**General Information**

The Off-Site Assessment Tool is the first step in the Administrative Review process. This questionnaire and request for information is for sponsors to complete, describing how the school district or organization (“Sponsor”) operates their School Nutrition Programs.

The tool is separated into distinct modules which represent areas that will be assessed for compliance during the Administrative Review. Information about the sponsor’s policies, procedures, and practices helps the Oregon Department of Education Child Nutrition Program (ODE CNP) specialist conducting the review to identify any areas where corrective action or technical assistance may be necessary.

**Instructions:**

* Answer all questions as they apply to the Child Nutrition Program. Use the boxes below each question to make comments, if needed.
  + **Section IV: Resource Management** (questions 700 - 712) should be completed by the organization’s Financial or Business Official. Please provide their contact information on the cover page, in case additional information or details are needed.
  + Questions 200 and 600-602, marked **“ODE will complete”** should be left blank.
  + Questions 1207, 2101 and 2102 are answered based on ODE policies & procedures.
* Complete the cover sheet listing the CNP program contact cerson, resource management contact person and documents that are included in the off-site assessment tool submission.
* Return the Off-Site Assessment Tool in the original electronic format with required documents to [ode.schoolnutrition@ode.oregon.gov](mailto:ode.schoolnutrition@ode.oregon.gov) by **DUE DATE**.
* Contact your [assigned Child Nutrition Specialist](https://www.oregon.gov/ode/students-and-family/childnutrition/SNP/Documents/Sponsor%20Support%20List.docx) with any questions.

**Helpful Tips:**

Throughout the tool you will see the term School Food Authority (SFA). This means sponsor.

The term RCCI means Residential Child Care Institution and refers to facilities that provide care, treatment, or specialized programs where children reside or attend daily (e.g. juvenile detention centers, group homes, long-term care, alternative programs).

Statements in *italics* are provided as clarification to assist sponsors in providing a response.

Question numbers correspond to review area. (200s are verification, 800s are Civil Rights, etc.)

**Section I: Cover Sheet**

**\*Sponsor Name:**

**\*Agreement Number:**

**\*CNP Contact Name:**

**\*Phone Number:**

**\*Email:**

**Resource Management (Business/Financial Officer)**

**\*Contact Name:**

**\*Phone Number:**

**\*Email:**

**Required Submission:**

With the submission of the Off-Site Assessment Tool, provide documents as indicated in the specific questions listed below.

\*Civil Rights Public Release Statement (if ODE release is not used) (Question #801)

\*Local Wellness Policy and related activities (Question #1000-1006) if not provided through web address(es)

\* Indicates required information

Return the completed Off-Site Assessment Tool in the original electronic format with required documents to [ode.schoolnutrition@ode.oregon.gov](mailto:ode.schoolnutrition@ode.oregon.gov) by **Specialist set due at 5 week call.**

