

**COORDINATED REVIEW EFFORT**

AAR  
 1ST REVIEW  
 FOLLOW UP #

**SCHOOL DATA**

SFA:	DATE
School	
Address	
Name/Title of Person(s) Interviewed:	
Reviewer(s):	

**PRE REVIEW**

**OBTAIN FROM S-2 THROUGH S-7**

<p>1. Type of School: (check as many as apply)  <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"/> Pricing    <input type="checkbox"/> Non-pricing  <input type="checkbox"/> Closed Campus    <input type="checkbox"/> Open Campus  <input type="checkbox"/> Traditional Schedule                                          Number of Days Per Week [ ]  <input type="checkbox"/> Year Round Schedule  <input type="checkbox"/> Single Track [ ] Multi Track [ ] # of Tracks [ ]  <input type="checkbox"/> Special Assistance Prov [ ]1, [ ]2, [ ]3  <input type="checkbox"/> Base Year</p> <p>2a Type of Meal Service: (check as many as apply)  <input type="checkbox"/> On Site Preparation    <input type="checkbox"/> Base/Central Kitchen  <input type="checkbox"/> Prepackage Satellite    <input type="checkbox"/> Bulk Satellite</p> <p>b Menu Planning Approach: (check as many as apply)          Food Based: [ ] Traditional    <input type="checkbox"/> Enhanced          Nutrient Based: [ ] NSMP    <input type="checkbox"/> ANSMP          Alternate Approach [ ]</p> <p>c Other Programs: (check as many as apply)  <input type="checkbox"/> SBP    <input type="checkbox"/> SMP    <input type="checkbox"/> SSO    <input type="checkbox"/> ASCP          d [ ] FSMC    <input type="checkbox"/> Vended          NAME:</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">13. Reviewer's Count of Eligible Students Based on the LEAs Determination</td> <td style="width:25%;">Free</td> <td style="width:25%;"></td> <td style="width:25%;"></td> </tr> <tr> <td></td> <td>Reduced</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Paid</td> <td style="text-align: center;">-</td> <td></td> </tr> <tr> <td>14 Schools Combined Counts for the Day of Review</td> <td>- Reviewer's Counts for the Day of Review</td> <td>= Difference</td> <td style="text-align: center;">= / -</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> </tr> <tr> <td>R</td> <td></td> <td></td> <td></td> </tr> <tr> <td>P</td> <td></td> <td></td> <td></td> </tr> <tr> <td>15 School's Reported Counts for the Review Period</td> <td>SFA Claim for this School for the Review Period</td> <td>- Reviewer's Validation</td> <td>= Difference = / -</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td></td> </tr> <tr> <td>R</td> <td></td> <td></td> <td></td> </tr> <tr> <td>P</td> <td></td> <td></td> <td></td> </tr> <tr> <td>T</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> </tr> <tr> <td>16 ADP Factor If Needed: Validated ÷ Serving Days ÷ Eligible</td> <td>FREE</td> <td></td> <td></td> </tr> <tr> <td></td> <td>REDUCED</td> <td></td> <td></td> </tr> <tr> <td></td> <td>PAID</td> <td></td> <td></td> </tr> <tr> <td>Total ADP:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>17 Day of Review Number of ineligible and/or Second Lunches Counted:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>18 Day of Review Total Lunches Missing Menu Item/Food Item:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>19 Day of Review Lunches:</td> <td>Observed</td> <td>Incomplete</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>	13. Reviewer's Count of Eligible Students Based on the LEAs Determination	Free				Reduced				Paid	-		14 Schools Combined Counts for the Day of Review	- Reviewer's Counts for the Day of Review	= Difference	= / -	F				R				P				15 School's Reported Counts for the Review Period	SFA Claim for this School for the Review Period	- Reviewer's Validation	= Difference = / -	F				R				P				T	-	-	-	16 ADP Factor If Needed: Validated ÷ Serving Days ÷ Eligible	FREE				REDUCED				PAID			Total ADP:				17 Day of Review Number of ineligible and/or Second Lunches Counted:				18 Day of Review Total Lunches Missing Menu Item/Food Item:				19 Day of Review Lunches:	Observed	Incomplete					
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5. Average Daily Attendance Factor: [ ] L    [ ] S    [ ] N	P																																																																																
6. Review Period:                      Number of Serving Days:	T																																																																																
7 Offer Vs. Serve <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Number of Items:																																																																																	
8 A La Carte Available <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																	
9 Serving Times:																																																																																	
10 Lunch Served <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Outdoors <input type="checkbox"/> Other																																																																																	
11 Number of Points where Meal Counts are Taken																																																																																	
12 Comments																																																																																	

