**Onsite Monitoring Form | Community Eligibility Provision (CEP)**

(National School Lunch Program and School Breakfast Program)

Contracting Entity (CE) Name:       Date of Review:

CE ID Number:       Site Name:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I. Program Participation Information** | | | | | | | | |
| Prior Month, Average Daily Participation (ADP): | | | Current Enrollment: | | | | | |
| Prior Month, Program Average Daily Attendance (ADA): | | | Meal Count for Day of Review: | | | | | |
|  | | | Attendance Factor: | | | | | |
|  | | | | **Yes** | | **No** | | **N/A** |
| **II. Retention of Community Eligibility Provision Documentation** | | | | | | | | |
| 1. Does the site have the first year’s supporting documentation[[1]](#footnote-1) for assigning categorical eligibility (SNAP, TANF, FDPIR, and foster, Head Start, Early Head Start, Even Start, comparable state funded pre-kindergarten, migrant, homeless, runaway, and displaced) without application on file including names of students matched to categorical eligibility type? | | | |  | |  | |  |
| 2. Does the site have documentation to support its calculations for the identified student percentage currently in use on file? | | | |  | |  | |  |
| **III. Meal Count System** | | | | | | | | |
| 1. Does the meal counting system produce an accurate count of reimbursable meals served to students? | | | |  | |  | |  |
| 1. Does the collection procedure in use match the information recorded on the approved *Policy Statement for Free and Reduced-Price Meals, Attachment B: Meal Count/Collection Procedures*? | | | |  | |  | |  |
| 1. If the meal count is not taken at the end of the foodservice line, does the site have a system to account for reimbursable meals accurately? | | | |  | |  | |  |
| 1. Are only meals that meet meal pattern requirements counted and claimed for reimbursement? | | | |  | |  | |  |
| 1. Does the meal counting procedure in use ensure that only one meal per child per day is claimed for reimbursement? | | | |  | |  | |  |
| 1. Does the site have a trained substitute cashier? | | | |  | |  | |  |
| 1. Does the site have a back-up counting system in case of mechanical failure of an automated system? | | | |  | |  | |  |
| **IV. Meal Count Recording and Edit Check** | | | | | | | | |
| 1. For any day during the review month, does the number of meals claimed exceed enrollment? | | | |  | |  | |  |
| 1. For any day during the review month, does the percentage of children’s participation exceed the attendance factor? | | | |  | |  | |  |
| 1. Does the site have proper procedures to manage and safeguard cash (reconciliation, extra item sales, adult meals, etc.)? | | | |  | |  | |  |
| **V. Results of Review** | | | |  |  | |  | |
| 1. Is corrective action plan required? | | | |  |  | |  | |
| 1. 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 | Community Eligibility Provision (CEP)**

|  |  |
| --- | --- |
| **Use of This Form** | |
| **Frequency** | **For NSLP**  CEs must complete this form at least once annually before February 1; recommended every other month.  **For SBP**  CEs must complete this form for 50 percent of their sites at least once annually before February 1; recommended every other month.  CEs must review the breakfast operation at every site at least once every two years. |
| **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. |

**Purpose**

This form is intended to be used annually as onsite monitoring instrument to ensure that CEs are correctly operating their counting and claiming systems. CEs that operate in more than one site must complete this form according to the following timeline:

* At least once annually before February 1 for each NSLP site
* At least once annually before February 1st for 50 percent of sites operating breakfast

However, staff may find conducting an onsite monitoring review more frequently will support preparation for an onsite review and promote effective management.

The monitoring reviews should be conducted by the school nutrition program (SNP) director or his/her designee.

For additional guidance for the issues included in this form, see Administrator's Reference Manual (ARM), Section 5, Special Provision Options and Section 20, Counting & Claiming.

**Directions for Completing This 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 of Review:** Record the date the review was completed.
* **Site Name:** Record the name of the site in the designated space.

**Program Participation Information**

* **Prior Month, Average Daily Participation (ADP):** Record the site’s ADP for the prior month in the designated space.
* **Program Average Daily Attendance (ADA):** Record the site’s ADA in the designated space
* **Current Total Enrollment:** Record the most current number of participants who are enrolled and attending classes at the school and may participate in the meal program.

[NOTE: The CE’s attendance office is likely to have this information.]

* **Meal Count for the Day of Review:** Record the meal count for the day of the review in the designated space.
* Attendance Factor: Record the site’s attendance factor in the designated space.

[NOTE: This number is also reported on the Daily Record/Accuclaim Form.[[2]](#footnote-2) This form includes a sheet that auto-populates the attendance factor when the daily record section is completed.]

**To calculate the Attendance Factor for reimbursable meals,**

* Calculate the Average Daily Attendance (ADA) for the month by summing the site’s daily attendance for the claim month and dividing that sum by the number of operating days for the claim month/period.
* Divide the ADA by the highest daily total enrollment for the month. The highest daily enrollment is the highest number of students enrolled on any day of the month at the site.

[NOTE: Sites located in schools may find that the attendance clerk is able to provide the information needed to identify this number.]

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Calculating the Attendance Factor** | | | | | | | | |
|  | | | | | | | | |
| **Average Daily Attendance (ADA)** for the Month | | | | | ÷ | **Highest Daily Total Enrollment**  for the Month | = | **Attendance Factor**  for the Month |
|  |  |  |  |  |
| (Sum of Daily Attendance for Month) | ÷ | (Number of Operating Days) | = | **ADA** |
|  |  |  |  |  |  |  |  |  |
| 22,626 | ÷ | 18 | = | **1,257** | ÷ | **1,425** | = | **0.8821** |
| This calculation should be completed and recorded at the end of the month. | | | | | | | | |

* Multiply the highest number of possible participants for the month for each eligibility status by the Attendance Factor—free, reduced-price, and paid—and compare the results to the actual number claimed.

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| **Applying the Attendance Factor** | | | | | | |
|  | | | | | | |
| **Highest # Possible Participants** | | | x | **Attendance Factor**  (ADA ÷ Highest Daily Total Enrollment) | = | **Highest # of Meals**  Expected to Be Claimed Each  Serving Day |
|  | | | | | | |
| Free: | | 825 | x | 0.8821 | = | 727.7 (728) |
|  | | | | | | |
| Reduced-Price: | | 165 | x | 0.8821 | = | 145.5 (146) |
|  | | | | | | |
| Paid: | | 267 | x | 0.8821 | = | 235.52 (236) |
|  |  | |  |  |  |  |

If the number of meals claimed for the month is in line with the Highest # of Meals Expected to Be Claimed Each Serving Day, no further action is needed.

If the number of meals claimed for the month is higher than the Highest # of Meals Expected to Be Claimed Each Serving Day, the CE will need to determine (1) if there is a valid reason for the larger number and retain documentation about the reason or (2) if a mistake has been made.

**Parts II–IV**

* Answer each question by marking the appropriate box under *Yes*, *No*, or *N/A*.
* Review the CE/site documentation retained related to each question topic area.

[Documentation may be retained at the site or CE level.]

* 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.

**Part V**

* Determine if any of the answers to Parts II–IV require a corrective action plan (CAP).
* Mark the appropriate response once that determination has been made.
* Record any comments, notes, or 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.

1. Data demonstrating student eligibility and school enrollment reflective of April 1 of the year prior to the first year of the current cycle. [↑](#footnote-ref-1)
2. Form available at *http://www.squaremeals.org*. [↑](#footnote-ref-2)