**Section II: Meal Access and Reimbursement**

| **Module: Certification and Benefit Issuance** | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 100. | Does the SFA meet one of the following criteria:  SFA-wide Special Provison Non-Base Year (Provison 2/3)  RCCI, **without** day students  SFA-wide Community Eligibility Provision  Note: If one of the above is checked, skip questions 101 – 205 and proceed to question 300. If the SFA does not meet one of the above criteria answer the following questions (101-205). | | | | | | **YES** | | **NO** | | | | **N/A** |
| Comments: | | | | | | | | | | | | | |
| 101. | Who is the determining official for certifying household applications?  *Note: The determining official is the same as the eligibility official. This position reviews each incoming application to ensure that the household has submitted a complete application. If the application is complete, the official must then determine whether the household is categorically eligible or income eligible for meal benefits based on the information provided on the application.* | | | | | | | | | | | | |
| (Names and/or position titles): | | | | | | | | | | | | | |
| 102. | | a. Does the SFA use an electronic **application approval system** or a manual **application approval system**? If a combination of electronic and manual is used check both boxes. | | | **Electronic** | | | | | | **Manual** | | |
| b. Does the SFA use an electronic **benefit issuance system** or a manual **benefit issuance system**? If a combination of electronic and manual check both boxes. | | | **Electronic** | | | | | | **Manual** | | |
| *Electronic application system* means household applications are submitted by the household through a web-based or scanned application system. The system has limited to virtually no manual data entry by the SFA. Records are kept at the SFA electronically. All direct certification matches at the SFA level are completed with a computer match.  *Manual application system* means household applications are submitted by the household to the SFA. SFA completes eligibility determination and direct certification matches and enters data manually into a system and/or keeps written records. Hard copy records are kept on file at the SFA.  If the SFA has implemented an electronic system, but one or more aspects of the application processing is conducted manually (e.g. applications are submitted online and also on paper – SFA staff processes paper applications) the reviewer will consider it a manual/combination system. This would include instances where SFA staff are entering paper applications into the online electronic system for determinations. | | | | | | | | | | | | | |
| *Electronic benefit issuance system* means that the transfer of a student’s benefits to the Point of Service document is completed through a computerized system. The system has limited to virtually no manual data entry by the SFA; however, updates to benefits may be made manually in the electronic system. Benefit issuance identification and rosters are kept electronically.  *Manual benefit issuance system* means that the transfer of a student’s benefits to the POS document is completed manually by the SFA. All updates to benefits are made manually by the SFA. Benefit issuance identification and rosters are manually developed. Hard copy records are kept on file at the SFA.  If the SFA has implemented an electronic system, but one or more aspects of the benefit issuance process is conducted manually (i.e., the SFA has an electronic benefit issuance system at most sites, but utilizes rosters/ tickets/tokens or any other benefit issuance method at some sites and SFA staff must manually make updates to those alternate systems), the reviewer will consider it a manual/combination system. | | | | | | | | | | | | | |
| 103. | At the beginning of the school year, how is benefit status handled for students who have not submitted an application for the current school year? | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | |
| 104. | **If the SFA has an electronic application approval system**, answer the below questions, if not proceed to the next question.   * 1. How are records maintained and for how long?   2. Describe the backup to the electronic-based approval system.   3. List the method used to obtain household signature. | | | | | | | | | | | | |
| Comments:  a.  b.  c. | | | | | | | | | | | | | |
| 105. | How long does the applications approval take from the date the SFA receives the application from the household? | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | |
| 106. | Within the SFA, who has access to the applications within the system? | | | | | | | | | | | | |
| (Names and/or position titles): | | | | | | | | | | | | | |
| 107. | a. When and how are households notified of students’ certified eligibility?  b. How are denied households notified? Review copy of the application approval/denial notification letter. | | | | | | | | | | | | |
| Comments:  a.  b. | | | | | | | | | | | | | |
| 108. | Who is the hearing official?  *Note: The hearing official must be an individual who was not involved with the meal benefits approval or verification process. The hearing official responds to household appeals due to a reduction or termination of meal benefits.* | | | | | | | | | | | | |
| (Name and/or position title): | | | | | | | | | | | | | |
| 109. | | Who at the SFA receives the direct certification documents from the state or local agency, and who is responsible for issuing and updating the benefit list? | | | | | | | | | | | |
| **Program** | | | **Name/title of person receiving direct certification documents from SA** | **Name/title of person issuing direct certification benefits to students** | | | | | | | | | |
| **SNAP** | | |  |  | | | | | | | | | |
| **DC Medicaid** | | |  |  | | | | | | | | | |
| **TANF** | | | No direct certification from ODE | N/A | | | | | | | | | |
| **FDPIR** | | | No direct certification from ODE | N/A | | | | | | | | | |
| **Homeless** | | |  |  | | | | | | | | | |
| **Migrant** | | |  |  | | | | | | | | | |
| **Foster Children** | | |  |  | | | | | | | | | |
| **Head Start** | | |  |  | | | | | | | | | |
| 110. | | Does the SFA use the direct certification notification letter provided by the state agency? | | | | **YES** | | | | **NO** | | | |
| If no, does the letter contain all required information, and is it approved by the state agency?  *(letter will be reviewed during on-site)* | | | | **YES** | | **NO** | | | | **N/A** | |
| Comments: | | | | | | | | | | | | | |
| 111. | | What is the SFA’s procedure for extending free school meal eligibility to all children who are members of a household in which one person in that household is receiving SNAP, TANF, or FDPIR benefits? | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | |
| 112. | | Does the benefit issuance system identify how eligibility was determined?  (e.g., through application, direct certification, etc.) | | | | **YES** | | | | **NO** | | | |
| Comments: | | | | | | | | | | | | | |
| 113. | | a. Who has access to the benefit issuance system and/or documentation?  b. What safeguards are in place to ensure that only authorized individuals have access to the benefit issuance system and/or documentation?  *Note: Benefit issuance system is an electronic point of service. Documentation is a roster or other list.* | | | | | | | | | | | |
| 1. (Names and/or position titles): | | | | | | | | | | | | | |
| 114. | | How are benefits issued and distributed to students?  (e.g., via electronic system with code numbers for students, card system) | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | |
| 115. | | How are eligibility determinations transferred to the benefit issuance document?  *Note: Explain how the free, reduced-price, or paid status of each child is transferred from the application or certification document to the Point of Service*. | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | |
| 116. | | How are benefit issuance document(s) transferred to the point of service system?  *Note: This answer may be the same to #115 in a networked system with an electronic point of service.* | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | |
| 117. | | How are eligibility status updates made to the point of service and to the benefit issuance document(s)? | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | |
| 118. | | How frequently are updates made to the point of service and benefit issuance document(s)? | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | |
| 119. | | Does the benefit issuance document indicate the date the eligibility status changes were made? | | | | **YES** | | | | **NO** | | | |
| Comments: | | | | | | | | | | | | | |
| 120. | | How and when are the following changes made to the point of service and benefit issuance document:  a. new students  b. transfer students  c. withdrawn students  d. 30 day carryover of prior eligibility | | | | | | | | | | | |
| Comments:  a.  b.  c.  d. | | | | | | | | | | | | | |
| 121. | | 1. Is there a backup system for updating benefit issuance document(s)? 2. If yes, describe the backup system for updating benefit issuance document(s). | | | | **YES** | | | | **NO** | | | |
| Comments: | | | | | | | | | | | | | |

