

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

- Incomplete meals?
- Second meals?
- Lost, stolen, misused, forgotten or destroyed tickets, tokens, IDs, PINs?
- 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?

- 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?
- 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.

<u>Number of Students Approved by Category</u>	<u>Today's Meal Counts by Category</u>
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:

YES NO

- 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**