

## ON-SITE REVIEW

School: \_\_\_\_\_

YES      NO      NA\*

**A. APPLICATION APPROVAL**

- |    |                                                                      |       |       |       |
|----|----------------------------------------------------------------------|-------|-------|-------|
| 1. | Are applications approved at the school?<br>Responsible party: _____ | _____ | _____ | _____ |
| 2. | Are applications on file correctly approved?                         | _____ | _____ | _____ |

**B. MASTER LIST**

- |    |                                                                                                                          |       |       |       |
|----|--------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| 1. | Is a master list used in the meal count system?                                                                          | _____ | _____ | _____ |
| 2. | Do names on the master list match approved applications on file?                                                         | _____ | _____ | _____ |
| 3. | If more than one list is used (i.e., master list, ticket issuance list, food Service line list), are all lists the same? | _____ | _____ | _____ |
| 4. | Are all lists updated as needed?                                                                                         | _____ | _____ | _____ |

**C. MEAL COUNT SYSTEM**

- |    |                                                                                                                                            |       |       |       |
|----|--------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| 1  | Does the meal count system produce an accurate count of reimbursable meals (free, reduced priced, full price) served to eligible children? | _____ | _____ | _____ |
|    | a. Do the collection procedures in use match the approved collection procedures in the Policy Statement?                                   | _____ | _____ | _____ |
|    | b. If the meal count is not taken at the end of the food service line, does the school have a system to account for reimbursable meals?    | _____ | _____ | _____ |
| 2. | Does the meal count system prevent overt identification?                                                                                   | _____ | _____ | _____ |
|    | a. Is the medium of exchange made available to all students at the same location?                                                          | _____ | _____ | _____ |
|    | b. Does the medium of exchange use prohibited codes for identifying students as free, reduced price or full price?                         | _____ | _____ | _____ |
|    | c. Does the school have a trained substitute cashier?                                                                                      | _____ | _____ | _____ |

**D. MEAL COUNT RECORDING AND EDIT CHECKS**

- |    |                                                                                                                                                                    |       |       |       |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|
| 1. | Does the school use proper procedures for counting & recording meals?                                                                                              | _____ | _____ | _____ |
| 2. | For any day during the review, does the number claimed for free and reduced Price lunches exceed the number of students approved for free and reduced Price meals? | _____ | _____ | _____ |
| 3. | For any day during the review month, does the number of lunches claimed Exceed the daily attendance?                                                               | _____ | _____ | _____ |
| 4. | Does the school have proper procedures to manage and safeguard cash (reconciliation, extra item sales, adult meals, etc.)?                                         | _____ | _____ | _____ |

Comments (List any problems that need corrective action)?

Signature of Reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

\*Not Applicable

(02/27/08)