| **Module: Verification** | | | |
| --- | --- | --- | --- |
| **ODE will complete question #200** | | | |
| 200. | Obtain a copy of the SFA’s most recently submitted FNS-742 (Verification Collection Report). | | |
| 1. Did the SFA choose the correct verification sample size? | **YES** | **NO** |
| 1. Did the SFA verify the correct number of applications based on their verification sample size? | **YES** | **NO** |
| 1. Was the most recent report timely and accurate? | **YES** | **NO** |
| If no, is this a recurring problem? | **YES** | **NO** |
| Comments:  Which Verification Process did the sponsor use?  Standard – 3% error prone  Alternate One – 3% random  Alternate Two – 1% plus .5% | | | |
| 201. | Who serves as the SFA’s verifying official?  *Note: The verifying official confirms students eligible for free or reduced-price meal benefits. The verifying official may be the same as the eligibility official.* | | |
| (Name and/or position title): | | | |
| 202. | Who serves as the confirming official?  *Note: The confirming official (or electronic program) checks the original eligibility determination on applications selected for verification. The confirming official cannot be the same as the eligibility official. Verification Review of Applications Exception may apply.* | | |
| (Name and/or position title or software used is acceptable): | | | |
| 203. | Describe the SFA’s verification process (including SFA’s verification for cause process, deadlines, due dates, selection procedures, etc). | | |
| Comments: | | | |
| 204. | Does the SFA use an electronic system to identify error-prone applications? If yes, explain in the comments what software the SFA uses? | **YES** | **NO** |
| Comments: | | | |

