



STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING



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SUPERINTENDENT OF
PUBLIC INSTRUCTION

FOOD SERVICE

**ADMINISTRATIVE POLICY #5
SCHOOL YEAR 2003-2004**

SUBJECT: On-Site Review
National School Lunch Program and Afterschool Snack Program

DATE: September 29, 2003

1. On-Site Review – National School Lunch Program

National School Lunch Program regulations 7 CFR 210.8 (a) (1) require that the School Food Authority (SFA) with more than one building conduct an on-site review in each building *annually* before February 1st. A minimum of one on-site review per building is required; the district or SFA may conduct more reviews if needed. The school district determines the method chosen for the review and the staff who will conduct the review. Food Service Management Company (FSMC) personnel **may not** complete the annual on-site reviews. Only authorized employees of the SFA may perform this function.

Critical areas and general areas of the National School Lunch Program must be reviewed at each building. The critical areas include:

Approval of Applications and Counting and Claiming Meals – The SFA must review all free, reduced and denied applications to assure that they have been accurately approved and that students are receiving the correct benefits to which they are entitled. Refer to the “Eligibility Guidance for School Meals Manual.” This manual is available at the following website: <http://www.fns.usda.gov/cnd/Guidance/default.htm>

The monthly claim for reimbursement must be supported by a legal counting system that provides an accurate count of free, reduced price and paid meals in each building. Many excellent counting systems are used in buildings throughout the state. They include rosters, tickets, check lists, and electronic point of service. Systems that are not allowable include tray counts, class room counts and “back out” counts (i.e., dividing the cash box total by the lunch price to arrive at the paid count and subtracting that from the daily total of meals served to get the free count). Only an actual count of the meals served at the point of service is acceptable. If electronic counting systems are used, it is essential to have a back up system in case of power failure or computer hardware/software problems. The on-site review is a good opportunity to review this back up system with staff. Refer to the Meal Counting and Claiming Manual, U.S. Department of Agriculture, Food and Nutrition Service – FNS #270 – April, 1991.

Meal Patterns – The menus and meals served must be checked at each site for availability of all meal components, offer vs. serve, required portion sizes and overt identification. Refer to “A Menu Planner for Healthy School Meals,” (U.S. Department of Agriculture, Food and Nutrition Service – FNS #303 – 1998) at the following website: <http://www.nal.usda.gov:8001/Recipes/menuplan/menuplan.html>

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If problems are discovered in the eligibility determinations, counting and claiming procedures or with the meal pattern, a corrective action plan must be developed and implemented for the building by the SFA. In any buildings with a corrective action plan, a follow-up review must be conducted within 45 calendar days of the initial review. This follow-up review must be conducted and documented by the SFA and identify that the problem(s) has been corrected.

During Coordinated Review Effort (CRE) reviews conducted by our staff, application, counting and claiming, and meal pattern problems, can result in a loss of reimbursement for the district. Conducting annual on-site reviews can help prevent problems as well as provide an opportunity for staff training and process review.

2. On-Site Review – Afterschool Snack Program

Each Afterschool Snack Program must be reviewed by the SFA *two times per year* under 7 CFR 210.9(c)(7). The first review must be completed by the SFA during the first four weeks that the snack program is in operation. The second review must be conducted during the second half of the school year. The review must assess area eligibility determination, counting and claiming procedures, snack meal patterns, menus and production records at each Afterschool Snack Program site. The attached On-Site Review/Afterschool Snack Program form can be used for the required reviews. Information on the Afterschool Snack Program is available at the following website:

<http://www.fns.usda.gov/cnd/Afterschool/default.htm>

The attached prototype On-Site Review forms for both the National School Lunch Program and the Afterschool Snack Program identify areas of review (critical areas and general areas) to ensure you are meeting National School Lunch and Afterschool Snack Program regulations. These are prototypes and may be replaced by review forms of your creation as long as the required areas are covered for each program. Follow up on corrective action plans must be documented and signed (see last page of the prototype forms).

Do not mail completed on-site review forms to the State Agency. Keep them on file to be reviewed during the Coordinated Review Effort (CRE). Federal regulations require that all records be retained for three years plus the current year. If a federal audit is being conducted, records must be kept until the audit is completed. These On-Site Review forms must be maintained as part of this record keeping requirement.

Please contact a School Meals Program Analyst at 517.373.3347 if you have questions about the on-site review requirements or the prototype forms.

ML/ml

Enclosures

ON-SITE REVIEW/INSPECTIONS

Name of School Food Authority	Name of Building
*Name of Reviewer/Inspector/Administrator	Date of Review/Inspection

PART I --- CRITICAL AREAS

PS #1	A. Are applications approved correctly? No. on file ___ % in error ____		YES	NO
	Is direct certification used and documented?	N/A	YES	NO
	B. Do applications approved match names on the roster? No. on file ___ % in error		YES	NO
	C. Is there an adequate system for consolidating school counts?		YES	NO
	D. Is there adequate counting/claiming at point of service?		YES	NO
	E. Are changes in eligibility status made within time frame?		YES	NO
PS #2	A. Are required meal component(s) available on day of review?		YES	NO
	B. Does menu meet meal pattern requirements?		YES	NO

PART II --- GENERAL AREAS

1. FOODS OF MINIMAL NUTRITIONAL VALUE

a.	Are carbonated beverages, gum, hard candies and/or water ices being sold in the food service area during the lunch period?		YES	NO
b.	Is the food service account paying for those food items?	N/A	YES	NO

