

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

- 1) Indicate the type of school by checking [ X ] as many categories as apply. If a Special Provision Option school, list the claiming percentages or funding levels used for the reviewed school's monthly claim for reimbursement. For CEP schools, list the derived claiming percentage (ISP x multiplier).
  
- 2a) Check [ X ] all types of meal service which apply to this individual school for both breakfast and lunch meal service.
  
- b) Check [ X ] the Child Nutrition Programs that are offered at this school, i.e. National School Lunch Program (NSLP), School Breakfast Program (SBP), Fresh Fruit and Vegetable Program (FFVP), Special Milk Program (SMP), Seamless Summer Option (SSO), and/or Afterschool Snack Program (ASP). For Programs beyond SBP and NSLP, please refer to the Program's corresponding review forms, where all identified errors will be captured.
  
- c) Check [ X ] if meal service is provided by a food service management company or meals are vended and enter the name(s) of the company(ies).
  
- d) Indicate whether the school offers Nonprogram foods. Check [X] all that apply.
  
- e) Indicate whether the school implements Offer versus Serve. If YES, enter the number of required items for a reimbursable meal.
  
- f) Indicate whether the school was the selected using the Meal Compliance Risk Assessment Tool as the Targeted Menu Review Site for the review. If YES, indicate whether the school was classified as high or low-risk from the Dietary Specification Assessment Tool and which targeted menu review method was selected.
  
- 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.

<p>The contents of this guidance document do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.</p>
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- 5) Enter the Average Daily Attendance (ADA) factor for SBP and NSLP and check [ X ] the source of the ADA factor, Local (L), State (S), or National (N). The local factor may be an attendance factor supplied by the SFA or one developed by the reviewer using local data. The reviewer should use the factor which provides the most accurate reflection of the actual attendance for the review period for this school. The attendance factor must be in decimal form rounded to three places.
- 6) Enter the review period (month and year) and the number of serving days in the review period for both breakfast and lunch.
- 7) Record the time(s) when the breakfast and lunch service begins and ends.
- 8) Indicate each location where breakfasts and lunches are served. If OTHER, describe the location or setting in the comments section.
- 9) Enter the number of points where meal counts are taken for both breakfast and lunch.
- 10) 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.
- 11) 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.
- 12 and 12a) 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.
- 13) 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 overclaim; those with a negative (-) sign indicate an underclaim.
- 14) 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.

- 15) 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.
- 16 and 16a) 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 foods and dietary specifications (16A) that will be subject to fiscal action.
- 17) 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 overclaim; those with a negative (-) sign indicate an underclaim.
- 18) Indicate whether any of the errors identified at the reviewed school resulted in the termination of the Performance Based Reimbursement rate for the SFA. Indicate if the error was from the Day of Review, Review Period, or Both.
- 19) Record the meal counts by category for the review school for the entire month of the on-site review. See Fiscal action module of the Administrative Review guidance for details on how to obtain this information.
- 20) Record the meal counts by category for the reviewed school from the review period
- 21) Record all unallowable and/or unsupported Fresh Fruit and Vegetable Program costs and/or FFVP underclaims
- 22) Record all snacks counted and/or claimed for reimbursement for the review period and day of review which are identified as non-reimbursable and/or incorrectly consolidated. Enter the Differences with a positive (+) sign indicate an underclaim; those with a negative (-) sign indicate an overclaim. This includes snack disallowances due to PS 1 and PS 2 violations.
- Ensure that only reimbursable snacks (observe the 2 component per snack requirement) are being counted and claimed for reimbursement and that only one snack per child is being claimed. Suggest recording information on the O-1 for SMP and enter the information on the S-1 #23.
- 23) Enter the school's counts and reviewer's counts for the Special Milk Program for the Day of Review. Enter the school's counts, the SFA's counts, and the reviewers' counts for the Special Milk Program for the review period. Calculate and record the differences. Differences with a positive (+) sign indicate an overclaim; those with a negative (-) sign indicate an underclaim. This includes milk disallowances due to PS 1 and PS 2 violations.

