**SY 2021 Administrative Review Desk Audit**

**District Information**

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

Menu Review Period:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resource Management Review Period:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Please confirm with reviewer if Review Period is unknown*

Web address for the district’s Wellness Policy :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web address for the district’s Charging /Unpaid meal balance Policy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Farm to School -** Check off each Farm to School area that applies to your district:

[ ] Serve local foods in the school meals program (check all that apply)

 [ ] Milk [ ] Cheese and yogurt [ ] Fruits [ ] Vegetables [ ] Grains (such as oats, flour, rice)

 [ ] Meats (such as beef and poultry) [ ] Fish and seafood [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Food and agriculture education in the classroom

[ ] School gardens (engaging students and/or school cafeteria)

[ ] Market/promote local foods in the school cafeteria

Business Manager Name:

Address:
Email:
Phone:

Food Service Contact Name:

Address:
Email:
Phone:

School #2 to be reviewed (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Grades: [ ]Pre-K [ ]K-5 [ ]6-8 [ ]9-12
Offer vs. Serve: Yes / No
Breakfast Serving Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Lunch Serving Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
FFVP Serving Time:\_\_\_\_\_\_\_\_\_ Day(s) M T W TH F
Afterschool Snack Time:\_\_\_\_\_\_\_\_ Day(s) M T W TH F
***Serving location(s) for Breakfast****:*
[ ]Cafeteria [ ]Classroom [ ]Grab and Go
[ ] Breakfast After the Bell [ ]Other \_\_\_\_\_\_\_\_\_\_\_\_\_
***Serving location(s) for Lunch:***
[ ]Cafeteria [ ]Classroom [ ]Other\_\_\_\_\_\_\_\_\_\_\_\_\_

Location/Address of Free & Reduced-Price Meal Benefit Applications:

School #1 to be reviewed:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Grades: [ ]Pre-K [ ]K-5 [ ]6-8 [ ]9-12
Offer vs. Serve: Yes / No
Breakfast Serving Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Lunch Serving Time(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
FFVP Serving Time:\_\_\_\_\_\_\_\_\_ Day(s) M T W TH F
Afterschool Snack Time:\_\_\_\_\_\_\_\_ Day(s) M T W TH F
***Serving location(s) for Breakfast****:*
[ ]Cafeteria [ ]Classroom [ ]Grab and Go
[ ] Breakfast After the Bell [ ]Other \_\_\_\_\_\_\_\_\_\_\_\_\_
***Serving location(s) for Lunch:***
[ ]Cafeteria [ ]Classroom [ ]Other\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-program Foods Available (check all that apply)
[ ] Adult Meals
[ ]A la Carte (e.g. milk only, smart snacks)
[ ] Vending to other CN programs
[ ]Catering (to internal or external groups/organizations)

Non-program Foods Available (check all that apply)
[ ] Adult Meals
[ ]A la Carte (e.g. milk only, smart snacks)
[ ] Vending to other CN programs
[ ]Catering (to internal or external groups/organizations)

**Farm to School -** Check off each Farm to School area that applies to your district:

[ ] Serve local foods in the school meals program (check all that apply)

 [ ] Milk [ ] Cheese and yogurt [ ] Fruits [ ] Vegetables [ ] Grains (such as oats, flour, rice)

 [ ] Meats (such as beef and poultry) [ ] Fish and seafood [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Food and agriculture education in the classroom

[ ] School gardens (engaging students and/or school cafeteria)

[ ] Market/promote local foods in the school cafeteria

**SY 2021 Administrative Review Desk Audit Questionnaire**

**Instructions: Please answer the following questions for the School Food Authority (SFA) and submit electronically through CnpWeb:** [https://www.cnpwebsite.com/Maine/Login](https://nam03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnpwebsite.com%2FMaine%2FLogin&data=02%7C01%7CAdriane.Ackroyd%40maine.gov%7C5331c05e87d64125c7d308d72b0dcbd9%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C637025210562936083&sdata=Bz1sS1LKM4tor%2BuS4imcBouFkaWAuR4zZTL%2BizVbaOo%3D&reserved=0). **Answer N/A to any topic**

