# Attachment T22. Supplemental Seamless Summer Option Administrative Review Form 

This information is being collected from State agencies, school food authorities, schools. This is a revision of a currently approved information collection. The Richard B. Russell National School Lunch Act (NSLA) 42 U.S.C. $\$ 1758$, as amended, authorizes the National School Lunch Program (NSLP). This information is required to administer and operate this program in accordance with the NSLA. Under the Privacy Act of 1974, any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0006. The time required to complete this information collection is estimated to average 47.5 hours of reporting burden per response. The burden consists of the time it takes for the State agency to conduct the off-site portion of the review which includes scheduling of the review and the completion of the Off-site Assessment, Resource Management Risk Indicator, and Site Selection Tools. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-0006). Do not return the completed form to this address.
$\qquad$

SFA LEVEL QUESTIONS
SFA NAME:

SFA Operations


Comments:


## SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM

|  | If NO, explain. |  |  |
| :---: | :---: | :---: | :---: |
| Comments: |  |  |  |
| 1805. | Has the SFA reviewed all SSO sites at least once during each site's operation? | YES | NO |
| Comments: |  |  |  |
| 1806. | a. Did the SFA advertise the availability and location of free meals at all of its area eligible sites to the community? <br> b. Did all advertising materials used contain the required non-discrimination statement? <br> If NO, explain. | YES | NO |
| Comments: |  |  |  |
| 1807. | Were reports submitted as required to the State agency? | YES | NO |
| Comments: |  |  |  |
| 1808. | Are records retained for 3 years after the final claim for reimbursement for the fiscal year or until resolution of any audits? | YES | NO |
| Comments: |  |  |  |

## SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM

## SITE LEVEL QUESTIONS

## SITE NAME:

## Site Agreement

| 1809. | Is the site operating in accordance with provisions of the approved <br> agreement for: <br> a. Site Type? <br> b. Meals Offered? <br> c. Meal Service Times? | YES | NO |
| :--- | :--- | :--- | :--- |

Comments:

## Site Eligibility



## SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM

|  | For Camps and Enrolled Sites only: <br> Certification and Benefit Issuance Review Method: $\qquad$ $100 \%$ of students determined to be eligible for free and reduced price benefits; or $\qquad$ Statistically Valid Sample of students determined eligible for free and reduced price benefits <br> Confidence Level: 95\% $\qquad$ 99\% $\qquad$ <br> Universe: $\qquad$ Sample Size $\qquad$ <br> Record errors on the SSO S-2. |  |  |
| :---: | :---: | :---: | :---: |
| Comments: |  |  |  |
| Meal Components and Quantities <br> DAY OF REVIEW |  |  |  |
| 1812. | Indicate which meal service is being observed.Breakfast Lunch Snack Supper |  |  |
| 1813. | Were all meals served and claimed for reimbursement only for eligible participants? <br> If NO, explain in the comments section and record the number of ineligible meals on SSO S-1, line 6. | YES | NO |
| Comments: |  |  |  |
| 1814. | Were all required meal components available on every reimbursable meal service line to all participating students? <br> a. Prior to the beginning of meal service? <br> b. During the meal service? <br> If No to a or b, explain all errors identified and the technical assistance provided in the comments section. <br> If the error was not corrected prior to the beginning of the meal service or if the meal service line did not offer all required components throughout the meal service, list the number of meal served in the applicable meal service line missing required meal components in the comments section. Combine this total with errors identified in \#1815 and record on the SSO S-1, line 7. | YES | NO |
| Comments: |  |  |  |

## SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM

| 1815. | Did all observed meals counted for reimbursement contain all of the <br> required components? <br> If NO, explain any errors identified and the technical assistance provided in <br> the comments section. <br> Record the number of meals observed missing required meal components in <br> the comments section. Combine this total with errors identified in \#1814 and <br> record on the SSO S-1, line 7. | YES | NO |
| :--- | :--- | :--- | :--- | :--- |  | Comments: |
| :--- |

## SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM

| 1818. | a. Was fluid milk available in at least the two required varieties throughout <br> the serving period on all meal service lines? <br> b. If milk substitutions are made, are they allowable? <br> If NO to a or b, list all the errors identified and the technical assistance <br> provided in the comments section. Indicate if the violations identified were <br> repeated violations for the SFA. <br> Record only the number of incomplete meals counted for reimbursement <br> that will be subject to fiscal action in the appropriate field on the SSO S-1, <br> line 8a. | YES | NO | N/A |
| :--- | :--- | :--- | :--- | :--- | | Comments: |
| :--- |


| Meal Counting and Claiming DAY OF REVIEW |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1820. | Does each meal service line provide an accurate count at the point of service (or approved alternate)? <br> If NO, describe the problem and indicate if the problem was non-systemic or systemic. Record differences on the SSO S-1, line 9. |  |  | YES | NO |
|  | Site Count | SA Count | Difference +/- |  |  |
|  |  |  |  |  |  |
| Comments: |  |  |  |  |  |

## SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM

| 1821. | Is the meal count for the day of review comparable to the average meal <br> count from the most recent 5 days? <br> If NO, obtain the site's explanation and record in the comments section. <br> Is the explanation consistent with conditions at the site? | YES |  | NO |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |


| Meal Counting and Claiming |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Complete 1824 if counting and claiming problems are found in 1820-1823 |  |  |  |  |
| 1824. | a. For the review period, complete the chart on the SSO, S-1, line 13. | YES | NO | N/A |
|  | b. Were the counts correctly used in the Claim for Reimbursement? <br> c. If NO, explain and indicate if the problem was non-systemic or systemic. Record differences on the SSO S-1, line 13. |  |  |  |

## SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM

| Media Release |  |  |  |
| :---: | :---: | :---: | :---: |
| 1825. | Did the site provide a media release and/or promotional material to serviced areas? <br> If NO, explain. | YES | NO |
| Comm |  |  |  |



| Menu Planning Review Period |  |  |  |
| :---: | :---: | :---: | :---: |
| 1827. | Do production records, nutrient analysis and/or other supporting meal documentation for the last five operating days of the review period indicate that required meal components were available? <br> Record the number of meals missing required meal components on the SSO $\mathrm{S}-1$, line 11 . <br> Do production records, nutrient analysis and/or other supporting meal documentation for the last five operating days of the review period indicate that required quantities were offered? <br> Record the number of incomplete meals on the SSO S-1, line 12a or 12b. If FA is assessed for Dietary Specifications and includes the day of review indicate those meals in line 8b. | YES | NO |
| Comm | nts: |  |  |


| SFA Monitoring Responsibilities |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| 1828. | a. Was an on-site review conducted by the SFA at least once during the site's operation? | YES | NO | N/A |
|  | b. Was corrective action of the meal counting, claiming, menu planning or food safety procedures required? <br> c. If deficiencies were identified during the site review, were actions implemented promptly to correct the deficiencies? If no deficiencies were found, mark NA. |  |  |  |
| Comments: |  |  |  |  |


| Civil Rights |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| 1829. | Is a USDA/FNS approved poster displayed in a prominent place and visible to recipients? | YES |  | NO |
| 1830. | Are bilingual services (translators and materials) available for the Limited English Proficiency (LEP) populations? | YES |  | NO |
| 1831. | a. Are procedures established to receive complaints alleging discrimination? | YES |  | NO |
|  |  |  |  |  |
|  | b. Have there been any written or verbal complaints alleging discrimination? If no, proceed to question 1832. |  |  |  |
|  | c. If YES to b, have these complaints been reported to the State agency? |  |  |  |
| 1832. | Are Program benefits made available and provided to all children without discrimination on the basis of their race, color, national origin, sex, age, or disability? | YES |  | NO |
| 1833. | Camps and Enrolled Sites: <br> Are incorrectly denied free and reduced price applications disproportionally composed of minority applications? | YES | NO | N/A |
|  |  |  |  |  |


| 1834. | Are children with special dietary needs provided program benefits as <br> prescribed by regulations? | YES | NO |
| :--- | :--- | :--- | :---: |
| Comments: |  |  |  |


| Food Safety |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| 1835 | a. Is a food safety program in place? <br> b. Does the program follow USDA guidance? <br> c. Do observations on the day of review indicate provisions of the food safety program are being implemented? <br> If NO to a. b. and/or c., explain. | YES |  | NO |
| 1836 | If the site is a school, did it receive two food safety inspections during the current school year? <br> If NO, were two food safety inspections conducted in the previous school year? | YES | NO | N/A |
| 1837 | If the site is a school, is the most recent food safety inspection report posted in a publicly visible location? | YES | NO | N/A |
| Comments: |  |  |  |  |


| Module: Water |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1838. | Is free potable water available to all students for lunch (in each location where lunches are served during the meal service) and for breakfast (when breakfast is served in the cafeteria)? | NSLP |  |  | SBP |  |  |
|  |  | YES | NO | N/A | YES | NO | N/A |
|  |  |  |  |  |  |  |  |
| Comments: |  |  |  |  |  |  |  |

# SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM 

## Seamless Summer Option (SSO)

## Administrative Review Form Instructions

## LEA/SFA LEVEL

Check [ $\checkmark$ ] if initial/first review or follow-up review and number.
Interview the individual(s) responsible for the administration of the Seamless Summer Option (SSO) and examine documents maintained by the SFA to answer the following questions.
1800. Determine and record the types and number of sites approved and operating the SSO under the administration of this SFA.
1801. Compare the names and locations of approved sites to those operating the program. Determine if any sites are operating that were not approved. If YES, record the site name and location in the Comments section.
1802. Determine if there have been changes in the dates of operation for any sites from the dates approved. If YES, explain in the Comments section.
1803. Determine if the SFA is serving meals under the NSLP, SBP, and/or SFSP, during the same period as the operation of the SSO.
1804. Determine if the SFA has an adequate system for counting and claiming meals served under the SSO separately from those served at non-SSO sites during the same claim period. If the SFA is only operating SSO sites, indicate N/A in the Comments section. If the system is not adequate, answer NO and explain in the Comments section.
1805. Determine if the SFA has conducted a review of each of its sites operating under the SSO at least once during the site's operation. If not all sites have been reviewed, answer NO and record the SFA's plans for conducting site visits in the Comments section.
1806. a. Determine if the SFA advertised the availability and location of free meals at area eligible sites to the community.
b. Review the advertising materials used and determine if the required nondiscrimination statement was included.

If the answer to a and/or b was NO, explain in the Comments section.
1807. Determine if the SFA prepares and submits reports as required.
1808. Determine if the SFA is retaining the appropriate records regarding program management for 3 years after the final Claim for Reimbursement for the fiscal year or until resolution of any audits.

## SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM

## SITE AGREEMENT

1809. Observe site and confirm the site type, meals offered and meal service times that are approved. Record any discrepancies in the Comments section.

## SITE ELIGIBILITY

1810. Indicate which type of site is being reviewed.
1811. Open Site

If the site is operating based on area eligibility, obtain all of the eligibility documentation (e.g., school data or census data, as approved by the State agency). Review and evaluate eligibility determination for completeness and accuracy. Answer YES if area eligibility was determined correctly and kept on file. If determination of area eligibility was incorrect and/or not kept on file, answer NO and explain in the Comments section.

## Enrolled Site

a. If the site is an enrolled site, obtain all of the eligibility documentation (applications and direct certification). Review and evaluate eligibility determination for completeness and accuracy. Indicate if the application approval process is implemented correctly. Answer YES if all eligibility determinations were made correctly. If any errors are noted, answer NO. Record all discrepancies on the Certification Error Worksheet, SSO S-2.
b. Review and evaluate if the applications indicate that $50 \%$ or more of the enrolled population, based on the reviewer's count of correctly approved applications/direct certification, is eligible for free or reduced priced meals. If $50 \%$ or more of the enrolled population is eligible for free or reduced priced meals, answer YES. If the enrolled population does not equal $50 \%$ or more eligible for free or reduced, answer NO.

If approval errors were identified in a, or the free and reduced enrollment did not equal $50 \%$ or more in b, explain in the Comments section.
Record errors on the Certification Error Worksheet, SSO S-2. If the SSO review is conducted in conjunction with the Administrative Review, do NOT include applications that are used exclusively for the Seamless Summer Option on the School Certification and Benefits Issuance Error Worksheet, SFA-1.

## Migrant Site

If the site is a migrant site, obtain all of the eligibility documentation (i.e., migrant certification). Review and evaluate eligibility determination for completeness and accuracy. Answer YES if the site's eligibility was determined correctly and kept on file. If site's eligibility was determined incorrectly and/or not kept on file, answer NO and explain in the Comments section.

## Camp

If site is a camp, obtain all of the eligibility documentation (applications and direct certification). Review and evaluate eligibility determination for completeness and accuracy. Indicate if the application approval process is implemented correctly. Answer YES if all applications are approved correctly. If any errors are noted, answer NO and explain in the Comments section. Record all discrepancies on the Certification Error Worksheet, SSO S-2. Do NOT include applications that are used exclusively for the Seamless Summer Option on the School Certification and Benefits Issuance Error Worksheet, SFA-1.

# SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM 

For Camps and Enrolled Sites ONLY:
Indicate if all certifications or a statistically valid sample of certifications are reviewed. If using a statistically valid sample, indicate the confidence level, the universe, and the sample.