Examine the daily counting and claiming documentation for the most recent claim for reimbursement for the school. Validate the number of milks claimed for reimbursement through an independent count of the daily milk counts. Determine whether milks were correctly counted and claimed. If there were differences between the school's milk counts and the validated milk counts, answer NO and describe the problem in the Comments section. Indicate if the causes are nonsystemic or systemic. Record differences on Other Meal Claim Errors, S-2 (Review form instructions) Suggest recording information on the O-1 for SMP and enter the information on the O-1 #24.

- 24) If Recalculation was required, indicate whether it was a Full Recalculation or Partial Recalculation. If Full Recalculation was required, complete 24.A, 24.B., 24.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.
- 25) If Recalculation was required, indicate whether it was a Full Recalculation or Partial Recalculation. If Full Recalculation was required, complete 25.A, 25.B., 25.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 S-1 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.

S-1

Administrative Review  
School Data and Meal Pattern Error Form

- 1st Review
- Follow -Up

SFA:		Date of Review:	
School:			
Address:			
Name/Title of Person(s) Interviewed:			
Reviewers:			
<b>1. Type of School (check all that apply)</b>		<b>2a. Type of Meal Service (check all that apply)</b>	
<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Charter <input type="checkbox"/> Regular <input type="checkbox"/> Boarding <input type="checkbox"/> RCCI <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"/> Pricing <input type="checkbox"/> Non-Pricing <input type="checkbox"/> Closed Campus <input type="checkbox"/> Open Campus <input type="checkbox"/> Traditional Schedule (# Days/week: _____) <input type="checkbox"/> Year Round Schedule		<b>2b. CN Programs (Check all that apply)</b> <input type="checkbox"/> NSLP <input type="checkbox"/> SBP <input type="checkbox"/> SMP <input type="checkbox"/> SSO <input type="checkbox"/> Afterschool Snacks <input type="checkbox"/> FFVP	
<input type="checkbox"/> Single Track <input type="checkbox"/> Multi-Track (# of Tracks: _____)		<b>2c. <input type="checkbox"/> Food Service Management Company</b> <input type="checkbox"/> Vended Name: _____	
<input type="checkbox"/> <b>Special Provision Option:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Base Year <input type="checkbox"/> Non-Base Year		<b>2d. Nonprogram Foods (check all that apply)</b> <input type="checkbox"/> Adult Meals <input type="checkbox"/> A la Carte <input type="checkbox"/> Vending to other CN program sites <input type="checkbox"/> Other <input type="checkbox"/> Catering	
SFA Calculated Claiming Percentage (%) or Funding Level (\$): Free % or \$ _____                      Reduced % or \$ _____ SA Calculated Claiming Percentage (%) or Funding Level (\$): Free % or \$ _____                      Reduced % or \$ _____		<b>2e. Offer vs. Serve</b> <input type="checkbox"/> Yes (# of items required: _____) <input type="checkbox"/> No	
<input type="checkbox"/> <b>Community Eligibility Provision</b> (District-wide <input type="checkbox"/> ) SFA Calculated ISP: _____  SA Verified ISP: _____ SFA Calculated Free Claiming %: _____ SA Calculated Free Claiming %: _____		<b>2f. Was this school the Targeted Menu Review site for the review?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was the school high or low-risk according to the Dietary Specifications Analysis Tool? <input type="checkbox"/> High-Risk <input type="checkbox"/> Low-Risk If yes, which targeted menu review method was selected? <input type="checkbox"/> Option 1 <input type="checkbox"/> Option 2 <input type="checkbox"/> Option 3 <input type="checkbox"/> Option 4	
<b>Applications</b> NA <input type="checkbox"/>			
<input type="checkbox"/> Electronic <input type="checkbox"/> Paper			
	<b>SBP</b> <input type="checkbox"/> <b>NA</b>	<b>NSLP</b>	<b>COMMENTS</b>
<b>3. Grades Participating</b>	<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	
<b>4. Total # Students with Program Access</b>			
<b>5. Average Daily Attendance Factor</b>	Attendance Factor: _____ <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> N	Attendance Factor: _____ <input type="checkbox"/> L <input type="checkbox"/> S <input type="checkbox"/> N	
<b>6. Review Period</b>	mo/yr: _____ # Serving Days: _____	mo/yr: _____ # Serving Days: _____	
<b>7. Length of Meal Service</b>			
<b>8. Location of Meal Service</b>	<input type="checkbox"/> Cafeteria <input type="checkbox"/> Breakfast in the Classroom <input type="checkbox"/> Grab and Go <input type="checkbox"/> Other (describe in comments)	<input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Other (describe in comments)	
<b>9. # of points where meal counts are taken</b>			
<b>Additional Notes</b>			

Performance Standards 1 and 2								
Day of Review	SBP [ ] NA			NSLP			COMMENTS	
10. # of ineligible and/or second meals counted								
11. # meals served missing meal components								
12. 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: _____				
12A. Other **Repeat Only**	<input type="checkbox"/> Dietary Specifications: _____			<input type="checkbox"/> Dietary Specifications: _____				
13. Meal Counting and Claiming Consolidation Counts and Errors	School Count	SA Count	Difference (+/-)	School Count	SA Count	Difference (+/-)		
	F: _____	F: _____	F: _____	F: _____	F: _____	F: _____		
	R: _____	R: _____	R: _____	R: _____	R: _____	R: _____		
	P: _____	P: _____	P: _____	P: _____	P: _____	P: _____		
	T: _____	T: _____	T: _____	T: _____	T: _____	T: _____		
Review Period	SBP [ ] NA			NSLP			COMMENTS	
14. # of ineligible and/or second meals counted								
15. # meals served missing meal components								
16. Incomplete Meals (# by violation type)	<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: _____				
16A. Other **Repeat Only**	<input type="checkbox"/> Dietary Specifications: _____			<input type="checkbox"/> Dietary Specifications: _____				
17. Meal Counting and Claiming Consolidation Counts and Errors							COMMENTS	
	School Count	SFA Count	SA Count	Difference (+/-)	School Count	SFA Count	SA Count	Difference (+/-)
	F: _____	F: _____	F: _____	F: _____	F: _____	F: _____	F: _____	F: _____
	R: _____	R: _____	R: _____	R: _____	R: _____	R: _____	R: _____	R: _____
	P: _____	P: _____	P: _____	P: _____	P: _____	P: _____	P: _____	P: _____
	T: _____	T: _____	T: _____	T: _____	T: _____	T: _____	T: _____	T: _____
18. Did this school have errors resulting in the termination of the Performance-Based Reimbursement?	Yes _____ No _____							
	<input type="checkbox"/> Day of Review <input type="checkbox"/> Review Period <input type="checkbox"/> Both							
19. Uncorrected Meal Counts, by Category, for the <u>Month of On-site Review</u>	SBP			NSLP				
	F			F				
	R			R				
	P			P				
	Total			Total				
20. Uncorrected Meal Counts, by Category, for the <u>Review Period</u>	SBP			NSLP				
	F			F				
	R			R				
	P			P				
	Total			Total				
Additional Notes								

Other Federal Program Reviews							
21. Fresh Fruit and Vegetable Program	<b>Day of Review</b>			<b>Review Period</b>			COMMENTS
	\$ _____ <input type="checkbox"/> Overclaim OR <input type="checkbox"/> Underclaim			\$ _____ <input type="checkbox"/> Overclaim OR <input type="checkbox"/> Underclaim			
22. All Afterschool Snack Program Disallowances							
	A. Day of Review			B. Review Period			
	Difference (+/-)			Difference (+/-)			
	F: _____			F: _____			
	R: _____			R: _____			
	P: _____			P: _____			
T: _____			T: _____				
23. Special Milk Program Counting and Claiming Consolidation Errors							
	A. Day of Review			B. Review Period			
	School Count	SA Count	Difference (+/-)	School Count	SFA Count	SA Count	Difference (+/-)
	F: _____	F: _____	F: _____	F: _____	F: _____	F: _____	F: _____
	P: _____	P: _____	P: _____	P: _____	P: _____	P: _____	P: _____
	T: _____	T: _____	T: _____	T: _____	T: _____	T: _____	T: _____
Recalculation of Meal Claims							
24. SBP <input type="checkbox"/> Full Recalculation <input type="checkbox"/> Partial Recalculation				25. NSLP <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 F: _____ R: _____ P: _____ T: _____				C. Totals from 30 Day Recalculation Period F: _____ R: _____ P: _____ T: _____			
Additional Notes							