| **Module: Meal Counting and Claiming** | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 300. | | Does the SFA use an electronic or manual system to count and consolidate reimbursable meals? If a combination of electronic and manual is used check both boxes. | | | | **Electronic** | | | | **Manual** | | | | |
| *Electronic System* means meal counts are generated by an automated Point of Service (POS) system that may connect to the claim for reimbursement. Electronic systems have the ability to identify a student’s benefit category, tally daily meal counts, transfer daily meal counts to the SFA, consolidate meal counts for the SFA, and/or submit the claim for reimbursement. The system is limited to virtually NO MANUAL data entry at the POS. Meal counts are kept electronically.  *Manual System* means meal counts are generated by a manual Point of Service system. Meal counts are manually tallied, consolidated, and transferred to the SFA. Consolidation of meal counts by the SFA is completed manually. Hard copy records are kept on file.  If the SFA has implemented an electronic system, but one or more aspect of the benefit issuance process is conducted manually (e.g., the SFA has an electronic POS, but utilizes a roster at an alternate service location and SFA staff manually enters meal counts from the alternate service location), the reviewer will consider it a manual/combination system. | | | | | | | | | | | | | | |
| 301. | | | | How does the SFA’s point of service system identify a student’s eligibility?  Include all types of distinct counting methods (e.g., check-off list for grades 1-3, tickets for grades 4-8). | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | |
| 302. | | | | Does the SFA have a backup system to their primary meal counting and claiming system should the primary system fail/not operate?  If YES, describe backup system in the comments.  *Note: Describe procedure if computer is down at meal service, or the person who normally takes meal counts is out.* | | | **YES** | | | | **NO** | | | |
| Comments: | | | | | | | | | | | | | | |
| 303. | | | | How often are cashiers and substitute cashiers trained on the meal counting and claiming system (including the backup system)? | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | |
| 304. | | | | At the end of meal service, how does the SFA obtain the daily meal counts by category from each school’s point(s) of service?  *Note: Describe the frequency and method of transfer of meal counts from sites to the central office where counts are consolidated (e.g. network transfer, automated batch file, courier).* | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | |
| 305. | | | | What are the SFA’s meal counting and claiming policies and procedures for the following situations: | | | | | | | | | | |
| 1. Offer vs. Serve? | | | | |  | | | | | | | **N/A** | | |
| 1. Incomplete/Non-Reimbursable Meals? | | | | |  | | | | | | | **N/A** | | |
| 1. Second Meals? | | | | |  | | | | | | | **N/A** | | |
| 1. Visiting student meals? | | | | |  | | | | | | | **N/A** | | |
| 1. Adult and non-student meals? | | | | |  | | | | | | | **N/A** | | |
| 1. Student worker meals? | | | | |  | | | | | | | **N/A** | | |
| 1. A la carte? | | | | |  | | | | | | | | **N/A** | |
| 1. Field trips? | | | | |  | | | | | | | | **N/A** | |
| 1. Lost, stolen, misused, forgotten or destroyed tickets, tokens, IDs, and PINS? | | | | |  | | | | | | | | **N/A** | |
| 1. Charged and/or pre-billed/prepaid meals? | | | | |  | | | | | | | | **N/A** | |
| 1. Students without funds to pay for meals?   *Oregon’s* [*lunch shaming law*](https://www.oregon.gov/ode/students-and-family/childnutrition/SNP/Documents/2017-10-27%20-%20HB%203454%20Q%20and%20A%20memov2.pdf) *must be followed.* | | | | |  | | | | | | | | **N/A** | |
| 1. New students without approved certification of free or reduced-price benefits? | | | | |  | | | | | | | | **N/A** | |
| 1. Local Charge Policy and Unpaid Meal Policy Procedures? *Oregon’s* [*lunch shaming law*](https://www.oregon.gov/ode/students-and-family/childnutrition/SNP/Documents/2017-10-27%20-%20HB%203454%20Q%20and%20A%20memov2.pdf) *must be followed.* | | | | |  | | | | | | | |  | |
| 306. | | | What procedures are used as internal controls to ensure the meal counts do not exceed enrollment or attendance adjusted enrollment?  *Note: Internal controls include daily and monthly edit checks.* | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | |
| 307. | | | **Electronic Systems Only**:  Are meal counts automatically consolidated?  If YES, does the software program contain edits and internal controls?  If NO, when and how are edit checks and internal controls completed?  *Consolidated = combining multiple POS or sites for entry into CNPweb* | | | | **YES** | **NO** | | | | | | **N/A** |
| **YES** | **NO** | | | | | | **N/A** |
| Comments: | | | | | | | | | | | | | | |
| 308. | | | Have alternate points of service been approved by the SA?  If there are alternative points of service, describe in the comments the number and types of alternate points of service operating during each meal service (e.g., meals in classrooms, bus).  *Note: An alternative point of service (POS) is any POS that is not located at the end of the serving line, after all meal components. An alternative POS requires approval from ODE CNP each year during renewal.* | | | | **YES** | | **NO** | | | | | **N/A** |
| Comments: | | | | | | | | | | | | | | |
| 309. | 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? | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | |
| 310. | At the site level, how are the total daily meal counts by category submitted to the SFA for consolidation?  *Note: Describe how counts are submitted to the central office for consolidation (e.g. total count by category, detail with student name and benefit category).* | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | |
| 311. | Describe the SFA’s procedures for consolidating daily meal counts by category for each site to process the claim for reimbursement, if applicable.  *Note: Applies to manual claiming systems, including spreadsheets.* | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | |

| **Section III: Nutritional Quality and Meal Pattern** | | |
| --- | --- | --- |
| **Module: Dietary Specifications and Nutrition Analysis** | | |
| **ODE will complete questions #600-#602** | | |
| 600. | | Based on the results of the *Meal Compliance Risk Assessment Tool*, what site has been selected for the targeted menu review? |
| School selected for targeted menu review: | | |
| 601. | How will the SA proceed with the targeted menu review? | |
| ☐ Option 1: Complete the Dietary Specifications Assessment Tool  ☐ Option 2: Validate Existing Nutrient Analysis  ☐ Option 3: Conduct Nutrient Analysis  ☐ Option 4: Use FNS-approved Process Utilizing FNS-Approved Menu Planning Tools | | |
| 602. | If Option 1 is selected, what initial risk level has been assigned for the targeted menu review site based on the results of the *Dietary Specifications Assessment Tool*? | |
| N/A  Risk Level: | | |