## dAY OF REVIEW MEAL OBSERVATION

1812. Indicate which meal service(s) is being observed.
1813. Observe the meal service and determine if all meals were served and claimed for eligible participants only. Examples of ineligible participants include individuals over the age of 18 (except at migrant sites) and children who received and were claimed for a second meal. If meals were served to ineligible participants and claimed for reimbursement, explain and record the number of ineligible meals on SSO S-1, line 6.
1814. Evaluate prior to the meal service if all required meal component are creditable and available. The site should be advised and given the opportunity to add any missing meal component before the meal is served. If the missing meal component is added, check [ $\checkmark$ ] YES but record the deficiency and technical assistance which was provided in the Comments section. The reviewer must observe that meal components are creditable and available throughout the meal service for each serving line, if applicable. If all meal components are available, answer YES. A NO answer is required if a required meal component is not creditable or is not available. If the site did not have all the required meal components available on each serving line, describe the problem and record the number of non-reimbursable meals in the comments section. Combine this total with errors identified in \#1815 and record on SSO S-1, line 7.
1815. Observe and indicate if all meals counted for reimbursement contain the required number of meal components based on the written menu and/or other supporting documentation such as production records, standardized recipes, food labels, etc. If the reviewer observes one or more meals counted as reimbursable which were missing one or more required meal components, a NO answer is required. If a child did not take the number of items required for a reimbursable meal, those meals must be recorded as non-reimbursable due to observation. Record the number of meals counted as reimbursable which were missing one or more required components in the comments section. Combine this total with errors identified in \#1814 and record on SSO S-1, line 7.
1816. Determine if the daily meal component requirements for grains/breads, meat/meat alternate, fruits, and vegetables are met for the age/grade group being served for NSLP, per 7 CFR Part 210.10. If NO, explain all errors identified and the technical assistance provided. Indicate if the violations identified were repeat violations for the SFA. Record only the number of incomplete meals counted for reimbursement that will be subject to fiscal action in the appropriate field on the SSO S-1, line 8a.
1817. If reviewed, determine if the daily meal component requirements for grains/breads, fruits, and vegetables are met for the age/grade group being served for SBP, per 7 CFR Part 220.8. If NO, explain all errors identified and the technical assistance provided. Indicate if the violations identified were repeat violations for the SFA. Record only the number of incomplete meals counted for reimbursement that will be subject to fiscal action in the appropriate field on the SSO S-1, line 8a.

## SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM

1818. a. Determine if at least two required milk varieties are available throughout the serving period on all meal service lines.
b. If substitutions are made, evaluate whether the substitutions were allowable per 7 CFR Part 210.10. If NO, explain all errors identified and the technical assistance provided. Indicate if the violations identified were repeat violations for the SFA.

Record only the number of incomplete meals counted for reimbursement that will be subject to fiscal action in the appropriate field on the SSO S-1, line 8a.
1819. Evaluate whether the cashier demonstrates a clear understanding of OVS and its requirements. For any instances where meals were claimed for reimbursement that were missing required meal components, record the total in the comments section. This includes meals where the required minimum amount of fruits or vegetables is not selected. Combine this total with errors identified in \#1814 and \#1815 and record on the SSO S-1, line 7. For any instances where meals were claimed for reimbursement that were incomplete due to required meal components being selected in insufficient portion sizes (not including the required $1 / 2$ cup F/V), record only those meals claimed for reimbursement that will be subject to fiscal action in the appropriate field on the SSO S-1, line 8a. For instances where a student has selected a reimbursable meal, but is made to select an additional item(s), record the error(s) in the comments section and provide technical assistance to ensure Offer vs. Serve is properly implemented in the future.

## DAY OF REVIEW COUNTING AND CLAIMING

1820. Observe how the meal counts are obtained from each point of service, if applicable, and combined for the site's total meal count. Record the site's counts. Validate the meal count and record as the SA's Count for Day of Review. Calculate the difference and determine if the procedures used by the site were accurate. If there were differences between the site's count and the reviewer's count, the question must be answered NO. Record any differences on the SSO S-1, line 9.
1821. Obtain the average meal count for the meal service that was observed from the previous five (5) operating days and compare it to the day of review count. Evaluate the counts and indicate if an unreasonable shift occurred in the total count from the most recent five (5) serving days to the day of review. Enter the date and the site's count for the meal service observed from the previous five (5) operating days in the Comments section. Enter the average meal count by adding all five (5) operation days together and dividing by 5.
If the meal counts are not comparable, then obtain an explanation.
Determine and indicate if the explanation is consistent with conditions at the site.
1822. a. If the site operates an academic summer school, determine if the children participate in the regular National School Lunch Program (NSLP), School Breakfast Program (SBP) or After School Care Program (ASCP). If the site does not operate an academic summer school, indicate N/A in the Comments section.
b. If the site does operate an academic summer school, determine and indicate whether the site's procedures for counting seamless summer meals are maintained separately from the regular NSLP, SBP and ASCP meals. If the review of the meal counting system shows that meals

## SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM

are not counted and maintained separately, answer NO and describe the problem in the Comments section.
1823. a. If the site is a camp, determine and indicate whether the site only claims meals for enrolled children that are eligible for free or reduced priced meals based on an approved application or direct certification documentation kept on file. If the site claims meals for children that do not qualify for free or reduced priced meals or do not have meal applications or direct certification documentation to support their claims, answer NO.
b. If NO, explain and record the number of meals served to ineligibles in the comments section. Combine this total with errors identified in \#1813 and record on SSO S-1, line 6.

## REVIEW PERIOD COUNTING AND CLAIMING

1824. Answer this question if counting and claiming problems were found in 1820-1823.
a. For the review period, complete the chart on the SSO S-1, line 13. Record the site's counts by meal type for the review period, the SFA's count by meal type for the review period for the Claim for reimbursement, and the State agency count for the review period in the grid provided. If the validated count is different than the site reported count, investigate and determine if the SFA correctly claimed meal counts for this site. If the validated count is different from the SFA claim for this school, record the difference.
b. Answer YES if the validated count matches the SFA's claims for this site. If the validated meal counts did not match the SFA's claimed counts, answer NO and describe the problem.
c. If NO, explain and determine if the causes are nonsystemic or systemic. Record differences on the SSO S-1, line 13.

## MEDIA RELEASE

1825. Review and describe the media release and/or promotional material provided by the LEA/site for the serviced areas.
If the LEA/site did not supply a media release, explain in the Comments section.

## FREE AND REDUCED PRICE PROCESS - CAMP SITES ONLY

Check [ $\checkmark$ ] N/A if this site is not a Camp.
1826. Observe and evaluate the meal count/collection system to ensure that there is no overt identification of free meal recipients.

## MENU PLANNING

1827. Review the school's documentation and procedures, such as production records and nutrient analysis records for the last five operating days for the review period to determine if meals contain all required meal components. Record the number of meals missing required meal components on the SSO S-1, line 11.

Review the school's documentation and procedures, such as production records and nutrient analysis records for the last five operating days for the review period to determine all required meal quantities were offered.

## SUPPLEMENTAL SEAMLESS SUMMER OPTION (SSO) ADMINISTRATIVE REVIEW FORM

Record the number of meals incomplete meals on the SSO S-1, line 12a and 12b. If FA is assessed for Dietary Specifications and includes the day of review indicate those meals in line 8b.

## MONITORING RESPONSIBILITIES

1828. a. Examine the documentation for the site to determine if the SFA monitored the site's compliance with meal counting, claiming, menu planning, and food safety requirements at least once during the site's operation. If the SFA has not monitored the site during the current summer, explain why the site has not been reviewed in the Comments section.
b. Determine if there were errors in the meal counting, claiming, menu planning or food safety procedures for the reviewed site that required corrective action. Indicate N/A in the Comments section if " a " is answered NO.
c. Examine documentation to determine if actions were implemented promptly to correct the deficiencies. Indicate N/A in the Comments section if " a " is answered NO.

## CIVIL RIGHTS

1829.     - 1834. 

Determine, based on the answers to the questions in this section, if program benefits are made available and provided to all children without discrimination on the basis of their race, color, national origin, sex, age, or disability, and that the SFA seeks to reach all portions of the population.

## FOOD SAFETY AND SANITATION

1835. a. Review documentation to determine if a food safety program is in place at the site.
b. Determine if the food safety program follows the USDA guidance.
c. Determine if observations on the day of review indicate the food safety program is being implemented as planned at the site.

If NO to a. b. and/or c., explain in the Comments section.
1836. a. If the site being reviewed is a school, examine documentation from food safety inspections. Answer NO if less than two food safety inspections are available for the current school year. Answer YES if the site has received two food safety inspections in the current school year. Record the dates of the inspections in the Comments section. If site is not a school, indicate N/A.
b. If the school site did not have two food safety inspections in the current school year, determine if the site had two food safety inspections in the previous school year. Answer YES, if the site has received two food safety inspections in the previous school year. Record the dates of the inspections in the Comments section. Answer NO if less than two food safety inspections were conducted in the previous school year. Document actions taken by the SFA to request food safety inspections from the state or local food safety inspection authority.
1837. Determine if the most recent food safety inspection report is posted in a publicly visible location.

## WATER AVAILABILITY

1838. Determine if water is available to participants. N/A can only be checked for lunch if site is a nonschool site.