**SY 2021 Administrative Review Desk Audit Questionnaire**

**Instructions: Please answer the following questions for the School Food Authority (SFA) and submit electronically through CnpWeb:** [https://www.cnpwebsite.com/Maine/Login](https://nam03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.cnpwebsite.com%2FMaine%2FLogin&data=02%7C01%7CAdriane.Ackroyd%40maine.gov%7C5331c05e87d64125c7d308d72b0dcbd9%7C413fa8ab207d4b629bcdea1a8f2f864e%7C0%7C0%7C637025210562936083&sdata=Bz1sS1LKM4tor%2BuS4imcBouFkaWAuR4zZTL%2BizVbaOo%3D&reserved=0). **Answer N/A to any topic areas that do not apply. “Day of review” requests information on the day the reviewer would typically be on-site and “review period” requests information for the most recent month that a claim for reimbursement was submitted. Both of these timeframes will be communicated by your reviewer.**

Please check off all waivers that are being utilized in SY 2021:

[ ]  Alternate meal serving location

[ ]  Meal pattern flexibility

[ ]  Meal times flexibility

[ ]  Multiple Meal Distribution

[ ]  Offer vs. Serve for Senior High Schools

[ ]  Parent/Guardian Meal Pick Up

[ ]  Non-congregate feeding

**Certification and Benefit Issuance**

1. Was the SFA required to conduct an independent review of applications in the previous or current school year according to FNS requirements? *An independent review of applications is when a second person reviews the initial approval of all meal benefit applications.* *This is required when the application error rate is 10% or more.*
* Yes
* No (if no, skip question #2)

If yes, identify who is responsible for the second review of applications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did the SFA complete and submit the required report for independent review of applications (FNS-874) according to FNS requirements?
* Yes
* No
1. Describe in detail the process in which the SFA determines eligibility using applications. Include all steps from receipt of application through notification with timelines.
2. Describe in detail the process in which the SFA determines eligibility using the Direct Certification (DC) list. List all steps including how often it is checked, how it is maintained and how families are notified.
3. Describe in detail how benefits are validated and extended to migrant and homeless students.
4. Describe the process of approving an application that includes a foster child.
5. Are students required to work for their meals?
* Yes
* No
1. **RCCI’s ONLY**: Describe in detail how eligibility is determined for residential students.

**Verification**

1. Describe in detail the process of verification from start to finish. Please include the names and responsibilities of everyone involved, including the person conducting the verification process and the confirmation official. Indicate the dates when notification letters were mailed and any follow up attempts made to households that failed to respond to the verification request.
2. Did the SFA attempt to directly verify any applications? *This is when an application is verified on the DC list.*
* Yes
* No
1. Is documentation maintained to demonstrate that a confirmation review took place? *A confirmation review is when a second person verifies that the selected applications were approved correctly.*
* Yes
* No
* N/A: SFA uses an electronic system for verification
1. Were the applications selected based on the Error Prone method, or other approved method? If another method was used please describe.

**Meal Counting and Claiming**

1. Record meal counts for the **day of review** for all reviewed schools.

**Day of Review\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School 1 Name:**

|  |  |
| --- | --- |
| **NSLP** | **SBP** |
| **Free** |  | **Free** |  |
| **Reduced** |  | **Reduced** |  |
| **Paid** |  | **Paid** |  |
| **Total** |  | **Total** |  |

**School 2 Name (if applicable):**

|  |  |
| --- | --- |
| **NSLP** | **SBP** |
| **Free** |  | **Free** |  |
| **Reduced** |  | **Reduced** |  |
| **Paid** |  | **Paid** |  |
| **Total** |  | **Total** |  |

If there is a variance in meal counts for the day of review compared to days in the review period please explain why.

1. For the school(s) being reviewed, provide the following information for the **review period**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **School Name** | **Total Enrolled** | **Free Eligible** | **Reduced Eligible** | **Paid** |
|  |  |  |  |  |
|  |  |  |  |  |

1. Describe in detail the meal counting procedure used in the school(s) selected for review. If different procedures are used for different meal periods describe each one separately.
2. Does the meal counting procedure prevent overt identification of students receiving free or reduced-price benefits? *Overt identification is the process when student status is easily identified.*
* Yes
* No

**Civil Rights**

1. Are you using the most current Civil Rights statement on all program materials? Please check all that apply.
* Eligibility notification letters
* Verification notification letters
* District website
* Any other correspondence to families regarding the school nutrition program

**Professional Standards**

1. Complete the table below for all nutrition staff including non-nutrition staff with responsibilities within the program. Attach a separate document if more space is needed. Please indicate the training hours completed for SY 2021.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name** | **Title** | **School** | **Hours per week** | **Training Hours Completed** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. If the director was hired after July 1, 2015, were hiring standards met for new directors? *Hiring standards can be found on the* [*Child Nutrition website*](https://www.maine.gov/doe/schools/nutrition/laws/professionalstandards)*.*
* Yes
* No
1. If a new director was hired, was food safety training completed within 30 days of being hired?
* Yes
* No
1. Describe the method in which completed training is tracked.

