Onsite Monitoring Form | School Breakfast Program (SBP)

Contracting Entity (CE) Name:

Date of Review:

<u>N/A</u>

CE II	D Number: Attendance Fac	tor:		
Site I	Name:			
I.	Application Approval	<u>Yes</u>	<u>No</u>	
	1. Are applications approved at this school? Responsible Party			
	2. Are applications on file correctly approved?			
II.	Direct Certification			
	1. Is direct certification for SNAP/TANF correctly utilized by the school?			
	2. Is direct certification for foster, migrant, homeless, runaway, displaced, Head Start, Early Head Start, Even Start, and comparable state funded pre-K used by the school?			
III.	Master List Roster			
	1. Do names listed on the master list match approved applications on file and on the direct certification lists (SNAP, TANF, foster, migrant, homeless, runaway, displaced, Head Start, Early Head Start, Even Start, and comparable state funded pre-K)			
	2. Are all lists updated as needed?			
	3. Does the CE retain documentation related to all eligibility determinations in a central location?			
IV.	Meal Count System			
	1. Does the meal count system produce an accurate count of reimbursable meals (free/reduced-price/paid) served to eligible children?			
	a. Is the implemented collection procedure the approved collection procedure?			
	 b. 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.) 			
	c. If the meal count is not taken at the end of the foodservice line, does the school have a system to account for reimbursable meals?			
	d. Is the point-of-service meal count used to determine the school's claim for reimbursement?			
	e. Is the person responsible for monitoring meals taken by students correctly identifying reimbursable meals?			
	f. Is there a method of identifying non-reimbursable meals (i.e., not meeting meal pattern requirements, seconds, a la carte, adult meals, etc.) and distinguishing them from reimbursable meals?			

				Yes	<u>No</u>	<u>N/A</u>
		g.	Is someone trained as a backup for the monitor identifying reimbursable meals and the meal counter?			
		h.	Does the counting procedure in use ensure that only one meal per child per day is claimed for reimbursement?			
	2.		the school have a back-up counting system in case of mechanical failure e automated system and do staff know when and how to implement it?			
	3.	Does	the meal count system prevent overt identification?			
		a.	Is the medium of exchange made available to all students at the same location?			
		b.	Does the medium of exchange use accepted codes for identifying students as free, reduced price or paid?			
	4.	Is the	e school correctly implementing policies for handling the following s?			
		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 (OVS)			
v.	Meal	l Coun	t Recording and Edit Checks			
	1.		any day during the review month, does the number claimed for free and ced-price meals exceed the number of free and reduced-price eligible ents?			
	2.		any day during the review month, does the number of meals claimed ed the attendance factor?			
	3.		the school have proper procedures to manage and safeguard cash onciliation, extra item sales, adult meals, etc.)?			
	4.	Are	laily counts correctly totaled and recorded?			
	5.		ims are aggregated, are the meal counts correctly totaled and olidated?			
	6.	meal	nternal controls (edits, monitoring, etc.) established to ensure that daily counts do not exceed the number of students eligible or in attendance that an accurate claim for reimbursement is made?			

						Yes	<u>No</u>	<u>N/A</u>
	7.	Record today's meal students eligible by c		and compare to the	number of			
			Number of Students Approved by Category	Today's Meal Counts by Category				
		Free			_			
		Reduced-Price			-			
		Paid			-			
		TE: Do not answer these CIs with only residential		erating Provision 2 in n	on-base years or			
	8.	Is a current eligibility li provide an accurate da price, paid)?						
	9.	If applicable, are edit c counts of free, reduced of children currently el times an attendance fac	-price and paid break igible for free, reduce	tfasts against the produ ed-price and paid break	ct of the number			
Т.	Re	sults of Review						
	1.	Is corrective action p	lan required?					
	2.	Is a follow-up review	required?					
	Co	mments, Notes and Obs	ervations During th	e Review				

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

VIII. Signatures

Signature of Reviewer

Signature of Site Manager

Directions: Onsite Monitoring Form | School Breakfast Program (SBP)

Purpose

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

CEs must complete this form annual for 50 percent of its sites at least once before February 1. CEs must review the breakfast operation at every site at least once every two years. 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 designee.

For additional guidance for the issues included in this form, see *Administrator's Reference Manual (ARM), Section* 7, *Breakfast Meals* and *Section 20, Counting & Claiming.*

Use of This Form							
Frequency	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.						

Directions for Completing This Form

General Information

- 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.
- Site/School Name: Record the site or school location name in the designated space.
- Date of Review: Record the date the review was completed.
- Attendance Factor: Record the site's attendance factor in the designated space.

[NOTE: This number is also reported on the Daily Record/Accuclaim Form.¹ 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 breakfast 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.]

¹ Form available at *www.SquareMeals.org*.

		Cal	e Factor					
Average Dail	y At	tendance (ADA)	for t	he Month		Highest Daily		Attendance
(Sum of Daily Attendance for Month)	÷	(Number of Operating Days)	=	ADA	÷	Total Enrollment for the Month	=	Factor for the Month
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.

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	х	0.8821	=	727.7 (728)				
Reduced-Price:	165	х	0.8821	=	145.5 (146)				
Paid:	267	х	0.8821	=	235.52 (236)				

If the number of breakfast 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 breakfast meals claimed for the month is <u>higher than</u> 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 I–V

• Answer each question by marking the appropriate box under *Yes*, *No*, or *N/A* and fill in any blanks spaces as requested.

[NOTE: CEs will need their Policy Statement for Free and Reduced-Price Meals, Attachment B: Meal Count/ Collection Procedures (Attachment B) to complete the questions in Parts I through V.]

- Review the CE/site's 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.

Part VI

• Determine if any of the answers to Parts I–V 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 VII

- 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 VIII

- Have the reviewer sign in the designated space.
- Have the site manager sign in the designated space.