

Attachment N.20. Seamless Summer Option School Data and Meal Pattern Error Form (SSO S-1)

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.

**INSTRUCTIONS FOR
School Data and Meal Pattern Error Form (S-1)**

- 1a) Indicate the type of school by checking [X] as many categories as apply.
- 1b) Check [x] for the type of site based on type of eligibility.
- 1c) Check [X] all types of meal service which apply to this individual school for both breakfast, snack, and lunch/supper meal service. If applicable, enter the name(s) of the company(ies).
- 1d) Indicate whether the school offers Nonprogram foods.
- 1e) Indicate whether the school implements Offer versus Serve. If YES, enter the number of required items for a reimbursable meal.
- 1f) Check [X] all types of approved meal service at this site and indicate approved meal service times.
NOTE: A maximum of two meals, such as lunch and breakfast, or lunch and a snack, or breakfast and a snack, may be served per day per child at all sites, except migrant sites and camps. At migrant sites and camps, a maximum of three meals may be served, such as breakfast, lunch and a snack. Only migrant sites and camps may be reimbursed for lunch and supper served to the same children on the same day.
For camps, both residential and non-residential, only the meals served to income eligible children (based on free/reduced price applications) can be claimed for reimbursement. These meals are served to eligible free and reduced priced children under the free reimbursement rate.
- 1g) 4. Check [X] all types of observed meal service at this site and indicate observed meal service times.
- 2) Indicate whether applications are used at the site and if the process is paper or electronic.
- 3) **Select the grades from this school that participate in the SBP and NSLP. For example, if the children in grades K -12 have access to the NSLP, the selections that represents grades K-12 should be selected. (K-5, 6-8, and 9-12)**
- 4) Enter the total number of students who have access to the SBP and NSLP at this school. For example, if kindergarten children attend the school but do not have access to the NSLP, this grade must be excluded from grades that participate in the NSLP. This figure should encompass the time period for the review period. If this number is not available, use the number which is most representative of the review period. For schools on Year Round Multi-track Schedules, enter only the number of students that has access during the review period. If two or more tracks were in attendance for only part of the review period, the reviewer must obtain information for each of the time periods represented by the various tracks of students. Reviewers should identify if there are visiting students that will be served in the cafeteria or students not in school for reasons such as field trips or sickness on the day of review and/or review period. Record any instances in the comments section.
- 5) Enter the number of points where meal counts are taken for both breakfast and lunch.
- 6) For the Day of Review, record the number of breakfasts and lunches served to ineligible and/or unallowable second breakfasts and/or lunches counted for reimbursement. This would include any meals disallowed as a result of edit check activities.
- 7) For the Day of Review, record the total number of breakfasts and lunches served and counted for reimbursement from a meal service line that was missing a required component or breakfasts and/or lunches being counted as reimbursable at the Point of Service which were missing a required component. This includes meals where the required minimum amount of fruits and/or vegetables is not selected under OVS. Only those meals served in error to eligible students are recorded in this section.
- 8a and 8b) For the Day of Review, check the appropriate category and record the total number of breakfasts and/or lunches served and claimed for reimbursement that were incomplete due to violations in the meal pattern requirements for milk types, vegetable sub-groups, food quantities, whole grain rich foods and dietary specifications that will be subject to fiscal action. Only those meals served in error to eligible students are recorded in this section.
- 9) Enter the school's counts and the reviewer's counts for the Day of Review. Calculate and record the difference. Differences with a positive (+) sign indicate an underclaim; those with a negative (-) sign indicate an overclaim.
- 10) For the Review Period, record the number of breakfasts and lunches served to ineligible and/or unallowable second breakfasts and/or lunches counted for reimbursement. This would include any meals disallowed as a result of edit check activities.
- 11) For the Review Period, record the total number of breakfasts and lunches served and counted for reimbursement from a meal service line that was missing a required component or breakfasts and/or lunches being counted as reimbursable at the Point of Service which were missing a required component. This includes meals where the required minimum amount of fruits and/or vegetables is not selected under OVS. Only those meals served in error to eligible students are recorded in this section.
- 12a and 12b) For the Review Period, check the appropriate category and record the total number of breakfasts and/or lunches served and claimed for reimbursement that were incomplete due to violations in the meal pattern requirements for milk types, vegetable sub-groups, food quantities, whole grain rich
- 13) Enter the school's counts and the reviewer's counts for the Review Period. Calculate and record the difference. Differences with a positive (+) sign indicate an underclaim; those with a negative (-) sign indicate an overclaim.
- 14) If Recalculation was required, indicate whether it was a Full Recalculation or Partial Recalculation. If Full Recalculation was required, complete 14.A, 14.B., 14.C.
A: Record Month requiring recalculation. B: Record the number of operating days for the month requiring recalculation. C: Obtain and record the 30 day count by category for the reviewed schools from the SFA.
- 15) If Recalculation was required, indicate whether it was a Full Recalculation or Partial Recalculation. If Full Recalculation was required, complete 15.A, 15.B., 15.C.
A: Record Month requiring recalculation. B: Record the number of operating days for the month requiring recalculation. C: Obtain and record the 30 day count by category for the reviewed schools from the SFA.
- NOTE:** The data recorded on the SSO-S1 will be transferred to the appropriate tab of the *Fiscal Action Workbook*. See the Fiscal Action Module of the Administrative Review Manual. Additionally, hovers have been included in the *Fiscal Action Workbook* for reference.