**Meal Components and Quantities**

1. Are you utilizing Offer vs. Serve? *Offer vs. Serve is the process that allows students to decline a specific number of food components or food items.*
* Yes
* No

If yes, please describe the process for breakfast and lunch.

1. Have School Nutrition staff been trained in Offer vs. Serve?
* Yes
* No
1. Please describe how menu options are communicated to remote learners.
2. How is the potable water requirement being met? *Please note, potable water is required for lunch, and only for breakfast if served in the cafeteria.*

**Food Safety**

1. Please submit the following Standard Operating Procedures (SOP’s) to the reviewer:
* Personal Hygiene
* Cleaning and Sanitizing Food Contact Surfaces
* Using and Calibrating Thermometers
* Washing Hands
* Hot and Cold Holding for Time/Temperature Control for Safety Foods

Please also include any new SOP’s that have been developed as a result of COVID-19.

1. Describe how often SOP’s are reviewed with all staff members
2. Where are copies of the SOP’s kept?
3. List the dates of the two most recent health inspections at the reviewed schools:

**School 1 Name:**

Date 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School 2 Name (if applicable):**

Date 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are program foods stored at each individual school or a central kitchen? *Program foods are any foods served as part of the reimbursable meal.*
2. Review your storage areas for Buy American compliance. Are there any food components in your storage areas that do not meet the Buy American provision (not grown or processed in the United States)?
* Yes
* No

If yes, please list all foods not Buy American compliant and submit documentation to your reviewer to show that domestic alternatives were considered.

**Recordkeeping**

1. How long are program records retained for? This includes production records, meal counts, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Afterschool Snack Service** [ ]  **N/A**

1. Does the SFA operate the Afterschool Snack Service through the NSLP?
* Yes
* No (if no, skip questions 34-35)
1. Describe how eligibility was determined to participate in the After School Snack Service.
2. Describe in detail the accountability system used

Record After School Snack Service meal counts for the **day of review**.

1. **Day of Review\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Name:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Free Snacks** |  | **Reduced Snacks** |  | **Paid Snacks** |  |

1. Describe how the enrichment requirement is being met.

**Fresh Fruit and Vegetable Program** [ ]  **N/A**

1. Does the SFA operate the Fresh Fruit and Vegetable Program?
* Yes
* No (if no, skip questions 39-42)
1. Describe when and how FFVP is offered to students, including times and locations (for example 10:00am in classrooms).
2. How and where is FFVP produce prepped?
3. Is the FFVP widely publicized in the school? If so, please explain how.
4. Were only allowable FFVP costs claimed for reimbursement during the **review period**?
* Yes
* No

**Special Milk Program** [ ]  **N/A**

1. Does the SFA operate the Special Milk Program?
* Yes
* No

**Smart Snacks** [ ]  **N/A**

1. Are smart snacks available for sale? This includes a la carte, vending machines, school stores, fundraisers, etc. when food is sold during the school day.
* Yes
* No (if no, skip questions 45-46)
1. Please complete the chart below. Indicate where smart snacks are available for sale (i.e. a la carte in cafeteria, vending machine in school lobby) and the entity responsible.

|  |  |
| --- | --- |
| **Location of Available Smart Snacks** | **Responsible Entity** |
|  |  |
|  |  |
|  |  |
|  |  |

1. Does the SFA hold fundraisers during the school day, where students may purchase food or beverages?
* Yes
* No

If yes, do the food or beverage fundraisers meet Smart Snacks guidelines? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Provisions** [ ]  **N/A**

**Provision 2**

1. Describe the procedure used to ensure that claiming percentages for Provision 2 are applied correctly to the claim for reimbursement.
2. Are meal benefit applications distributed in Non-base years? *A non-base year is the year that applications are not collected.*
* Yes
* No

If yes, please indicate what form is used to determine economic status, and the name and title of the individual approving the forms.

**Community Eligibility Provision (CEP)**

1. What is the Identified Student Percentage (ISP) for your school or district? \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Describe the procedure used to ensure that claiming percentages for CEP are applied correctly to the claim for reimbursement.