| **Section IV: Resource Management** | | | |
| --- | --- | --- | --- |
| This section to be completed by the organization’s Financial or Business Official. Answers in this section will be used to determine Comprehensive Resource Management Review requirements. Please contact [ode.schoolnutrition@ode.oregon.gov](mailto:ode.schoolnutrition@ode.oregon.gov) with any questions. | | | |
| **Module 1: Maintenance of Nonprofit School Food Service Account** | | | |
| Indicate the Resource Management (RM) review period to be used when answering Q700-705:  Previous School Year, 2022-23 | | | |
| 700. | Did the SFA have the ability to accurately track all revenues and expenditures for the nonprofit school food service separately from all other transactions?  If yes, describe the method used in the comments box, such as having a separate account only for food service revenues and expenditures, identifying all financial transactions by a separate fund code, using a separate ledger or other system to track revenues and expenditures specific to food service. | **YES** | **NO** |
| Comments: | | | |
| 701. | At the end of the SFA’s RM review period, did the food service have net cash resources that exceeded three months’ average expenditures?  If the SFA has a plan approved by the state agency to use the excess funds, note this in the comments section.  *The Excess Operating Balance report contains this information.* | **YES** | **NO** |
| Comments: | | | |
| 702. | Did the SFA transfer funds other than approved indirect costs out of the food service account to support general school district expenses or non-food service-related activities?  If so, describe in the comments section. | **YES** | **NO** |
| Comments: | | | |
| 703. | Excluding the purchase of equipment using equipment grant funds, if the SFA used food service funds to buy equipment\* during the school year under review, did it receive prior approval from the State agency either directly or via the State’s pre-approved equipment list?  \*Equipment has a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the State agency or SFA for financial statement purposes, or $5,000.  In the comments section or via attachment, please provide:   * Your capitalization threshold for equipment purchases; and * Information about equipment purchases made with food service funds during the Resource Management review period that required pre-approval either directly from the State agency or via the State’s approved equipment list. * **If the only equipment purchased was made partially or in full with an equipment grant received from the State agency**, **answer “N/A” and do not list these equipment purchases**.   ***Please use comments section.*** *Documents will be reviewed on-site.* | **YES** | **NO** |
| Comments: If your district did **NOT** make purchases over the $5000 threshold, please note that in this comment section and select ‘no’ above. | | | |
| 704. | Did the SFA have any financial findings related to unallowable costs or financial mismanagement in the child nutrition programs on a previous administrative review or as part of an audit (for example, OIG, Single Audit (previously called A-133 audits), other state audits) within the past three years?  If yes, describe in comments section. | **YES** | **NO** |
| Comments: | | | |
| 705. | Did the SFA have internal control procedures in place to ensure that only allowable costs were charged to the nonprofit school food service account?  If yes, detail in the comments section all internal control procedures that were in place at the SFA. Some examples may include:   * Written procedures * Annual allowable cost training; * Financial management standard operating procedures; * The assignment of financial responsibilities to different individuals; * Policies for ensuring that bad/delinquent debt is not paid for with food service funds | **YES** | **NO** |
| Comments: | | | |

| **Module 2: Paid Lunch Equity** | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Indicate the Resource Management (RM) review period to be used when answering Q706-708:  Previous School Year, 2022-23 | | | | | | | | | | |
| 706. | Did the SFA use the USDA Paid Lunch Equity Tool or a comparable mechanism to evaluate its need to raise its paid lunch prices?  If the SFA charged the target weighted average paid lunch price at all sites, indicate the amount it charged for paid lunches in the comments section.  If “NO, $0 Balance- SFA had a positive or zero Food Service balance as of 1/31/2023 and was exempt from the PLE requirements” is selected, please indicate the balance in the nonprofit food service account as of 1/31/2023 in the comments section. *ODE pre-approval is required for this option.*  \* N/A-1 should be selected if **all** sites at the SFA are nonpricing;  \*\*N/A-2 should be selected if the SFA charged at least the target weighted average paid lunch price at **all** sites. | **YES** | **NO** | **NO, $0 Balance** | | | **N/A 1** | | **N/A 2** | |
| Comments: | | | | | | | | | | |
| 707. | Did your SFA receive a transfer of non-federal funds into the food service account to reduce or eliminate the need to raise paid lunch prices? *Only funds contributed to meet PLE requirement are reported here.*  If yes, indicate the amount of non-federal funds added to the food service account to support paid lunch prices.  \* N/A-1 may only be selected if **all** sites at the SFA were nonpricing;  \*\*N/A-2 may only be selected if the SFA charged at least the target weighted average paid lunch price at **all** sites**.**  \*\*\*N/A-3 may only be selected if SFA had a positive or zero Food Service balance as of 1/31/2023 and was exempt from the PLE requirements. | **YES** | **NO** | | **N/A**  **1** | | **N/A**  **2** | | **N/A 3** | |
| Comments: | | | | | | | | | | |
| 708. | Did your SFA adjust its paid lunch prices for the RM Review Period at the level at or above what was required by the USDA Paid Lunch Equity tool or comparable mechanism?    Please note in the comments section if the SFA received prior approval from the State agency for a PLE exemption.  \* N/A-1 may only be selected if **all** sites at the SFA were nonpricing or if the SFA charged at least the target weighted average paid lunch price at **all** sites**.**  \*\*N/A-2 may only be selected if the SFA charged at least the target weighted average paid lunch price at **all** sites**.**  \*\*\*N/A-3 may only be selected if the SFA received a PLE exemption from the State agency for the review period.  \*\*\*\*N/A-4 may only be selected if SFA had a positive or zero Food Service balance as of 1/31/2022 and was exempt from the PLE requirements. | **YES** | **NO** | **N/A**  **1** | | **N/A**  **2** | | **N/A**  **3** | | **N/A**  **4** |
| Comments: | | | | | | | | | | |

