ON-SITE REVIEW

(School Meal Service Accountability Review)

SCHOOL NAME:	DATE:

YES NO

1. Does the system provide a meal count

[ ] [ ] a. at the point of service?
[ ] [ ] b. by type (free, reduced-price, and paid)?
[ ] [ ] c. of reimbursable meals?
[ ] [ ] d. on a daily basis?

[ ] [ ] 2. Does the system in use generate an accurate count? IF ANY OF THE FOLLOWING SYSTEMS OR OTHER INACCURATE SYSTEMS ARE NOTED, CORRECTIVE ACTION IS REQUIRED.

[ ] Count taken at beginning of line [ ] Tray counts
[ ] Free and/or reduced-price backed out [ ] Morning/classroom
[ ] Cash backed out [ ] Paid meals backed out
[ ] Meals not checked for all components [ ] Attendance counts

[ ] [ ] 3. Are daily counts (for all serving lines, serving periods, etc.) correctly totaled and recorded?
If NO, explain:_____
_____

[ ] [ ] 4. Are accurate meal count reports submitted to the School Food Authority?
If NO, explain:_____
_____

[ ] [ ] 5. Do the monthly claim figures for this school match the monthly claim figures on file for this school at the School Food Authority level? If NO, explain:_____
_____

[ ] [ ] 6. Does the School Food Authority correctly perform monthly "edit checks" (claims review process) prior to submitting claims to the State Agency?

[ ] [ ] 7. Does the system prevent overt identification? IF ANY OF THE FOLLOWING SYSTEMS ARE NOTED, CORRECTIVE ACTION IS REQUIRED.

[ ]Unacceptable coding system? [ ]Visual or vocal I.D.
[ ]Availability of tickets/tokens [ ]Serving lines limited
[ ]All Cash Line [ ]Other

IF ANY OF THE ABOVE QUESTIONS WERE ANSWERED "NO," A CORRECTIVE ACTION PLAN IS MANDATORY. PLEASE SPECIFY THE DATE THE CORRECTIVE ACTION PLAN WILL BE COMPLETED._____

COMMENTS OR CORRECTIVE ACTION TO BE TAKEN:_____
_____
_____
_____

_____ _____
SCHOOL PERSONNEL DATE

_____ _____
SCHOOL FOOD AUTHORITY REVIEWER DATE