2. PRICING

a.	Is the reimbursable lunch priced as a unit (all required components for one price)?		YES	NO
b.	Are adult meals priced higher than student meals (student price, plus paid lunch Federal reimbursement, plus commodity allocation payment, plus 6% sales tax equals adult charge)?		YES	NO

3. PURCHASING

a.	Do you have written documentation to support your food and non-food purchases?		YES	NO
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4. SANITATION

a.	Are thermometers used to check food temperatures before and during meal service?		YES	NO
b.	Are there any potentially hazardous or unsanitary conditions?		YES	NO

5. PRODUCTION RECORDS AND NUTRIENT ANALYSIS

a.	Are production records completed daily for all school meals programs (breakfast, lunch and afterschool snack)?		YES	NO
b.	Do such records document that enough food is prepared and served on a daily basis?		YES	NO
c.	Which menu planning method is used in this building? Traditional Food Based Enhanced Food Based NuMenus Assisted NuMenus Other: _____			
d.	Do you have standardized recipes for all menu items that contain more than two ingredients?		YES	NO
e.	Are the standardized recipes followed as written?		YES	NO
f.	Do you have nutrition labels for all processed items that appear on the menus for this school?		YES	NO
g.	Do you have a condiment recipe for this school or are condiments included in standardized recipes or production records?		YES	NO
h.	Are portion sizes listed accurately for all menu items?		YES	NO

6. USDA DONATED COMMODITIES

- | | | |
|---|-----|----|
| a. Are USDA donated commodity foods properly ordered, utilized and safely stored? | YES | NO |
| b. Is there more than a 30-day supply on hand? | YES | NO |

7. VERIFICATION

- | | | |
|---|-----|----|
| a. Is verification completed by December 15 th of each year? | YES | NO |
| b. Type: RANDOM FOCUSED ALL APPLICATIONS | | |
| c. Is verification documented, including summary sheet? | YES | NO |
| d. Was each verified income recalculated and accurate?
(<i>Weekly income X 4.33 – Bi-weekly income X 2.15</i>) | YES | NO |

8. AFTERSCHOOL SNACK PROGRAM (if provided)

- | | | |
|--|-----|----|
| a. Has each afterschool snack site been reviewed within the first four weeks the snack program is in operation for this school year? (<i>Two visits are required each year.</i>) | YES | NO |
| b. Does the afterschool snack program provide care for children? | YES | NO |
| c. Is there an educational and/or enrichment element in the afterschool snack program? | YES | NO |
| d. Are care and activities supervised? | YES | NO |
| e. Is there a roster of student names who participate in the afterschool snack program? | YES | NO |
| f. In area eligible sites are all children receiving snack at no charge and being claimed free? | YES | NO |
| g. In non-area eligible sites are children’s snacks being recorded in the proper category (free, reduced price or paid)? | YES | NO |

9. EDITS

- | | | | |
|---|-----------|-----|----|
| a. Do the free and/or reduced price meals recorded exceed the maximum number allowed (100%)?
(<i>Daily by building</i>) | YES | NO | |
| b. Do the free and/or reduced meals recorded exceed the current national daily attendance factor determined by USDA? (<i>Daily by building</i>) | EXCEPTION | YES | NO |

10. OTHER

- | | | | |
|--|-----------|-----|----|
| a. Is site claiming only one lunch per child per day? | YES | NO | |
| b. Is the lunch period adequate to serve all students? | EXCEPTION | YES | NO |
| c. Is there a written procedure for handling lost, stolen or misused tickets; or for providing meals to all children? | YES | NO | |
| d. Is there overt identification of free and reduced recipients?
(<i>Use pre-paid list, coded tickets. No discrimination</i>) | YES | NO | |

PART III --- CORRECTIVE ACTION/GENERAL INFORMATION NONE

- | | | |
|--|-----|----|
| 1. Corrective action plan was discussed and will be implemented by school: | YES | NO |
| 2. Due date for corrective action plan: _____ (<i>date</i>) | | |
| 3. Corrective action completed on: _____ (<i>date</i>) | | |
| 4. Technical assistance provided: | YES | NO |
| 5. Areas of concern/problems: | | |

SIGNATURE OF PRINCIPAL **SIGNATURE OF MANAGER/HEAD COOK**

* Food Service Management Company personnel may not perform annual on-site reviews/inspections.

6. Are snack counts taken at the Point of Service?
7. Is documentation of snack menus maintained?
8. Do menus for all snacks offered meet or exceed the minimum snack meal pattern requirements?
9. Are only those snacks served, that meet or exceed the snack meal pattern requirements, counted for reimbursement?
10. Do production records/delivery receipts support the number of snacks claimed?
11. Are records/forms being maintained and kept?
12. Do these records/forms support the claim?

1 st Review*			2 nd Review		
Date:			Date:		
Yes	No	N/A	Yes	No	N/A

*First review must be completed within the first four weeks of the snack operation.

PART III - CORRECTIVE ACTION/GENERAL INFORMATION

1 st Review	2 nd Review
Is corrective action needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is corrective action needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Due date for corrective action plan: _____	Due date for corrective action plan: _____
Technical assistance provided by reviewer:	Technical assistance provided by reviewer:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Areas of concern/problems:	Areas of concern/problems:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
----- Signature of Reviewer	----- Signature of Reviewer
----- Signature of Snack Program Manager	----- Signature of Snack Program Manager
Date corrective action is completed: _____	Date corrective action is completed: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved