|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SCHOOL YEAR: 2021-2022**  **School Food Authority:** | | | | | | | |
| **Module: Meal Counting and Claiming** | | | | | | | |
| 300. | Does your school system 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 your school system, consolidate meal counts for your school system, 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 your school system. Consolidation of meal counts by your school system is completed manually. Hard copy records are kept on file.  If your school system has implemented an electronic system, but one or more aspect of the benefit issuance process is conducted manually (e.g., yours school system has an electronic POS, but utilizes a roster at an alternate service location and your school system staff manually enters meal counts from the alternate service location), the reviewer will consider it a manual/combination system. | | | | | | | |
| 302. | Does your school system 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. | | **YES** | | **NO** | | |
|  | |  | | |
| Comments: | | | | | | | |
| 303. | How often are point of service staff and substitute point of service staff trained on the meal counting and claiming system (including the backup system)? | | | | | | |
| Comments: | | | | | | | |
| 304. | At the end of meal service, how does your school system obtain the daily meal counts by category from each school’s point(s) of service? | | | | | | |
| Comments: | | | | | | | |
| 305. | What are your school system’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** | | |
|  | | |
| 306. | What procedures are used as internal controls to ensure the meal counts do not exceed enrollment or attendance adjusted enrollment? | | | | | | |
| 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? | | **YES** | **NO** | | | **N/A** |
|  |  | | |  |
| Comments: | | | | | | | |
| 308. | Have alternate points of service been approved by ADE?  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). | | **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? | | | | | | |
| N/A  Comments: | | | | | | | |
| 310. | At the site level, how are the total daily meal counts by category submitted to the SFA for consolidation? | | | | | | |
| Comments: N/A – All claims in Arizona are site-based. | | | | | | | |
| 311. | Describe the SFA’s procedures for consolidating daily meal counts by category for each site to process the claim for reimbursement, if applicable. | | | | | | |
| Comments: N/A – All claims in Arizona are site-based. | | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Module: Maintenance of Nonprofit School Food Service Account** | | | | | | | |
| Indicate the Resource Management review period to be used when answering Q700-705:  Previous School Year  Last Audited School Year  **Please use previous school year information unless your assigned reviewer indicates otherwise.** | | | | | | | |
| 700. | | Did your school system 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 your school system’s Resource Management review period, did the food service have net cash resources that exceeded three months’ average expenditures?  If your school system has a plan approved by the State agency to use the excess funds, note this in the comments section. | **YES** | | | **NO** | |
|  | | |  | |
| Comments: | | | | | | | |
| 702. | | Did your school system 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 your school system 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 your school system for financial statement purposes, or $5,000.  \* N/A-1 should be selected if the only equipment purchased was made partially or in full with an equipment grant received from the State agency.  \*\* N/A-2 should be selected if your school system did not purchase any equipment over $5,000.  In the comments section or via attachment, please provide:   * The LEA’s capitalization threshold for equipment purchases * 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 | | **YES** | **NO** | **N/A-1** | | **N/A-2** |
|  |  |  | |  |
| Comments: | | | | | | | |
| 704. | Did your school system 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: This question will be answered by your assigned reviewer. | | | | | | | |
| 705. | | Did your school system 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 your school system. 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: Revenue from Nonprogram Foods** | | | | | | | |
| Indicate the Resource Management review period to be used when answering Q709-711:  Previous School Year  Last Audited School Year  Current School Year  **Please use current school year information, unless your assigned reviewer indicates otherwise.** | | | | | | | |
| 709. | With the exception of milk, did your school system 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 your school system 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 your school system 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?  Detail in the comments section how your school system calculated its adult meal prices (e.g., meal equivalents plus commodity value, etc.) and the dollar amount(s) charged for adult meals. | | **YES** | | **NO** | | **N/A** |
|  | |  | |  |
| Comments: | | | | | | | |
|  | | | | | | | |
| **Module: Indirect Costs** | | | | | | | |
| Indicate the Resource Management review period to be used when answering Q712:  Previous School Year  Last Audited School Year  **Please use previous school year information, unless your assigned reviewer indicates otherwise.** | | | | | | | |
| 712. | | Were indirect costs\* charged to your school system’s nonprofit school food service account? | | | **YES** | | **NO** |
|  | |  |
| Comments:  \*For more information about indirect costs, please see [Policy Memo SP 60-2016, “Indirect Costs Guidance for State Agencies and SFAs.”](https://www.fns.usda.gov/indirect-cost-guidance) | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Module: Emergency Operational Costs Funding** | | | |
| 713. | Did your organization receive an Emergency Cost Funds Payment?  If yes, answer Question 714 below.  If no, proceed to Question 800. | **YES** | **NO** |
|  |  |
|  |  |
| Comments: | | | |
| 714. | Was any portion of the Emergency Cost Funds Payment used to reimburse any local source of funds utilized to offset excess food service costs incurred during the public health emergency?  If yes, provide supporting documentation for the reimbursement of these funds. Check if attached  If no, provide a summary below of how the funds were used or how you plan to use these funds for the operation or improvement of your food service program. | **YES** | **NO** |
|  |  |
| Comments: | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Module: Civil Rights** | | | | | | | |