COORDINATED REVIEW EFFORT

SCHOOL				
CRITICAL AREAS OF REVIEW				
SFA;	SCHOOL:			
REVIEW AREAS	YES	NO	N/A	COMMENTS
<p>Performance Standard 1:</p> <p>Eligibility Certification: Applications and Direct Certification</p> <p>201a. Review of applications included:</p> <p>_____ All applications; or</p> <p>_____ A statistically valid sample.</p> <p>b. Were all applications approved correctly for this school?</p> <p>c. Were all direct certification, homeless migrant, runaway youth, Head Start and Even Start eligible's correctly certified for this school?</p> <p>IF not to b. or c. explain</p> <p>Record errors on the Certification and Benefit issuance Error Worksheet, S-5</p>				
<p>Benefit Issuance</p> <p>202a Did a review of 10% of the names on the benefit issuance document result in a 5% or greater error rate?</p> <p>b. If YES, additional review included:</p> <p>_____ All names on the benefit issuance document; or</p> <p>_____ A statistically valid sample of names on the benefit issuance document.</p> <p>Record errors on the Certification and Benefit issuance Error Worksheet, S-5</p>				<p>_____ Names on Benefit Issuance Document X</p> <p>10% (.10) = _____ Names to Review.</p> <p>_____ Number of Names in Error ÷</p> <p>_____ Number of Names Reviewed =</p> <p>_____ X 100 = _____</p>
<p>Updating Eligibility</p> <p>Were changes in eligibility status increased no later than 3 operating days and decreased no later than 10 operating days from the final decision?</p> <p>Record errors on the Certification and Benefit issuance Error Worksheet, S-5</p>				

COORDINATED REVIEW EFFORT

SCHOOL				
CRITICAL AREAS OF REVIEW				
SFA;	SCHOOL:			
REVIEW AREAS	YES	NO	N/A	COMMENTS
Day of Review Performance Standard 1 Counting and Claiming  301a. Does each type of food service line as observed on the day of review provide an accurate count by eligibility category at the point of service (or approved alternate?)  b. If NO, describe the problem and indicate why the problems was:  _____ Non Systemic _____ Systemic *				
302a Were the lunch count totals by category correctly combined and recorded?  b. If NO, describe the problem and indicate why the problems was:  _____ Non Systemic _____ Systemic *				
303a Is fiscal action needed for problems identified in 301. and/or 302?  b. If NO, describe reasons.				
Performance Standard 2 Menu(s)  304a. Were all required items available to all students participating in NSLP based on the menu planning approach used?  b. if NO, explain  c. Record the number of meals missing items and School Data, S-1, 18 and School Worksheet for Missing Menu Item/Food Item, S-7.				
305a. Did all observed lunches claimed for reimbursement contain the number of items required by the menu planning approach used?  b. IF NO, Explain. c. Record number observed and incomplete on School Data, S-1, 19				

\* Response results in PS 1 Violation. Record No on SFA-1, 4

COORDINATED REVIEW EFFORT

SCHOOL																				
CRITICAL AREAS OF REVIEW																				
SFA;	SCHOOL:																			
REVIEW AREAS	YES	NO	N/A	COMMENTS																
Review Period Performance Standard 1 Counting and Claiming  401a. Are lunch counts by category for the review period reasonable compared to lunch counts for the day of review?  b. If NO, obtain the schools explanation and record in the comments section.  c. Does this explanation describe an acceptable meal count system?				<table border="1"> <thead> <tr> <th colspan="2">Day of Review</th> <th colspan="2">Review Period Lowest to Highest</th> </tr> </thead> <tbody> <tr> <td>Free</td> <td>_____</td> <td>R</td> <td>_____ to _____</td> </tr> <tr> <td>Reduced</td> <td>_____</td> <td>R</td> <td>_____ to _____</td> </tr> <tr> <td>Paid</td> <td>_____</td> <td>P</td> <td>_____ to _____</td> </tr> </tbody> </table>	Day of Review		Review Period Lowest to Highest		Free	_____	R	_____ to _____	Reduced	_____	R	_____ to _____	Paid	_____	P	_____ to _____
Day of Review		Review Period Lowest to Highest																		
Free	_____	R	_____ to _____																	
Reduced	_____	R	_____ to _____																	
Paid	_____	P	_____ to _____																	
402a. Were there any days when the free lunch count exceeded the number of free eligible students?  b. If YES, was an acceptable explanation available for each day?		*																		
403a. Were there any days when the free lunch count exceeded the number of attendance adjusted eligible students?  b. If YES, was it 50% or more of the serving days?  c. If YES, was there an acceptable explanation?		*																		
404a. Were there patterns in the free, reduced or paid lunch counts which appear questionable? If YES, obtain the school's explanation and record in the Comments section.  b. After consideration of this explanation do the patterns indicate questionable meal count practices?	*																			
405a. Were the lunch counts by category correctly used in the Claim for Reimbursement?  b. If NO, explain and indicate why the problem was:  Nonsystemic                      Systemic                      *																				
406a. Is Fiscal action needed for problems identified in 401 through 40.  If NO, describe reasons.																				
Performance Standard 2 Menus 407a. Did menu records, nutrient analysis and/or other supporting documentation for the review period indicate that all required items were offered based on the menu planning approach used?  b. If NO, explain & record on the School Worksheet for Missing Menu/Food Item S-7																				

\* Response results in PS 1 Violation. Record No on SFA-1, 4

COORDINATED REVIEW EFFORT	
REVIEW OF ELIGIBILITY CERTIFICATION	
FOR A PERIOD OTHER THAN THE REVIEW PERIOD	
SFA;	SCHOOL:

PART I. Check [  ] to indicate if the review was for all applications  
 [  ] BACK TO THE BEGINNING OF THE SCHOOL YEAR  
 [  ] FOR THE DAY(S) THE REVIEW IS CONDUCTED

	A.	÷ B.	= C.	X D.	= E.
	Reviewers Count of Eligible Students	LEA/School Count of Eligible Students	Adjustment Factor 0.0000	LEA/School Count of Eligible Students for the review Period	Enter on S-1, 13 Adjusted Count of Eligible Students for The Review Period
Free					
Reduced					

If the review was of all applications FOR THE DAY(S) THE REVIEW IS CONDUCTED, is the Adjusted Count of Eligible Students for the Review Period, Column E, greater than the Reviewer's Count of Eligible Students, Column A?

FREE            E > A            [  ] YES            [  ] NO  
 REDUCED       E > A            [  ] YES            [  ] NO

PERFORMANCE STANDARD 1 - MEAL ERROR RATE DETERMINATION

PART II. Complete if review was for all applications FOR THE DAY(S) THE REVIEW IS CONDUCTED and E is greater than A for Free and/or Reduced. (YES has been checked [  ] )

	F.	÷ G.	= H.	X I.	= J.
	Adjusted Count of Eligible Students for the Review Period from Column E	Reviewer's Count of Eligible Students From Column A	Adjustment Factor 0.0000	From S-6 Product of Line 1 & 2, OR From S-5 Actual Lunches in error Lines 3+4 and 5+6	Enter on S-6 Line 3: Maximum Number of Lunches for Students with Errors Contribute to a PS 1 Violation
Free					
Reduced					

COORDINATED REVIEW EFFORT

PERFORMANCE STANDARD 1 - MEAL ERROR RATE DETERMINATION

SFA: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Applications Reviewed All[ ] Sample[ ]				
	Estimate		Actual	
	Free	Reduced	Free	Reduced
1. Total Number of students with errors contributing to PS 1 violations.	From S-5, 1	From S-5, 2		
2. Number of serving days in review period S-1, 6.	X	X		
3. Maximum number of lunches for students with errors contributing to a PS 1 violation	=	=	From S-5, 3+4	From S-+5, 5+6
4. Average daily participation factor from S-1, 16	X	X	X	X
5. Adjusted number of lunches incorrectly claimed	=	=	=	=
6. Adjusted number of free plus reduced price lunches incorrectly claimed.				
7. Total number of free plus reduced price lunches validated for the review period from S-1, 15	÷		÷	
8. Percent of lunches claimed incorrectly for this school	X 100		X 100	

COORDINATED REVIEW EFFORT
SCHOOL WORKSHEET FOR MISSING MENU ITEM/FOOD ITEM

SFA;	SCHOOL:
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Day of Review						NA [ ]
			Number of Lunches Missing Item			
			By Category			
1. Menu	2. Missing Item	3. Total	4. Free	5. Reduced	6. Paid	

Review Period							NA [ ]
			Number of Lunches Missing Item				
			By Category				
7. Date	8. Menu	9. Menu Item	10 Total	11. Free	12. Reduced	13. Paid	
TOTAL:							

SFA;	SCHOOL:
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A. SFA or School	B, Claim Period	C, Describe Type of Error	D. SFA School Data		E. -- Reviewer's Data	F. = Difference + or --
			F		-	=
			R		-	=
			P		-	=
			F		-	=
			R		-	=
			P		-	=
			F		-	=
			R		-	=
			P		-	=
			F		-	=
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			P		-	=
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			P		-	=
			F		-	=
			R		-	=
			P		-	=

