1. Is a master roster used in the lunch count system? |  |  |  |
| 1. Do names listed on the master roster match approved applications on file and on the direct certification list? |  |  |  |
| 1. If more than one roster is used (e.g. master roster / ticket issuance roster / food service line roster), are all rosters the same? |  |  |  |
| 1. Are all rosters updated as required reflecting current eligibility status? |  |  |  |
| 1. Is a current eligibility list kept up-to-date and used by the meal count system to provide and accurate daily count of reimbursable meals by category (free, reduced price, paid)? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***II. Lunch Count System (as determined by observation of the lunch service)*** | **YES** | **NO** | **N/A** |
| 1. Does the lunch count system produce an accurate count of reimbursable meals by category (i.e. free, reduced price, paid) served to eligible children? |  |  |  |
| 1. Are the approved lunch count procedures implemented? |  |  |  |
| 1. Are lunch counts taken at the time of and point of meal service? |  |  |  |
| 1. If not, does the school have an approved system for counting reimbursable meals? |  |  |  |
| 1. Are only lunches that meet meal pattern requirements counted and claimed for reimbursement? |  |  |  |
| 1. Does the lunch count procedure in use ensure that only one lunch per child per day is claimed for reimbursement? |  |  |  |
| 1. Does the lunch count system prevent overt identification of children receiving free or reduced price meals? |  |  |  |
| 1. Is the medium of exchange made available to all students at the same location? |  |  |  |
| 1. Does the medium of exchange provide accepted codes for identifying students as free, reduced price, or paid? |  |  |  |
| 1. Is the person responsible for monitoring meals correctly identifying reimbursable meals for the menu planning option by the SFA? |  |  |  |
| 1. Does the school have a trained backup for the monitor and the meal counter (i.e., substitute cashier)? |  |  |  |
| 1. Does the school have a backup counting system in case of mechanical failure of an automated system and do staff know when and how to implement it? |  |  |  |
| 1. Is the school correctly implementing policies for handling the following as applicable): |  |  |  |
| (a) Incomplete Meals? |  |  |  |
| (b) Second Meals? |  |  |  |
| (c) Lost, stolen, misused, forgotten or destroyed tickets, tokens IDs, PINs? |  |  |  |
| (d) Visiting student meals? |  |  |  |
| (e) Adult and non-student meals (and identifying program vs. non program? |  |  |  |
| (f) A la carte? |  |  |  |
| (g) Student worker meals |  |  |  |
| (h) Field Trips |  |  |  |
| (i) Charged and/or prepaid meals? |  |  |  |
| (j) Offer versus Serve? | |  |  |  | | --- | --- | --- | |  |  |  | | |  |  |  | | --- | --- | --- | |  |  |  | | |  |  |  | | --- | --- | --- | |  |  |  | |
| (k) Unpaid meal charges? |  |  |  |
| 1. Is there a method of identifying non-reimbursable meals (i.e. not meeting meal pattern requirements, seconds, adult meals, etc.), distinguishing them from reimbursable meals? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***III. Meal Counting, Recording, and Edit Checks*** | **YES** | **NO** | **N/A** |
| 1. Are daily counts correctly totaled and recorded? |  |  |  |
| 1. If claims are aggregated, are the meal counts correctly totaled and consolidated? |  |  |  |
| 1. For any day during the review month, does the number of lunches claimed by category (i.e. free, reduced price, and paid exceed the number of approved free, reduced price and paid eligibles? |  |  |  |
| 1. If YES, are reasons why the number exceeded documented? |  |  |  |
| 1. For any day during the review month, does the number of lunches claimed exceed the attendance adjusted eligibles by category (i.e., free, reduced price, and paid)? |  |  |  |
| 1. If the number of lunches claimed by category (i.e., free, reduced price, and paid) any day during the review period exceeds the attendance adjusted eligibles, is it evaluated and documented? |  |  |  |
| 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 for reimbursement is made? Record today’s meal counts by category and compare to the number of students eligible by category. |  |  |  |

*Record today’s meal counts by category and compare to the number of students eligible by category.*