SSO-5-1

Administrative Review
School Data and Meal Pattern Error Form

1st Review
 Follow-Up

SFA: _____		Date of Review: _____	
Site: _____			
Address: _____			
Name/Title of Person(s) Interviewed: _____			
Reviewers: _____			
1a. Type of Site (check all that apply)		1c. Type of Meal Service (check all that apply)	
<input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> School <input type="checkbox"/> Migrant <input type="checkbox"/> Camp <input type="checkbox"/> Other: _____		<input type="checkbox"/> On-Site Preparation <input type="checkbox"/> Base/Central Kitchen <input type="checkbox"/> Pre-Packaged Satellite <input type="checkbox"/> Bulk Satellite <input type="checkbox"/> Self-operation <input type="checkbox"/> FSMC <input type="checkbox"/> Vended	
1b. Basis for Eligibility:		1e. Offer vs. Serve	
<input type="checkbox"/> Area Eligible <input type="checkbox"/> Enrolled Name (if vended or FSMC): _____		<input type="checkbox"/> Yes (# of items required: _____) <input type="checkbox"/> No	
1d. A la carte available		1f. Site Approved Meal Service Times	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes (# of items required: _____) <input type="checkbox"/> No	
1g. Observed Meal Service Times		1h. Observed Meal Service Times	
<input type="checkbox"/> Breakfast _____ to _____ <input type="checkbox"/> AM Snack _____ to _____ <input type="checkbox"/> Lunch _____ to _____ <input type="checkbox"/> PM Snack _____ to _____ <input type="checkbox"/> Supper _____ to _____		<input type="checkbox"/> Breakfast _____ to _____ <input type="checkbox"/> AM Snack _____ to _____ <input type="checkbox"/> Lunch _____ to _____ <input type="checkbox"/> PM Snack _____ to _____ <input type="checkbox"/> Supper _____ to _____	
2. Applications NA <input type="checkbox"/>			
<input type="checkbox"/> Electronic <input type="checkbox"/> Paper			
SBP <input type="checkbox"/> NA		NSLP/Supper	
<input type="checkbox"/> Pre-K-5 <input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12		<input type="checkbox"/> Pre-K-5 <input type="checkbox"/> K-5 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12	
3. Grades Participating			
4. Total # Students with Program Access			
5. # of points where meal counts are taken			
Additional Notes			
Performance Standards 1 and 2			
Day of Review	SBP <input type="checkbox"/> NA	NSLP/Supper	COMMENTS
6. # of ineligible and/or second meals counted			
7. # meals served missing meal components			
8a. Incomplete Meals (# by violation type) **Repeat ONLY**	<input type="checkbox"/> Milk Type: _____ <input type="checkbox"/> Food Quantities: _____ <input type="checkbox"/> Whole-Grain Rich Foods: _____	<input type="checkbox"/> Milk Type: _____ <input type="checkbox"/> Vegetable Sub-Group: _____ <input type="checkbox"/> Food Quantities: _____ <input type="checkbox"/> Whole-Grain Rich Foods: _____	
8b. Other **Repeat Only**	<input type="checkbox"/> Dietary Specifications: _____		
9. Meal Counting and Claiming Consolidation Counts and Errors	School	SA Count	Difference (+/-)
	F: _____	F: _____	F: _____
	R: _____	R: _____	R: _____
	P: _____	P: _____	P: _____
	T: _____	T: _____	T: _____
Review Period	SBP <input type="checkbox"/> NA	NSLP/Supper	COMMENTS
10. # of ineligible and/or second meals counted			
11. # meals served missing meal components			
12a. Incomplete Meals (# by violation type) **Repeat ONLY**	<input type="checkbox"/> Milk Type: _____ <input type="checkbox"/> Food Quantities: _____ <input type="checkbox"/> Whole-Grain Rich Foods: _____	<input type="checkbox"/> Milk Type: _____ <input type="checkbox"/> Vegetable Sub-Group: _____ <input type="checkbox"/> Food Quantities: _____ <input type="checkbox"/> Whole-Grain Rich Foods: _____	
12b. Other	<input type="checkbox"/> Dietary Specifications: _____		
13. Meal Counting and Claiming Consolidation Counts and Errors	School	SA Count	Difference (+/-)
	F: _____	F: _____	F: _____
	R: _____	R: _____	R: _____
	P: _____	P: _____	P: _____
	T: _____	T: _____	T: _____
Recalculation of Meal Claims			
14. SBP <input type="checkbox"/> Full Recalculation <input type="checkbox"/> Partial Recalculation		15. NSLP/Supper <input type="checkbox"/> Full Recalculation <input type="checkbox"/> Partial Recalculation	
A. Month _____	B. Operating Days _____	A. Month _____	B. Operating Days _____
C. Totals from 30 Day Recalculation Period		C. Totals from 30 Day Recalculation Period	
F: _____		F: _____	
R: _____		R: _____	
P: _____		P: _____	
T: _____		T: _____	
Additional Notes			