Onsite Monitoring Form | Seamless Summer Option (SSO)

Contracting Entity (CE) Name: **Date of Review:**

CE ID Number: **Site Name:**

Meals distributed during this site review (check all that apply: ☐ **Breakfast**   ☐ **Lunch**   ☐ **Snack**

	YES	NO
I. Counting and Claiming		
1. Is the count of reimbursable meals served taken at the point-of-service?	☐	☐
2. If the cashier or counter is at the beginning of the line, is a monitor stationed at the end of the line who removes from the count any meal which does not contain sufficient components in order to claim reimbursement?	☐	☐
3. Is there a system in place to ensure that second meals, with the exception of breakfast, are not claimed for reimbursement?	☐	☐
4. After viewing the point-of-service count in operation, does the point-of-service count method yield an accurate count of reimbursable meals?	☐	☐
5. If there is more than one serving line, are the counts from all lines properly consolidated?	☐	☐
6. Is there a trained substitute cashier/counter?	☐	☐
7. When preparing the monthly reimbursement claim, are the numbers of meals claimed for all sites reported correctly?	☐	☐
8. Was the onsite monitoring form completed and documented at least once during each site's operation?	☐	☐
II. Meal Service		
1. Do planned menus reflect the meal pattern requirements?	☐	☐
2. Is each of the required food components offered at every meal?	☐	☐
3. Are utensils that yield standard-sized servings used for portioning all menu items?	☐	☐
4. Are complete food production records maintained on all meals claimed for reimbursement, including breakfasts, snacks, lunches, and suppers?	☐	☐
5. Is site offering and claiming an appropriate number of meals based on type of site:		
a. Non-migrant or non-camp site—maximum of 2 meals each day, but not both lunch and supper	☐	☐
b. Migrant or camp site—maximum of 3 meals per day	☐	☐
6. Is each child permitted to select from the required type and number of choices of milk?	☐	☐
7. ==Is the site participating in the Rural Non-Congregate Feeding Program?== ==*If YES, complete section IV- Rural Non-Congregate Feeding Program*==	☐	☐

III. Program Operation

		YES	NO
1.	Is the nondiscrimination statement and information about where a complaint may be filed included on program materials and posted for all to see?	☐	☐
2.	Complaints	☐	☐
	a. Are procedures established to receive complaints alleging discrimination?	☐	☐
	b. Are complaints forwarded to the Texas Department of Agriculture?	☐	☐
3.	Is there no separation by race, color, national origin, sex, age, or disability in the eating periods, seating arrangements, serving lines or eating areas?	☐	☐
4.	Did the site conduct outreach to the media and community and grass roots organizations about feeding sites?	☐	☐
5.	Are records maintained for a period of five years (public and charter schools) or three years (private schools and RCCIs) after the final claim for reimbursement for the fiscal year or until resolution of any audits or reviews?	☐	☐
6.	Does the site have proper procedures to manage and safeguard cash (reconciliation, extra item sales, adult meals, etc.)?	☐	☐

IV. Rural Non-Congregate Feeding Program (Complete if applicable)

1. Type of non-congregate meal service:　☐ Grab- and Go Meal Pick-up　☐ Home Delivery
2. # of days included in each bundle at this distribution: _____
3. Select the days of the week on which non-congregate meals distributed at this service are intended to be consumed:

☐ Sunday　☐ Monday　☐ Tuesday　☐ Wednesday　☐ Thursday　☐ Friday　☐ Saturday

4. Meal types included in each bundle:　☐ Breakfast　☐ Lunch　☐ Snack

Day of Review

		Breakfast	Lunch	Snack
1.	Time non-congregate meals distributed			
2.	Time congregate meals served, if applicable			
3.	# of individual non-congregate meals distributed to eligible participants			
4.	# of individual non-congregate meals distributed to Program adults			
5.	# of individual non-congregate meals distributed to non-Program adults			
6.	# of individual congregate meals distributed to eligible participants, if applicable			
7.	# of second meals served to children (only allowable in congregate service), if applicable			
8.	# of individual non-congregate meals distributed to Program adults, if applicable			
9.	# of individual non-congregate meals distributed to non-Program adults, if applicable			

		YES	NO
10.	Are there reasonable modifications in policies and procedures to provide alternate bundles or food item substitutions for participants with a disability or food allergy?	☐	☐
11.	Is the site operating a hybrid congregate / non-congregate meal site?	☐	☐

	YES	NO
12. Were congregate and non-congregate meals served on the same day?	☐	☐
a. If YES, did the site ensure that both services did not overlap and that meal types distributed were different at each service?	☐	☐
b. Are separate meal counts taken for non-congregate and congregate meals, if applicable?	☐	☐
13. Has the site adequately communicated to the community the schedule of non-congregate service?	☐	☐
14. Are sites adhering to the meal service days and times of <u>distributions</u> indicated in the site application and approved non-congregate request form?	☐	☐
15. Do the days of intended <u>consumption</u> of non-congregate meals align with the days of service indicated in the site application?	☐	☐
16. Do bundled meal packages adhere to maximum allowable number of meals distributed to each child per day?	☐	☐
17. If bundling unitized meals, are the meals packaged individually with a method for participants to be able to identify which meal types are being provided?	☐	☐
18. Are sites ensuring that second non-congregate meals or bundles are not being distributed?	☐	☐
19. If allowing parents or guardians to pick up meals, is the site adhering to the procedures submitted to TDA for verifying guardianship?	☐	☐
20. If allowing parents/guardians to pick up meals or distributing multiple days of meals at a single distribution, is the site adhering to the procedures submitted to TDA for mitigating the risks of distributing duplicate meals to participants?	☐	☐
21. Are all congregate meals, if applicable, served and consumed on-site?	☐	☐

