



DEPARTMENT OF EDUCATION


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October 26, 2015

MEMORANDUM

TO: School Nutrition Supervisors
Single Unit and Special School Administrators

FROM: Aimee F. Beam, RD, LDM 
Education Associate, Child Nutrition Programs

SUBJECT: SY 2015 - 2016 Operational Memo # 22
On-Site Reviews

Annually, each School Food Authority (SFA) shall perform no less than one (1) On-Site Review of the meal counting and claiming system utilized by each school/site under its jurisdiction in accordance with NSLP Regulation §210.8(a)(1). The On-Site Review must be conducted and completed prior to **February 1** of each school year. If the On-Site Review discloses problems, the SFA must conduct an On-Site Follow-up Review within 45 days of the initial On-Site Review. The On-Site Follow-Up Review is to ensure that the school/site has implemented the corrective action plan and resolved the problem(s) disclosed from the initial On-Site Review.

Attached are the USDA Prototype On-Site Review form and the Delaware On-Site Review form. Effective SY 12-13, SFAs may use either form.

This form can also be used as a management tool for reviewing your School Breakfast Program, After School Snack Program, and Fresh Fruit and Vegetable Program where applicable. The original On-Site Review Form for each school/site is to remain in your office, and each school/site is to have a copy of their completed On-Site Review form. If an On-Site Follow-Up Review is necessary, the original completed On-Site Follow-Up Review Form is to be on file at the SFA Administrative Office and a copy of the On-Site Follow-Up Review at the school/site. The copies are to be available for review as requested by the Department of Education and/or USDA reviewers during administrative reviews.

If you have any questions regarding this process, please contact us at 302-857-3356.

Enclosures

cc: DDOE Nutrition Team

ON-SITE REVIEW CHECKLIST **ASSESSMENT OF THE MEAL COUNTING AND CLAIMING SYSTEM**

According to 7 CFR 210.8(a)(1), every school year, **prior to February 1**, each School Food Authority (SFA) with more than one school (as defined 7 CFR Part 210.2 to include Residential Child Care Institutions (RCCIs)) must perform no less than one on-site review of the lunch counting and claiming system employed by each school under its jurisdiction.

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

If the review discloses problems with a school's meal counting or claiming procedures, 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: _____ **Review Date:** _____

SFA Reviewer: _____

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

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 where complete meals are served to children.)
- ☐ ☐ 2. Is the *point of service* meal count used to determine the school's claim for reimbursement?
- ☐ ☐ 3. Is the person responsible for monitoring meals correctly identifying reimbursable meals for the menu planning option selected by the SFA?
- ☐ ☒ 4. Is the school correctly implementing policies for handling the following (as applicable):

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incomplete meals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Second meals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lost, stolen, misused, forgotten or destroyed tickets, tokens, IDs, PINs?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visiting student meals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adult and non-student meals (and identifying program vs. non-program)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A la carte?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Student worker meals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Field Trips?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Charged and/or prepaid meals?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Offer vs. Serve?
- ☐ ☐ 5. 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?

- ☐ ☐ 6. Is someone trained as a backup for the monitor and the meal counter?

YES NO

- ☐ ☐ 7. Are there procedures for meal counting and claiming when the primary counting and claiming system is not available and do staff know when and how to implement it?
- ☐ ☐ 8. Are daily counts correctly totaled and recorded?
- ☐ ☐ 9. If claims are aggregated, are the meal counts correctly totaled and consolidated?
- ☐ ☐ 10. 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.

Number of Students Approved by Category Today's Meal Counts by Category

Free:

Free:

Reduced price:

Reduced price:

Paid:

Paid:

- ☐ ☐ 11. 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
OR RCCIs WITH ONLY RESIDENTIAL CHILDREN:**

- ☐ ☐ 12. Is a current eligibility list kept up-to-date and used by the meal count system to provide an accurate daily count of reimbursable meals **by category** (free, reduced price, paid)?
- ☐ ☐ 13. 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)?

