

## NATIONAL SCHOOL LUNCH PROGRAM (NSLP) ON-SITE REVIEW FOR CEP SITES

According to 7 CFR 210.8(a)(1), every school year, **prior to February 1**, each Local Education Agency (LEA) with more than one school (as defined 7 CFR Part 210.2 to include Residential Child Care Institutions (RCCIs)) must perform no less than one on-site review of the lunch counting and claiming system employed by each school under its jurisdiction.

Each on-site review must ensure the school's claim is based on the counting system, as implemented, and yields the actual number of reimbursable lunches served for each day of operation. If the review discloses problems with a school's meal counting or claiming procedures, the LEA must ensure that the school implements corrective action, and within 45 days of the review conduct a follow-up on-site review to determine that the corrective action resolved the problems.

LEA Name: \_\_\_\_\_  
School Name: \_\_\_\_\_ Review Date: \_\_\_\_\_  
Reviewer: \_\_\_\_\_

**If any of the questions below are answered "No", explain the current situation and the action to correct the problem in the Corrective Action Plan section.**

YES NO

1. Is the method used for counting reimbursable meals in compliance with the approved *point of service* requirement as indicated in SNEARS? (Meal counts must be taken at the location where complete meals are served to children.)
2. Is the *point of service* meal count used to determine the school's claim for reimbursement?
3. Is the cashier correctly identifying reimbursable meals at the end of the serving line?
4. Is the school correctly implementing policies for handling the following (as applicable):
- | Yes                      | No                       | N/A                      |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Incomplete meals?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Second meals?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Visiting student meals?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult and non-student meals (and identifying program vs. non-program)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A la carte?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Student worker meals?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Field Trips?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Offer vs. Serve?   |
5. Is there a method of identifying non-reimbursable meals (i.e. not meeting meal pattern requirements, seconds, adult meals, etc.), distinguishing them from reimbursable meals?
6. Is someone trained as a backup for the cashier?

7. Are there procedures for meal counting and claiming when the primary counting and claiming system is not available and do staff know when and how to implement it?
8. Are daily counts correctly totaled and recorded?
9. Are internal controls (edits, monitoring, etc.) established to ensure that daily counts do not exceed the number of students eligible or in attendance and that an accurate claim for reimbursement is made?
10. Are edit checks completed and documented which compare the daily counts of lunches served against the product of the number of children currently eligible for lunches times an attendance factor (and any discrepancies accounted for)?

**SIGNATURES:**

\_\_\_\_\_

**School Representative**

**Title**

**Date**

\_\_\_\_\_

**Reviewer**

**Title**

**Date**

**COMPLETE IF CORRECTIVE ACTION REQUIRED (for any "NO" answers above)**

**CORRECTIVE ACTION PLAN**

**INDICATE DETAILED CORRECTIVE ACTION THAT WILL BE TAKEN FOR ANY "NO" ANSWERS:**

**DATE CORRECTIVE ACTION(S) WILL BE IMPLEMENTED:** \_\_\_\_\_

**PERSON RESPONSIBLE FOR CORRECTIVE ACTION:** \_\_\_\_\_

**FOLLOW-UP VISIT**

**(must be conducted within 45 days if corrective action was required):**

**INDICATE OBSERVATIONS OF CORRECTIVE ACTION IMPLEMENTATION:**

**SIGNATURE:** \_\_\_\_\_

**School Representative**

**Title**

**Date**

\_\_\_\_\_

**Reviewer**

**Title**

**Date**