GENERAL AREAS OF REVIEW

[ ] SFA LEVEL  
 [ ] SCHOOL LEVEL

SFA: \_\_\_\_\_ School: \_\_\_\_\_

REVIEW AREAS	YES	NO	N/A	COMMENTS
Free and Reduced Price Process				
501 Is the policy statement implemented as approved?				
502 Does the system as implemented (reviewer observation) prevent overt identification of students receiving free and reduced price benefits at meal service or at any other time?				
503a Did the LEA establish the verification sample pool based on the total number of approved applications on file as of October 1.  b Were the applications subjected to verification properly selected in accordance with the sample size option used?  c Were no more/no less than the percentage/maximum number of applications for the sample size option used selected for verification				
504 If the LEA choose to replace applications selected for verification was it done correctly and limited to 5% of the applications selected.				
505a If required, did the LEA conduct confirmation reviews?  b Did the LEA follow the required procedures if the confirmation review did not validate the original determination?				
506 Were the households informed that acceptable documentation could be for any point in time between the month prior to application and the time the household is required to provide documentation?				
507 Did the LEA meet the follow up requirements if the house hold failed to respond to the request for verification?				
508 Was verification completed by November 15 or was the LEA approved for an extension?				
509a Did the LEA attempt to directly verify selected applications?  b If YES, were the requirements met?				
510a Was the verification process completed according to requirements?				NO COST CALL

GENERAL AREAS OF REVIEW

[ ] SFA LEVEL  
 [ ] SCHOOL LEVEL

SFA: \_\_\_\_\_ School: \_\_\_\_\_

REVIEW AREAS	YES	NO	N/A	COMMENTS
<p><u>Provision 2 or 3 Only</u></p> <p>510b Is the School administering both the NSLP and SBP?</p> <p>c If YES, is only one Program operating under Provision 2 or 3?</p> <p>d. If YES, has the non-Provision 2 or 3 Program conducted verification?</p> <p>511 Were letters of potential reduction in benefits sent to families with students in this school within 10 days as required?</p> <p>512 Were any applications denied incorrectly?</p> <p>Record Errors on the Certification and Benefit Issuance Error Worksheet, S-5.</p>				
<p><u>Menus</u></p> <p>601a Do portion sizes appear to meet the minimum amounts as planned or required by the menu planning approach used for the day of review?</p> <p>b If NO, do production records, nutrient analysis and/or other supporting documentation for the review period indicate that required quantities of food were available?</p> <p>603. Is offer versus serve properly implemented based on the menu planning approach used?</p> <p><u>Food Based Menu Planning Only</u></p> <p>604 Are minimum weekly requirements of bread/bread alternate, meat/meat alternate, and fruit/vegetable meet?</p>				

GENERAL AREAS OF REVIEW

[ ] SFA LEVEL  
 [ ] SCHOOL LEVEL

SFA: \_\_\_\_\_ School: \_\_\_\_\_

REVIEW AREAS	YES	NO	N/A	COMMENTS
Civil Rights				
701 Is a USDA/FNS approved poster displayed in a prominent place and visible to recipients?				
702 Is the correct nondiscrimination statement included on appropriate program materials?				
703a Has the SFA or State sent out a public release to community/grassroots organizations?				
b For Provision 2 or 3 schools was it a simplified public release stating that nutritious meals are served to all children at no cost?				
704 Are bilingual services (translators and materials) available for the Limited English Proficiency (LEP) population?				
705a Are procedures established to receive complaints alleging discrimination?				
b Have there been any written or verbal complaints alleging discrimination?				
c If YES, have these complaints been reported to the State Agency?				
706 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?				
707 Are incorrectly denied free and reduced price applications disproportionately composed of minority applications?				
708 Are students with special dietary needs provided program benefits as prescribed by regulations?				

GENERAL AREAS OF REVIEW

[ ] SFA LEVEL  
 [ ] SCHOOL LEVEL

SFA: \_\_\_\_\_ School: \_\_\_\_\_

REVIEW AREAS	YES	NO	N/A	COMMENTS
<p>Monitoring Responsibilities</p> <p>801a Was the on-site review of the meal counting and claiming procedure completed prior to February 1 ?</p> <p>b Was corrective action of the meal counting and claiming procedure required?</p> <p>c If YES, was a follow-up review conducted within 45 days to ensure that the school implemented corrective action?</p> <p>d Does documentation indicate that corrective action was successful ?</p> <p>802a Prior to submission of a claim, are attendance adjusted eligibles (or an alternate approved by the State agency) by category compared to daily meal counts for each school ?</p> <p>b Have daily counts that exceed the attendance adjusted eligible edit check (or alternate approved by the State agency) been evaluated prior to consolidation?</p> <p>c If NO, to a or b explain.</p>				
<p><u>Provision 2 or 3 only</u></p> <p>d Prior to the submission of a claim for reimbursement is attendance adjusted enrollment compared to the total daily meal count for each school during the review month ?</p> <p>e Have daily counts for the review month that exceed the attendance adjusted enrollment edit check been evaluated prior to consolidation?</p> <p>f IF NO to d or e, explain.</p>				