| **Module 3: Revenue from Nonprogram Foods** | | | | |
| --- | --- | --- | --- | --- |
| Indicate the Resource Management review period to be used when answering Q709 -711:  Previous School Year, 2022-23  Current School Year | | | | |
| 709. | With the exception of milk, did the SFA sell Smart Snacks\*, second entrees, and/or catering (e.g., foods/beverages for school board meetings; foods for outside entities and programs)?  \* Smart Snacks are any food or beverage sold to students at schools during the school day other than those foods provided as part of the reimbursable school meal programs. Examples include a la carte items sold in the cafeteria and foods sold in school stores, snack bars, and vending machines. | **YES** | **NO** | |
| Comments: | | | | |
| 710. | If the SFA provided adult meals for teachers and/or parents, did it obtain full payment from the adults receiving the meals and/or recover the cost of those meals by some other means (general fund transfer, etc.)?  Please indicate in the comments section how the cost of the adult meals was recovered. | **YES** | **NO** | **N/A** |
| Comments: | | | | |
| 711. | If the SFA charged for adult meals, were the meal prices sufficient to cover the overall cost of the meals in compliance with FNS Instruction 782-5, Rev. 1?  *For 2023-24: $4.72 for lunch, $2.73 for breakfast.*  Detail in the comments section how the SFA calculated its adult meal prices (example- meal equivalents plus commodity value, etc.) and the dollar amount(s) charged for adult meals. | **YES** | **NO** | **N/A** |
| Comments | | | | |
| **Module 4: Indirect Costs** | | | | |
| Indicate the Resource Management review period to be used when answering Q711:  Previous School Year, 2022-23 | | | | |
| 712. | Were indirect costs charged to the SFA’s nonprofit school food service account?  *Note: Indirect costs are incurred for multiple programs in an organization (e.g. accounting, utilities, human resources) and are typically charged by applying a calculated indirect cost rate.* | **YES** | **NO** | |
|  | | | | |

**Section V: General Program Compliance**

| **Module: Civil Rights** | | | | | |
| --- | --- | --- | --- | --- | --- |
| 800. | What is the non-discrimination statement that is used for appropriate Program materials? Please provide exact language. | | | | |
| Comments: | | | | | |
| 801. | Did the School Food Authority publish a public release as required for the School Year being reviewed?  RCCIs are not required to submit a public release unless their enrollment includes day students.  *Note: ODE CNP issues a statewide press release annually. If your organization issues its own locally, please provide a copy.* | | | **YES** | **NO** |
| 802. | What services does the SFA provide to households comprised of persons with limited English proficiency (LEP)? | | | | |
| Comments: | | | | | |
| 803. | | | What is the SFA’s procedure for receiving and processing complaints alleging discrimination within FNS school meal programs?  Provide a copy *during the on-site review.* | | |
| Comments: | | | | | |
| 804. | | Has the School Food Authority received any written or verbal complaints alleging discrimination in FNS Programs in the current or prior school year?  **If yes, obtain the following information: date, nature of complaint, and agency complaint was reported to.** | | **YES** | **NO** |
| Comments: | | | | | |
| 805. | | | What procedures are in place for accommodating students with disabilities? | | |
| Comments: | | | | | |
| 806. | | | When was the SFA’s most recent civil rights training for staff who interact with program applicants or participants (e.g., cafeteria staff, determining officials) and their supervisors?  Provide supporting documentation demonstrating topics covered and attendance of staff *during the on-site review.* | | |
| Comments: | | | | | |
| 807. | | | a. How does the SFA collect racial/ethnic data?  b. How often is this information collected?  c. Provide documentation to support the response *during the on-site review.*  *Note: This data may be collected by the organization as a part of student enrollment, or via the Household Application for Meal Benefits.* | | |
| Comments:  a.  b.  c. | | | | | |

