

Onsite Monitoring Form | Provision 2 (P2), Year 2 and Following Years

(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 Total Enrollment: _____

Prior Month, Program Average Daily Attendance (ADA): _____

Meal Count for Day of Review: _____

Attendance Factor: _____

Yes No N/A

II. Retention of Provision 2 Documentation

- | | | |
|---|--------------------------|--------------------------|
| 1. Does the site have the base year approved applications on file as supporting documentation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the site have the base year direct certification documentation for SNAP, TANF, FDPIR, foster, Head Start, Early Head Start, Even Start, comparable state funded pre-kindergarten, migrant, homeless, runaway, and displaced)? | <input type="checkbox"/> | <input type="checkbox"/> |

III. Meal Count System

- | | | |
|---|--------------------------|--------------------------|
| 1. Does the meal count system produce an accurate count of reimbursable meals served to students? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Does the collection procedure in use match the information recorded on the approved <i>Policy Statement for Free and Reduced-Price Meals, Attachment B: Meal Count/Collection Procedures</i> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are only meals that meet meal pattern requirements counted and claimed for reimbursement? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the meal counting procedure in use ensure that only one meal per child per day is claimed for reimbursement? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the site have trained substitute cashier? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does the site have a back-up counting system in case of mechanical failure of an automated system? | <input type="checkbox"/> | <input type="checkbox"/> |

IV. Meal Count Recording and Edit Check

- | | | |
|---|--------------------------|--------------------------|
| 1. For any day during the review month, does the number of meals claimed exceed enrollment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. For any day during the review month, does the percent of children's participation exceed the attendance factor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the site have proper procedures to manage and safeguard cash (reconciliation, extra item sales, adult meals, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> |

V. Results of Review

- | | | |
|--|--------------------------|--------------------------|
| 1. Is a corrective action plan required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is a follow-up review required? | <input type="checkbox"/> | <input type="checkbox"/> |

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 | Provision 2, Year 2 and Following 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 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

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.
- **Date of Review:** Record the date the review was completed.
- **Site Name:** Record the site or school location name 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.

Use This Form	
Frequency	<p>For NSLP CEs must complete this form at least once annually before February 1; recommended every other month.</p> <p>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.</p>
Required Form Format	Use this sample or a similar review instrument.
Record Retention	<p>Form kept onsite and made available on request.</p> <p>State Board of Education policies require public and charter schools to maintain records for a period of five years. Private schools, private nonprofits, and RCCIs maintain records for three years.</p>

- **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 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.

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.

¹ Form available at <http://www.squaremeals.org>.

Parts II - IV

- Answer each question by marking the appropriate box under *Yes*, *No*, or *N/A* and fill in any blank spaces as requested.
- Review the CE/site documentation retained 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 V

- Determine if any of the answers to Questions I - 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.

Question VII

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