

Attachment N.14. Other Meal Claim Errors (S-2)

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.

**Administrative Review
Other Meal Claim Errors – Fiscal Action Required**

S-2

OMB #0584-0006
Expiration Date
xx/xx/20xx

() Special Provision Non-Base Year / Community Eligibility Provision

Date of Onsite Review: _____

| 1. Consolidation Errors | | | NA [] | | | | Number of Meals | | |
|---|--------------|-------------------------|--------------------|--|-------------------------|---------------------|-----------------|--|--|
| A | B | C | D | | E | F | | | |
| SFA or School | Claim Period | Description of Error(s) | SFA or School Data | | — Validated Meal Counts | = Difference + or - | | | |
| | | | F | | — | = | | | |
| | | | R | | — | = | | | |
| | | | P | | — | = | | | |
| | | | F | | — | = | | | |
| | | | R | | — | = | | | |
| | | | P | | — | = | | | |
| | | | F | | — | = | | | |
| | | | R | | — | = | | | |
| | | | P | | — | = | | | |
| | | | F | | — | = | | | |
| | | | R | | — | = | | | |
| | | | P | | — | = | | | |
| | | | F | | — | = | | | |
| | | | R | | — | = | | | |
| | | | P | | — | = | | | |
| G. Totals By Category: | | | Total F | | — | = | | | |
| | | | Total R | | — | = | | | |
| | | | Total P | | — | = | | | |
| H. Total Overclaim/Underclaim by Category (Meals X Rate =) | | | Total F | | X | = | | | |
| | | | Total R | | X | = | | | |
| | | | Total P | | X | = | | | |

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| 2. Non-Reimbursable meals | | | NA [] | | Number of Meals | |
|---------------------------|--------------|-------------------------|--|--|-----------------|--|
| A | B | C | D | | | |
| SFA or School | Claim Period | Description of Error(s) | Non-Reimbursable Meals | | | |
| | | | Total Number of Non-Reimbursable Meals | = | | |
| | | | Total Number of Non-Reimbursable Meals | = | | |
| | | | Total Number of Non-Reimbursable Meals | = | | |
| | | | Total Number of Non-Reimbursable Meals | = | | |
| | | | Total Number of Non-Reimbursable Meals | = | | |
| | | | Total Number of Non-Reimbursable Meals | = | | |
| | | | Total Number of Non-Reimbursable Meals | = | | |
| | | | Total Number of Non-Reimbursable Meals | = | | |
| | | | E. Total: | Total Number of Non-Reimbursable Meals | = | |

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| 3. Afterschool Snacks | | | NA [] | Number of Meals | | | |
|-------------------------------|-----------------------|-------------------------------|--|-----------------|---|---|--|
| A. SFA or School | B. Claim Period | C. Description of Error(s) | D. Non-Reimbursable Meals (Number of meals x Rate) | | | | |
| | | | F | | X | = | |
| | | | R | | X | = | |
| | | | P | | X | = | |
| | | | F | | X | = | |
| | | | R | | X | = | |
| | | | P | | X | = | |
| | | | F | | X | = | |
| | | | R | | X | = | |
| | | | P | | X | = | |
| | | | F | | X | = | |
| | | | R | | X | = | |
| | | | P | | X | = | |
| | | | F | | X | = | |
| | | | R | | X | = | |
| | | | P | | X | = | |
| | | | F | | X | = | |
| | | | R | | X | = | |
| | | | P | | X | = | |
| E. Totals By Category: | | | Total F | | X | = | |
| | | | Total R | | X | = | |
| | | | Total P | | X | = | |

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| 4. Fresh Fruit and Vegetable Program | | | | NA [] |
|--------------------------------------|--------------|-------------------------|------------------------|------------------------|
| A | B | C | D | E |
| SFA or School | Claim Period | Description of Error(s) | Unsupported Costs (\$) | Unallowable Costs (\$) |
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| F. Totals: | | | | |

**Administrative Review
Other Meal Claim Errors – Fiscal Action Required**

| 5. Special Milk Program | | | NA [] | Number of Milk servings | | |
|-------------------------|-----------------------|----------------------------------|--|-------------------------|---|---|
| A. SFA or School | B. Claim Period | C. Describe Type of Error | D. Non-Reimbursable Milks (Number of Milks x Rate) | | | |
| | | | Milks | | X | = |
| | | | Milks | | X | = |
| | | | Milks | | X | = |
| | | | Milks | | X | = |
| | | | Milks | | X | = |
| | | | Milks | | X | = |
| | | | Milks | | X | = |
| | | | Milks | | X | = |
| | | | Milks | | X | = |
| E. Totals: | | | | | | |

**INSTRUCTIONS for
Other Meal Claim Errors – Fiscal Action Required**

GENERAL INSTRUCTIONS

This form is used to record errors at non reviewed sites, or to record errors at the reviewed sites outside of the review period or day of review, to include any additional errors from the SSO review not covered by the SSO-S-1. This form is optional as errors can be directly transferred to the appropriate field in the fiscal action workbook.