CORRECTIVE ACTION PLAN (for above "NO" answers):

SPECIFY DATE CORRECTIVE ACTION(S) WILL BE IMPLEMENTED: _____

BY WHOM: _____

SIGNATURE: _____

School Representative

Title

Date

SFA Reviewer

Title

Date

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

Observations of corrective action implementation:

SIGNATURE: _____

School Representative

Title

Date

SFA Reviewer

Title

Date

**DELAWARE DEPARTMENT OF EDUCATION
NATIONAL SCHOOL LUNCH PROGRAM
ON-SITE REVIEW**

Name of Local Education Agency: _____

Date of Site Reviewed: _____

Address: _____

Date of Review: _____

Name and Title of Staff Interviewed: _____

General

1. Type of meal service:

On-Site	_____
Satellite	_____
Base Kitchen	_____
Vended	_____

2. Ages/Grades participating: _____

3. Type of Campus:

Open	_____
Closed	_____

4. Type of Meals Being Claimed:

Breakfast	_____	Average Number Served Daily:	_____
Special Milk Program	_____		_____
Lunch	_____		_____
Fresh Fruit & Vegetable Program	_____		_____
After School Snack Program	_____		_____

5. Serving Times:

Breakfast	_____
Special Milk Program	_____
Lunch	_____
Fresh Fruit & Vegetable Program	_____
After School Snack Program	_____

6. Total Site Enrollment: _____

7. Average Daily Attendance Factor (ADA): (Local, State or National) _____
 ADA=Site Enrollment divided by total number of students present for the review month.

	YES	NO
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8. Does the school operate any type of food service or food sales that compete with the National School Lunch Program and/or School Breakfast Program?

_____	_____
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- 8a. Are foods of minimal nutritional value served (soda water, water ices, chewing gum, candy)?

_____	_____
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- 8b. Does the serving line and food displays promote the selection of a la carte items over reimbursable meals?

_____	_____
-------	-------

9. Are records maintained for three years after the final claim for reimbursement for the fiscal year or until resolution of any audits?

_____	_____
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10. Who is responsible for keeping records? (Name and Title) _____
- Where are they maintained? _____
- Meal Benefit Forms _____
- Meal Counts _____
- Claims _____
- Inventory _____

Meal Benefit Forms

11. What is the method used to establish eligibility of participants? _____

12. Do all eligibility determination documents contain the required information? YES _____ NO _____

13. Number of free and reduced price applicants and direct certification applicants on file for the current school year:

Free _____

Reduced _____

Paid _____

Total _____

Meals

14. Meal Pattern Used: _____

15. Menu as planned on day of visit:

Meat/Meat Alternate	Portion Size	Meat/Meal Alternate	Portion Size
Vegetable/Fruit	Portion Size	Vegetable/Fruit	Portion Size
Vegetable/Fruit	Portion Size	Vegetable/Fruit	Portion Size
Bread/Grain	Portion Size	Bread/Grain	Portion Size
Other Foods	Portion Size	Other Foods	Portion Size

16. Was the meal pattern met? YES _____ NO _____
17. Were the correct portion sizes served? _____

		YES	NO
18.	Is "Offer vs. Serve" implemented correctly?	_____	_____
19.	Are milks with two different fat contents being offered?	_____	_____
20.	Were all required food items/meal components available throughout the meal service on all serving lines?	_____	_____
21.	Did the meal look appealing and taste good?	_____	_____
22.	Was the meal popular with the students?	_____	_____
23.	Are high quality products being used?	_____	_____
24.	Do the students have adequate time to eat their meal?	_____	_____
25.	Do the menus for the previous month show that all the required food items/meal components were offered every day?	_____	_____
26.	What actions have been taken in preparing and serving meals to address the USDA 2005 Dietary Guidelines for Americans?		

