**CEP School Breakfast Program (SBP) On-Site Review for ALL Sites**

**This Form Must be Completed by February 1st of Each Year**

|  |  |
| --- | --- |
| **Name of School Food Authority (SFA):**  |  |
| **Name of School Reviewed:**  | **# of Cashiers: \_\_\_\_\_\_\_\_\_\_\_****# of Classroom feeding Locations: \_\_\_\_\_\_\_\_** | **Review Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Time of Visit: In: \_\_\_\_\_\_\_\_\_\_ Out: \_\_\_\_\_\_\_\_\_\_\_** |
| **Name and Title of Reviewer(s):** | **Name and Title of Individual(s) Interviewed:** |
|  | 1.2. |
| **Offer vs. Serve: ❑ Yes ❑ No** **Note:** **(High schools must implement Offer vs. Serve)** |
| **Meal Pattern Implemented: ❑ Pre-K ❑ K-5 ❑ K-8 ❑ 6-8 ❑ 9-12**  |
| 1. **Is the method used for counting reimbursable meals in compliance with the approved point of service requirement as indicated in SNEARS at all service stations? (Meal counts must be taken at the location where complete meals are served to children.)**

**Circle Method(s) of Accountability Used:** **Ticket/Token Roster Computerized POS Tally Sheet Clicker Count Tic Sheet** | **YES****❑** | **NO****❑** |
| 1. **Are there back-up procedures for meal counting and claiming when the primary counting and claiming system is NOT available?**

**How often are cashiers and substitute cashiers trained on the meal counting and claiming system (including the backup system)?****Date Trained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of Cashier(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of Substitute Cashier(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Are daily meal counting and claiming correctly consolidated and recorded?**  | **❑****❑** | **❑****❑** |
| 1. **Is the school correctly implementing policies for handling the following as applicable:**

|  |  |  |  |
| --- | --- | --- | --- |
| **YES** | **NO** | **N/A** |  |
|  |  |  | 1. **Offer vs. Serve?**
 |
|  |  |  | 1. **Incomplete/Non-Reimbursable Meals?**
 |
|  |  |  | 1. **Second Meals?**
 |
|  |  |  | 1. **Visiting Student Meals?**
 |
|  |  |  | 1. **Adult and Non-Student Meals?**
 |
|  |  |  | 1. **Student Worker Meals?**
 |
|  |  |  | 1. **A la Carte?**
 |
|  |  |  | 1. **Field Trips?**
 |
|  |  |  | 1. **Lost, Stolen, Misused, Forgotten or Destroyed Tickets, Tokens, IDs, and PINS?**
 |

 | **❑** | **❑** |
| 1. **If a school has more than one meal service line, how does the point of service system prevent duplicate or second meals from being claimed? ❑ N/A**

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
| 1. **Are internal controls such as edit checks and monitoring used 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?**

**Record today’s meal counts by category and compare to the number of students eligible by category.**  **Attendance Factor \_\_\_\_\_%**

|  |  |
| --- | --- |
| **Number of Students Enrolled** | **Total Meals Served** |

 | **❑****YES** |  **❑****NO** |
| 1. **Does today’s menu meet meal pattern requirements?**

**If NO, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**1. **If offer versus serve is implemented, does each meal contain a fruit or vegetable (at least ½ cup) and a minimum of two additional full serving components? ❑ N/A**
2. **Were all required food components available throughout the meal service on all serving lines?**
 | **❑****❑****❑** | **❑****❑****❑** |
| 1. **Does the school have a Food Safety Plan based on the Hazard Analysis and Critical Control Point (HACCP) procedures?**

1. **If yes, has the Food Safety Plan been reviewed/revised for the current school year?**
2. **If yes, is the Food Safety Plan implemented? (For example: temperature logs, standard operating procedures for hand washing, accepting food deliveries, etc.)**
 | **❑****❑****❑** | **❑****❑****❑** |

**DOCUMENTATION OF COMPLETION OF ANNUAL ON-SITE MONITORING**

|  |
| --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature of School/Site Food Service Manager Title Date****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Signature of SFA Reviewer Title Date** |

|  |
| --- |
| **CORRECTIVE ACTION PLAN: (Complete for all “NO” answers above)****Date corrective action(s) will be implemented: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **FOLLOW-UP VISIT (must be conducted within 45 days if corrective action was required):****School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****SFA Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date follow-up visit conducted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |
| --- |
| **Observations of Corrective Action Implementation:** |

**This institution is an equal opportunity provider.**