| **Module: SFA On-site Monitoring** | | | |
| --- | --- | --- | --- |
| 900. | 1. Was the on-site monitoring of breakfast completed prior to February 1? | **YES** | **NO** |
| 1. Was the on-site monitoring of lunch completed prior to February 1? | **YES** | **NO** |
| 1. How does the SFA ensure that all schools are meeting program requirements? For example, list in the comments, how and when the monitoring is conducted?   *Note: Describe how on-site monitoring of meal counting and claiming is documented.* | | |
| Comments:  c. | | | |

| **Module: Local School Wellness Policy** | | | | |
| --- | --- | --- | --- | --- |
| 1000. | Provide a copy or appropriate web address of the current Local School Wellness Policy.  Are the minimum required elements written into the Local School Wellness Policy? In comments, explain how required elements are being met. | | **YES** | **NO** |
| Comments: | | | | |
| 1001. | | How does the public know about the Local School Wellness Policy?  Provide documentation to support the response (or appropriate web address(es)). | | |
| Comments: | | | | |
| 1002. | | When and how does the review and update of the Local School Wellness Policy occur?  Provide documentation to support the response (or appropriate web address(es)). | | |
| Comments: | | | | |
| 1003. | | a. Who is involved in reviewing and updating the Local School Wellness Policy?  b. What is their relationship with the SFA? | | |
| Comments:  a.  b. | | | | |
| 1004. | | How are potential stakeholders made aware of their ability to participate in the development, review, update, and implementation of the Local School Wellness Policy?  Provide documentation to support the response (or appropriate web address(es)). | | |
| Comments: | | | | |
| 1005. | | Provide a copy of the most recent assessment on the implementation of the Local School Wellness Policy or appropriate web address(es). | | |
| 1006. | | How does the public know about the results of the most recent assessment on the implementation of the Local School Wellness Policy?  Provide documentation to support the response (or appropriate web address(es)). | | |
| Comments: Note: ‘Assessment’ refers to the most recent Triennial Assessment that was due June 30, 2023 | | | | |

| **Module: Smart Snacks** | |
| --- | --- |
| 1100. | What are the SFA’s food sale policies? List all types of food/beverage sales to include the selling of non-food items in combination with food items. |
| Comments: | |
| 1101. | What is the SFA’s process for determining compliance with non-packaged or recipe food items (combination foods that do not have a label)? |
| Comments: | |
| 1102. | How does the SFA account for accompaniments when determinining whether food items meet the Smart Snack standards? |
| Comments: | |
| 1103. | Who is responsible for tracking Smart Snacks compliance at the:   1. SFA level: 2. School level: 3. For foodservice: |
| Comments:  a.  b.  c. | |

| **Module: Professional Standards** | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1200. | What is the LEA student enrollment? (select one)   1. 2,499 or less 2. 2,500 – 9,999 3. 10,000 or more | | | | | | | | | | |
| 1201. | List the employee count for each of the following: | | | | | | | | | | |
| a. Directors | | | a. | | | | | | | |
| b. Managers | | | b. | | | | | | | |
| c. Other Full-Time Nutrition Staff (>20 hours/week) | | | c. | | | | | | | |
| d. Part-Time Nutrition Staff (<20 hours/week) | | | d. | | | | | | | |
| e. Staff hired after January 1 of the School Year being reviewed | | | e. | | | | | | | |
| f. Non-school nutrition staff that have responsibilities that include duties related to the program | | | f. | | | | | | | |
| 1202. | a) Has the SFA hired any new directors on or after July 1, 2015? If no, proceed to Question 1204. | | **YES** | | **NO** | | | | | | **N/A** |
| b) If a new School Nutrition Program Director has been hired, did they meet the hiring standards requirements? | | **YES** | | | | | | **NO** | | |
| Comments: | | | | | | | | | | | |
| 1203. | a. If a new School Nutrition Program Director has been hired, did they complete food safety training within 30 days of being hired? | | **YES** | | | | | | | **NO** | |
| b. If yes, proceed to question 1204. If no, was previous food safety certification obtained in the last 5 years? If yes, list the date of certification in comments. | | **YES** | | | | | | | **NO** | |
| Comments: | | | | | | | | | | | |
| 1204. | a. Did School Nutrition Program Directors meet the training requirement? | | **YES** | | | | | **NO** | | | |
| b. If no, after review of the scheduled/planned trainings for the remainder of the school year is the School Nutrition Program Director expected to meet annual training requirements? | | **YES** | | | | | **NO** | | | |
| c. List completed training hours and expected/planned training hours in the comments. | | | | | | | | | | |
| Comments: | | | | | | | | | | | |
| 1205. | a. Did School Nutrition Program Managers, if applicable, meet the training requirements? | | **YES** | | | | | **NO** | | | |
| b. If not, after review of scheduled/planned trainings, trainings for the remainder of the school year is the School Nutrition Program Manager expected to meet the annual training requirements? | | **YES** | | | | | **NO** | | | |
| c. List completed training hours and expected/planned training hours in the comments. | | | | | | | | | | |
| Comments: | | | | | | | | | | | |
| 1206. | a. Have the school nutrition staff met the annual training requirements for the current school year including part-time, full-time and any staff hired after January 1, if applicable? For staff hired after January 1, employees must meet at least half of the annual training requirements. | | **YES** | | | | | **NO** | | | |
| b. If not, review the scheduled/planned trainings for the remainder of the school year. | | | | | | | | | | |
| c. List completed training hours and expected/planned training hours in the comments. | | | | | | | | | | |
| Comments: | | | | | | | | | | | |
| 1207. | Has the State Agency allowed the SFA flexibility to complete annual training requirements over a 2 year period?  If yes, list in the comments section, the first school year to which the flexibility was applied. | **YES** | | | | **NO** | | | | | |
| Comments: Oregon has not granted flexibility. | | | | | | | | | | | |
| 1208. | Is the SFA tracking training hours on an annual basis? Please describe how the SFA tracks and monitors annual training including frequency and tracking mechanism. | **YES** | | | | | **NO** | | | | |
| Comments: | | | | | | | | | | | |
| 1209. | Did the employees that work outside of the school nutrition program whose responsibilities include duties related to the operation of the school nutrition program receive training applicable to their duties related to the program?  If yes, list their names and job titles in the comments. | **YES**  ☐ | | | | **NO**  ☐ | | | | | |
| Comments: | | | | | | | | | | | |