Counting and Claiming

		YES	NO
27.	Are meal counts taken at the Point of Service (POS)?	_____	_____
	How? _____		
28.	Is there an accurate method for daily counting of meals by eligibility category?	_____	_____
29.	Is a current eligibility roster maintained and available for easy reference?	_____	_____
30.	Does the cashier know the policies for handling:		
	Lost, stolen, forgotten or destroyed tokens, tickets, IDs?	_____	_____
	A la carte selections?	_____	_____
	Adult meals?	_____	_____
31.	Can the person responsible for taking the meal count identify a reimbursable meal?	_____	_____
32.	Are adequate procedures in place to prevent the claiming of more than one reimbursable lunch per day per child?	_____	_____
33.	Are charge and prepaid lunches counted on the day served?	_____	_____
34.	How many reimbursable meals were observed? _____		

35. Number of reimbursable meals counted by the staff for meals observed in item 34 above:

Free _____ Reduced _____ Paid _____ Total _____

36. How many incomplete meals were observed? _____

	YES	NO
37. Do the meal counts in items 34 and 35 above agree with the reviewer's counts?	_____	_____
38. Are edit checks being performed on a monthly basis?	_____	_____
39. Were there any days in the previous month that the meal counts for any category exceeded the number of eligible students, adjusted by an attendance factor? <i>If yes, explain on Page 6 (On-Site Review Corrective Action Plan).</i>	_____	_____

Overt Identification

	YES	NO
40. Is it possible to determine a student's eligibility category by:		
Observing the prepayment of meals?	_____	_____
Observing the meal count system at the point of service?	_____	_____
The method in which rosters, tickets, etc. are coded or identified?	_____	_____

Other

	Excellent	Good	Average	Poor
41. Observation of Staff:				
Appearance				
Cleanliness	_____	_____	_____	_____
Dress	_____	_____	_____	_____
Attitude	_____	_____	_____	_____
Efficiency	_____	_____	_____	_____
42. Were good sanitation practices observed in food handling, garbage disposal, dish washing and maintenance of equipment and facilities?				
43. Were the food serving lines attractively displayed?				
44. Were the food displays well stocked?				
45. Were utensils, napkins, trays available at all times?				
46. Is the " And Justice For All " poster displayed where program participants can read it?				
47. Are all storage areas kept clean and at the proper temperature?				
48. Are shelving and storage adequate?				
49. Is food used on a first-in first-out basis?				
50. Are perpetual inventories of ALL food and supplies maintained separately and reconciled monthly?				

- | | YES | NO |
|---|-------|-------|
| 51. a) Is there a health inspection certificate displayed? | _____ | _____ |
| b) Is the site staff following the LEA approved HACCP Plan? | _____ | _____ |
| c) Date of most current health inspection: _____ | | |
| 52. Name of the <u>Person In Charge</u> (PIC) for Department of Public Health Inspection: | | |
| _____ | | |

Compliance Determination

	YES	NO
Does the School Nutrition Program appear to be in compliance with civil rights requirements? If not, complete corrective action plan on the following page.	_____	_____

Based on this review, are program operations in compliance with accountability requirements? If not, complete corrective action plan on the following page.

Is a follow-up review needed?

(Answer YES if answer to either of the two previous questions was NO)

Wellness Policy: _____ LEA _____ Site (check all that apply) Review and attach copy.

HACCP Plan: _____ (Review and attach copy)

Comments:

Reviewer: _____ Title: _____

Signature of Reviewer: _____

Signature of School Staff Reviewed: _____

For Follow-Up Review Only: (Must be conducted within 45 days of initial review)

Date of Follow-up Review: _____

Has Corrective Action Plan been fully implemented? _____

Does program operation comply with accountability requirements? _____

Signature of Reviewer: _____

Note: A copy of the completed On-Site Review Form is to be kept on site and at the School Food Authority Administrative Office.

**Delaware Department of Education
National School Lunch Program
On-Site Review Corrective Action Plan**

Name of Site: _____ Date of Review: _____

Reference No.	Problem	Corrective Action Needed	Date to be Completed

I acknowledge that the reviewer has discussed the Corrective Action Plan with me and I understand that all corrective action must be completed by the dates noted above for each item.

Signature of Site Staff _____ Date _____

Signature of Reviewer _____ Date _____

DAILY MEAL COUNTS/MONTHLY EDIT CHECK

Month: _____
 Site: _____
 Manager: _____

Attendance Factor: _____ = _____

Adjusted Eligibility: _____ = _____

Revised 11/17/08 klg

**Delaware Department of Education
National School Lunch Program
ON-SITE REVIEW
Additional Comments:**

Name of Site: _____ Date of Review: _____

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