Use the check box at the top of the form to indicate if the errors on the S-2 occurred in sites operating Special Provision Non-Base Year or Community Eligibility Provision.

1. Consolidation Errors - FISCAL ACTION REQUIRED

Check [] NA if no errors of this type were identified.

Use this form to record the following types of error:

- Consolidation or claiming errors at the Reviewed schools for periods other than the review period or day of review.
- Consolidation or claiming errors identified at Non-Reviewed schools and/ or the SFA for day of review, review period, and other claim periods.

COLUMN

- A. Identify where the error occurred. Enter SFA name (if error occurred at SFA level) or site name (if error occurred at site level).
- B. Record the claim period affected by the error.
- C. Indicate the program affected and the type of error, including the start date of error.
- D. Record the number of meals by category claimed for reimbursement by the SFA for the school. If the errors occurred at the SFA, enter the total number of meals claimed for reimbursement.
- E. Record the number of validated meal counts by category.
- F. Calculate the difference between column D and column E.
- G. Record the totals for all errors by category.
- H. Record the totals by category and multiply by the reimbursement rate received for each meal. Calculate the total overclaim/underclaim for the SFA. Transfer overclaim/underclaim totals (if applicable). For SPO Non-Base Year data, transfer to the appropriate field in the fiscal action workbook.

2. Non-Reimbursable Meals - FISCAL ACTION REQUIRED

Check [] NA if no errors of this type were identified.

Use this form to record the following types of error:

All meals counted and/or claimed for reimbursement for periods other than the review period or the day of review in the reviewed schools and for all claim periods in Non-Reviewed Schools which are identified as non-reimbursable by the SA.

COLUMN

- A. Identify where the error occurred. Enter SFA name (if error occurred at SFA level) or site name (if error occurred at site level).

**INSTRUCTIONS for
Other Meal Claim Errors – Fiscal Action Required**

- B. Record the claim period affected by the error.
- C. Indicate the type of error, including the start date of error.
- D. Record the total number of meals disallowed by category and multiply by the reimbursement rate received for each meal.
- E. Total all the disallowances for the SFA and record totals for each site and the SFA.. Transfer totals by site or for the SFA to the appropriate field on the fiscal action workbook.

3. Afterschool Snacks - FISCAL ACTION REQUIRED

Check [] NA if the program is not operated at the reviewed site(s) or if no errors were identified.

Use this form to record the following types of error:

All snacks counted and/or claimed for reimbursement for periods other than the review period or the day of review in the reviewed schools and for all claim periods in Non-Reviewed Schools which are identified as non-reimbursable and/or incorrectly consolidated by the SA.

COLUMN

- A. Identify where the error occurred. Enter SFA name (if error occurred at SFA level) or site name (if error occurred at site level).
- B. Record the claim period affected by the error.
- C. Indicate the type of error, including the start date of error.
- D. Record the total number of meals adjusted by category and multiply by the reimbursement rate received for each meal. Indicate downward adjustments with a negative #.
- E. Total all the disallowances for the SFA and record totals by category. Transfer totals by category to the appropriate field on the fiscal action workbook.

4. Fresh Fruit and Vegetable Program - FISCAL ACTION REQUIRED

Check [] NA if program is not operated at the reviewed site(s) or if no errors were identified.

Use this form to record the following types of error:

- All unallowable and/or undocumented costs associated with the FFVP at the reviewed schools (ensure to enter each error only once under the appropriate error type; if error falls under both, default to unallowable);

COLUMN

- A. Identify where the error occurred. Enter SFA name (if error occurred at SFA level) or site name (if error occurred at site level).
- B. Record the claim period affected by the error.
- C. Indicate the type of error, including the start date of error.
- D. Record all unsupported costs to the FFVP.

**INSTRUCTIONS for
Other Meal Claim Errors – Fiscal Action Required**

- E. Record all unallowable costs to the FFVP.
- F. Total all the amounts listed in columns D and E and record the total dollar amount. Transfer this total to the appropriate field on the fiscal action workbook.

5. Special Milk Program - FISCAL ACTION REQUIRED

Check [] NA if the program is not operated at the reviewed site or if no errors were identified.

Use this form to record the following types of error:

- All Special Milk Program Disallowances

COLUMN

- A. Identify where the error occurred. Enter SFA name (if error occurred at SFA level) or site name (if error occurred at site level).
- B. Record the claim period affected by the error.
- C. Indicate the type of error, including the date of error.
- D. Record the number of disallowed milk servings claimed for reimbursement by the SFA for the school and multiple by rate of reimbursement, and total for each occurrence.
- E. Total all the amounts listed in columns D and record the total dollar amount. Transfer this total to the appropriate field in the fiscal action workbook.