Bulk Food Component Distribution (Complete if applicable)

	YES	NO
22. Is the site limiting distribution to no more than 5 days at a time?	☐	☐
23. Is the food provided such that only minimal preparation (such as warming in a microwave) is required?	☐	☐
24. Were menus and instructions provided to the participant that describe how to prepare food items and portion out the food components for each intended day of consumption?	☐	☐

Home Delivery (Complete if applicable)

	YES	NO
25. Is the site limiting distribution to no more than 5 days at a time?	☐	☐
26. Is there a record of how many eligible participants are in each home and how many meals were provided per delivery?	☐	☐
27. Are there written consent forms correctly filed and recorded for every program participant?	☐	☐
28. Is the site adequately protecting household information?	☐	☐
29. Did the meal driver follow the intended delivery route?	☐	☐
30. Is each household located in a rural-designated area per TDA's Non-Congregate Eligibility Site Map?	☐	☐
31. If using school data, is there documentation of the MOU between the site and school food authority?	☐	☐

Conditional Non-Congregate Sites (Complete if applicable)

32. Is the site accurately counting separately the reimbursable meals served to free or reduced-price eligible children and non-reimbursable meals served to paid-eligible children and Program/non-Program adults? ☐ ☐

33. Is the site charging for non-reimbursable meals served to children ineligible for free or reduced-price meals? ☐ ☐

34. If the site is not charging for meals served to non-Program adults or children, are the costs of those meals being paid for with non-Federal funds? ☐ ☐

V.   Results of Review

1. Is corrective action plan required? ☐ ☐
2. Is a follow-up review required? ☐ ☐

Comments, Notes and Observations During the Review

VI.   Suggest Corrective Action (Follow-up within 45 days)?

VII. Signatures

Signature of Reviewer   Signature of Site Manager

Directions: Onsite Monitoring Form | Seamless Summer Option

Purpose
This form is intended to be used as an onsite monitoring instrument to ensure that CEs are correctly operating their counting and claiming systems.

Breakfast Review

Every school year, the CE must review 50 percent of their breakfast site's operation. For example, the CE will review 50 percent of the breakfast sites in the current school year and the other 50 percent of the breakfast sites next school year.

Lunch Review

Every school year, the CE must review 100 percent of their lunch sites at least once during each site's operation.

CE staff may find that conducting an onsite monitoring review more frequently than once per year will support preparation for an onsite administrative review by TDA and promote effective management.

Use of This Form	
Frequency	At least once annually during SSO operation for each site.
Required Form Format	Use this form or a similar reporting instrument.
Record Retention	Completed forms kept onsite and made available on request. Public and charter schools are required to keep documentation related to school nutrition programs for 5 years. Private schools, other nonprofit organizations, and residential child care institutions (RCCIs) are required to keep documentation for 3 years.

The monitoring reviews should be conducted by the SSO site manager or her or his designee.

For additional guidance for the issues included in this form, see *Administrator's Reference Manual (ARM), Section 7, Breakfast Meals; Section 8, Lunch Meals; Section 9, Pre-Kindergarten Meals; Section 11, Seamless Summer Option; Section 16, Financial System; Section 20, Counting and Claiming;* and *Section 21, Meal Service.*

Directions for Completing Form
- **Contracting Entity (CE) Name:** Record the name of the CE in the designated space.
- **CE ID Number:** Record the ID number of the CE in the designated space.
- **Date:** Record the date in the designated space.
- **Site:** Record the name of the site in the designated space.

Parts I - III
- Answer each question by marking the appropriate box under *Yes* or *No* and fill in any blanks spaces as requested.

- Review the CE/site retained documentation related to each question topic area.
  - Is the documentation readily accessible?
  - Is the document kept in an organized manner?
  - Does the documentation support the answer?
  - If not, what changes need to be made to ensure that the CE/site is implementing the program correctly?

- Compare results from the onsite monitoring form to previous scores.

- Develop strategies to address areas of need.

- If applicable, answer each question regarding the site's non-congregate food service by marking the appropriate box under *Yes* or *No* and fill in any blanks spaces as requested.

Part V

- Determine if any of the answers to the questions in Parts I- III require a corrective action plan (CAP).

- Mark the appropriate response once that determination has been made.

- Record notes and observations about the corrective action in the comment text box.

Part VI

- Determine if a follow-up review is needed to make sure the CAP has been completed successfully.

- Mark the appropriate response once that determination has been made.

- Record any comments, notes, or observations about the follow-up that will help to improve the school nutrition program in the comment text box.

Part VII

- Have the reviewer sign in the designated space.

- Have the site manager sign in the designated space.