| **Module: School Breakfast and Summer Food Service Program Outreach**  **Not applicable** | |
| --- | --- |
| 1600. | How did the SFA inform households of the availability of the School Breakfast Program prior to (or at the beginning) of the school year and provide reminders about the availability of the School Breakfast Program throughout the school year? |
| Comments: | |
| 1601. | How did the SFA inform eligible households about the availability and location of free meals for students via the Summer Food Service Program? |
| Comments: Note: All sponsors must conduct SFSP outreach regardless of participation. If your school or organization does not participate in SFSP, you must still conduct outreach in the community to inform families about the summer meal program. | |

| **Section VI: Other Federal Programs** |
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| **Indicate any additional federal programs operated by the SFA:** |
| Afterschool Snack Program  Seamless Summer Option  Fresh Fruit and Vegetable Program  Special Milk Program |

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| --- | --- | --- | --- |
| **Section IX: Special Provision Options** | | | |
| **\*\* For Provision 2 ONLY\*\***  **Not applicable (if no schools in the SFA operate Provision 2, skip questions #2100 - #2104)** | | | |
| 2100. | Are non-federal funds being properly allocated to account for the difference of offering all meals to students at no charge and the Federal reimbursement? | **YES** | **NO** |
| Comments: | | | |
| 2101. | What procedures are/were used to calculate the Base Year claiming percentages for each school implementing Provision 2? | | |
| Comments: ODE’s CNPweb claiming system calculates Provision 2 claiming percentages using actual Base Year claims. | | | |
| 2102. | What procedures are used to apply the Base Year claiming percentages to the Non-base Year’s claims for reimbursement? | | |
| Comments: ODE’s CNPweb claiming system uses the calculated Provision 2 claiming percentages from the Base Year claims for the remaining years of the provision. | | | |
| 2103. | If applicable, were adjustments made to the claiming percentages established during the Base Year? *Possibly as a result of Provision 2 review.*  If yes, describe the procedure used for the adjustment. | **YES** | **NO** |
| Comments: | | | |
| 2104. | Has the SFA ensured all meals are provided at no cost to all enrolled students during Provision 2 Base Year?  If no, explain. | **YES** | **NO** |
| Comments: | | | |

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| --- | --- | --- | --- |
| **\*\* For Community Eligibility Provision ONLY \*\***  **Not applicable (if no schools in the SFA operate Community Eligibility Provision, skip questions #2109 - #2110)** | | | |
| 2109. | Are non-federal funds being properly allocated to account for the difference of offering all meals to students at no charge and the Federal reimbursement? | **YES** | **NO** |
| Comments: | | | |
| 2110. | What procedures are used to apply the established ISPs to the current School Year’s claims for reimbursement? (Documentation supporting establishment of ISP and corresponding claiming percentages will be verified during completion of the On-site Review Assessment Tool)  If applicable, were adjustments made to the ISP and corresponding claiming percentages in the current SY? If yes, describe the procedure used for the adjustment. | | |
| Comments: | | | |