|  |  |  |
| --- | --- | --- |
| **Number of STUDENTS APPROVED by Category** |  | **Today’s MEAL COUNTS by Category** |
| Free: |  | Free: |
| Reduced Price: |  | Reduced Price: |
| Paid: |  | Paid: |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. 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 lunches against the product of the number of children currently eligible for free, reduced price and paid lunches, respectively, times an attendance factor (and any discrepancies accounted for)? |  |  |  |
| 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. Are voids kept to a minimum (not excessive)? |  |  |  |
| 1. Are all records and reports completed daily including daily meal participation and cash receipts collected? |  |  |  |
| 1. Do Deposit Slips match the daily records and reports? |  |  |  |
| 1. Are deposits made daily? If you answer no, explain. |  |  |  |
| 1. Are written Cash Management Policies and Procedures available and followed? | |  |  |  | | --- | --- | --- | |  |  |  | | |  |  |  | | --- | --- | --- | |  |  |  | | |  |  |  | | --- | --- | --- | |  |  |  | |
| 1. Are cash receipts counted and verified by two persons? | |  |  |  | | --- | --- | --- | |  |  |  | | |  |  |  | | --- | --- | --- | |  |  |  | | |  |  |  | | --- | --- | --- | |  |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***IV. Reimbursable Meals and Production Records*** | **YES** | **NO** | **N/A** |
| 1. Does the school follow the menu plan as approved and published? |  |  |  |
| 1. Does the menu as planned meet all of the meal requirements for a reimbursable meal? |  |  |  |
| 1. Are all food items and condiments listed on the production record? |  |  |  |
| 1. Do all production records include: |  |  |  |
| 1. serving size? |  |  |  |
| 1. amounts planned? |  |  |  |
| 1. amounts prepared? |  |  |  |
| 1. amounts used? |  |  |  |
| 1. leftovers (if any)? |  |  |  |
| 1. how leftovers were handled or dispersed? |  |  |  |
| 1. classroom feeding and/or family-style feeding? |  |  |  |
| 1. Are production records accurate? |  |  |  |
| 1. Do production records document sufficient amounts of prepared food to meet the requirements for reimbursable meals for the number of meals claimed? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***V. HACCP Plan*** | **YES** | **NO** | **N/A** |
| 1. Is the school in compliance with its HACCP Plan? |  |  |  |
| 1. Are there any food safety concerns (or issues) observed during the review? |  |  |  |
| 1. Is free potable water available to all students for lunch (in each location where lunches are served during the meal service)? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***VI. Civil Rights*** | **YES** | **NO** | **N/A** |
| 1. Has the school site received any written or verbal complaints alleging discrimination in FNS programs in the current year? |  |  |  |
| 1. Is the USDA “And Justice for All” poster displayed in a prominent location and visible to recipients of benefits? |  |  |  |
| 1. Did meal service observation on the day of review indicate that program benefits were made available to all children without discrimination? |  |  |  |
| 1. Is the Civil Rights Compliance Worksheet completed? |  |  |  |
| 1. Was the Civil Rights Compliance Worksheet completed by December 15th? |  |  |  |
|  |  |  |  |
| ***VII. School Safety and Security*** | **YES** | **NO** | **N/A** |
| 1. Does your school involve your School Nutrition staff in critical incident drills such as lockdown drills? |  |  |  |
| 1. Does your staff go through critical incident training yearly? |  |  |  |
| 1. Does your staff undergo any first aid training? |  |  |  |
| 1. Is weather protocol discussed? |  |  |  |
| 1. Does your school involve your director/manager in the discussions about critical incident plans? |  |  |  |
|  |  |  |  |
| ***VIII. Results of Review*** | **YES** | **NO** | **N/A** |
| 1. Is a corrective action plan required? |  |  |  |
| 1. Is a follow-up review required? |  |  |  |

|  |
| --- |
| IX. Comments, Notes, and Observations During the Review |
|  |

|  |
| --- |
| ***X. Required Corrective Action (follow up within 45 days)*** |
|  |
| **Specify DATE Corrective Action(s) will be implemented:** |

|  |  |
| --- | --- |
| 1. ***Follow-Up Visit (must be conducted within 45 days if corrective action was required):***   Observation of corrective action implementation: | |
|  | |
| *Signature of School/Site Manager* | *Date* |
| *Signature of SFA Reviewer* | *Date* |

|  |  |  |
| --- | --- | --- |
| ***I.READILY OBSERVABLE GENERAL AREAS – Central Office*** | **YES** | **NO** |
| 1. Were any issues readily observed in relation to resource management? |  |  |
| 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 Non-program Foods? (7 CFR 210.14(f)) |  |  |
| Indirect Costs? (2 CFR Part 200 and 7 CFR 210.14(g)) |  |  |
| 1. Were any issues readily observed in other general areas? |  |  |
| Reporting and Recordkeeping (7 CFR Parts 210, 220, and 245) |  |  |
| Competitive Food Service (7 CFR 210.11 and 220.12) |  |  |
| Professional Standards (7 CFR 210.30) |  |  |
| SBP and SFSP Outreach (7 CFR 210.12(d)) |  |  |
| Local School Wellness Policies (7 CFR 210.30) |  |  |
| Other |  |  |
| Free and Reduced-Price Process – including verification, notification, and other procedures (7 CFR Part 245) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***II. Application Approval*** | **YES** | **NO** | **N/A** |
| 1. Are applications approved at the central office of Child Nutrition? |  |  |  |
| Name of approving official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| 1. Are all applications on file correctly approved or denied? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***III. Direct Certification*** | **YES** | **NO** | **N/A** |
| 1. Does the school correctly utilize direct certification? |  |  |  |
| 1. If YES, is required documentation maintained at district level? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **NSLP CORRECTIVE ACTION PLAN (for any “YES” answers above):** | | | |
|  | | | |
| **Specify DATE NSLP Corrective Action(s) will be implemented:** | | | |
| **NAME/TITLE of person responsible for ensuring Corrective Action is implemented and sustained.** | | | |
| ***SIGNATURE:*** | *School Administrator/Site Manager* | *Title* | *Date* |
| *SFA 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 Administrator/Site Manager* | *Title* | *Date* |
| *SFA Reviewer* | *Title* | *Date* |