| 800. | | | What nondiscrimination statement is used for Program materials? Please provide exact language. | | | | |
| Comments: | | | | | | | |
| 801. | | | Did your school system publish a public release as required for the School Year being reviewed?  Provide a copy. Check if attached  RCCIs are not required to submit a public release unless their enrollment includes day students. | **YES** | | **NO** | |
|  | |  | |
|  | |  | |
| 802. | | | What services does your school system provide to households comprised of persons with Limited English Proficiency (LEP)? | | | | |
| Comments: | | | | | | | |
| 803. | | What is your school system’s procedure for receiving and processing complaints alleging civil rights discrimination within FNS school meal programs?  Provide a copy. Check if attached | | | | | |
| Comments: | | | | | | | |
| 804. | Has your school system 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 special dietary needs? | | | | | |
| Comments: | | | | | | | |
| 806. | | 1. When was your school system’s most recent civil rights training for staff who interact with program applicants or participants (e.g., cafeteria staff, determining officials) and their supervisors? 2. Who attended these trainings? 3. Provide supporting documentation demonstrating topics covered and attendance of staff. Check if attached | | | | | |
| Comments:  a.  b. | | | | | | | |
| 807. | | 1. How does your school system collect racial/ethnic data? 2. How often is this information collected? 3. Provide documentation to support the response. Check if attached | | | | | |
| Comments:  a.  b. | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Module: SFA On-Site Monitoring** | | | |
| 900. | N/A - Your school system has only one site | **YES** | **NO** |
| 1. Was the on-site monitoring of breakfast completed prior to February 1? |  |  |
| 1. Was the on-site monitoring of lunch completed prior to February 1? |  |  |
| 1. How does your school system ensure that all schools are meeting program requirements? For example, list in the comments how and when the monitoring is conducted. |  | |
| Comments: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Module: Local School Wellness Policy** | | | |
| 1000. | Provide a copy or appropriate web address of the current local school wellness policy.  Check if attached | **YES** | **NO** |
|  | Are the minimum required elements written into the Local Wellness Policy? In comments, explain how required elements are being met. |  |  |
| Comments: | | | |
| 1001. | How does the public know about the Local Wellness Policy?  Provide documentation to support the response (or appropriate web address(es)).  Check if attached | | |
| Comments: | | | |
| 1002. | When and how does the review and update of the Local Wellness Policy occur?  Provide documentation to support the response (or appropriate web address(es)).  Check if attached | | |
| Comments: | | | |
| 1003. | a. Who is involved in reviewing and updating the Local Wellness Policy?  b. What is their relationship with your school system? | | |
| 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 Wellness Policy?  Provide documentation to support the response (or appropriate web address(es)).  Check if attached | | |
| Comments: | | | |
| Did your school system opt into the Local School Wellness Policy Triennial Assessments waiver for SY 21-22?  If yes, skip Questions 1005–1006 and proceed to Question 1100.  If no, answer the following questions (1005–1006). | | **YES** | **NO** |
|  |  |
| 1005. | Provide a copy of the most recent assessment on the implementation of the Local Wellness Policy. Check if attached   1. Did you use ADE’s Local Wellness Policy Fillable Template to help you develop your Local Wellness Policy?  Yes  No 2. Did you use ADE’s Activity and Assessment Tool (AAT) to help you write or assess your Local Wellness Policy? Yes  No   (If yes, provide a copy of the completed Activity and Assessment Tool.)   1. Did you use any of ADE’s Local Wellness Policy Assessment Templates to assist in publishing your assessment findings? Yes  No   (If yes, provide a copy of the completed template.) | | |
| Comments: | | | |
| 1006. | How does the public know about the results of the most recent assessment on the implementation of the Local Wellness Policy?  Provide documentation to support the response (or appropriate web address(es)).  Check if attached | | |
| Comments: | | | |

|  |  |
| --- | --- |
| **Module: Smart Snacks** | |
| 1100. | What are your school system’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 your school system’s process for determining compliance with non-packaged or recipe food items (combination foods that do not have a label)? |
| Comments: | |
| 1102. | How does your school system account for accompaniments when determining whether food items meet the Smart Snack standards? |
| Comments: | |
| 1103. | Who is responsible for tracking Smart Snacks compliance at the:   1. District level 2. Site level 3. For foodservice |
| Comments:  a.  b.  c. | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Module: Professional Standards** | | | | | | |
| 1200. | | What is the LEA’s student enrollment? (select one) | | | | |
| 1. 2,499 or less | |  |  | | | |
| 1. 2,500 – 9,999 | |  |
| 1. 10,000 or more | |  |
| 1202. | | a. Has your school system hired any new directors on or after July 1, 2015?  If yes, indicate the hire date(s) of the School Nutrition Program Director(s) below.  If no, proceed to Question 1600.  b. If a new School Nutrition Program Director has been hired on or after July1, 2015, did they meet the hiring standards requirements? | | **YES** | **NO** | **N/A** |
|  |  |  |
| 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?  b. If yes, proceed to Question 1600. 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: | | | | | | |

|  |  |
| --- | --- |
| **Module: School Breakfast and Summer Food Service Program Outreach** | |
| 1600. | How did your school system 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? |
| N/A – Your school system does not participate in the SBP.  Comments: | |
| 1601. | How did your school system inform eligible households about the availability and location of free meals for students via the Summer Food Service Program? |
| Comments: | |
|  | |
| **Indicate if you opted into any of the following waivers for SY 21-22:** | |
| **Parent/Guardian Pickup**  **Local School Wellness Policy Triennial Assessments**  **Meal Pattern** | |
| **Indicate if any additional Federal programs are operated by your school system and will be examined during the review:** | |
| **Afterschool Snack Program**  **At-Risk Afterschool Meals**  **Fresh Fruit and Vegetable Program**  **Special Milk Program**  **Seamless Summer Option** | |