GENERAL AREAS OF REVIEW

[ ] SFA LEVEL  
[ ] SCHOOL LEVEL

SFA:	School:
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REVIEW AREAS	YES	NO	N/A	COMMENTS
<p>Reporting and Recordkeeping</p> <p>901 Were reports submitted as required to the State agency ?</p> <p>901 Are records retained for 3 years after the final claim for reimbursement for the fiscal year or until resolution of any audits?</p>				
<p>Food Safety and Sanitation</p> <p>1001a Is a written food safety program in place ?</p> <p style="padding-left: 20px;">b Does the program follow USDA guidance ?</p> <p style="padding-left: 20px;">c DO observations on day of review indicate principles of the program are being implemented?</p> <p style="padding-left: 20px;">d if NO to a, b or c, explain.</p> <p>1002a Has the site received two food safety inspections during the current school year ?</p> <p style="padding-left: 20px;">b if NO, explain.</p> <p style="padding-left: 20px;">c IF NO, were two food safety inspections conducted in the previous school year ?</p> <p style="padding-left: 20px;">d If two inspections were not conducted in the current or prior school year, did the SFA/school request the inspections ?</p> <p style="padding-left: 20px;">e If NO, explain.</p> <p>1003 Is the most recent food safety inspection report and license posted in a publicly visible location?</p>				How Many ?

## OPTIONAL STATE FORMS

### GENERAL AREAS OF REVIEW

#### COMPETITIVE FOODS/AL A CARTE

A. Other foods sold during school hours w/ policy ?	YES	NO	
B. Is the policy followed ?	YES	NO	N/A
C. Do the foods sold meet the requirements If NO, list foods that do <u>not</u> meet	YES	NO	N/A
D. Are calorie levels of pre-packaged items posted ?	YES	NO	N/A

#### PURCHASING:

A. Who is responsible for purchasing ?			
B. CN labels or Spec sheets available ?	YES	NO	
C. Shipments checked for quality & quantity ?	YES	NO	
D. What foods are purchased by bid ?			
E. Are all items competitively purchased ?	YES	NO	
F. Any purchasing contracts in place ?	YES	NO	
What is the term of the contract?			N/A
G. Do you contract to another school selling meals ?	YES	NO	
Has it been submitted to the State Office ?	YES	NO	N/A
H. Are items purchased through School Food Service solely for School Food Service	YES	NO	
I. Does the LEA participate in dairy vending ?	YES	NO	
J. Does the LEA purchase local Maine products ?	YES	NO	

WHAT: \_\_\_\_\_

## OPTIONAL STATE FORMS

STORAGE:

Cleanliness, Orderly, Temp. Vent, Locked, Shelving, FIFO

ADEQUATE

INADEQUATE

N/A

- |   |       |       |       |
|---|-------|-------|-------|
| A. Refrigeration  | _____ | _____ | _____ |
| B. Freezer  | _____ | _____ | _____ |
| C. Milk Cooler  | _____ | _____ | _____ |
| D. Dry  | _____ | _____ | _____ |
| E. Off Premises   | _____ | _____ | _____ |
|   |       |       |       |
| F. Cleaning supplies separate from food ?                 |       |       |       |
| G. Food stored 6 inches off floor ?                       |       |       |       |
| H. Dry storage away form school supplies and/or equipment |       |       |       |

DISHWASHING PROCEDURE:

For Dishwashers:

- |           |  |  |     |
|-----------|--|--|-----|
| 4-501.110 | a. Wash water temperature: _____       |  | N/A |
|           | b. Sanitizing rinse temperature: _____ |  | N/A |

For Manual Dishwashing:

- |          |  |     |    |     |
|----------|--|-----|----|-----|
| 4-501.19 | a. Was water temp at least 110°F ?   | YES | NO | N/A |
|          | b. Rinse water temp at least 120°F ?   | YES | NO | N/A |
|          | c. Sanitizing rinse temp at least 171°F, for 30 sec when water is the sanitizing agent ? | YES | NO | N/A |
|          | d. 3 step process utilized:  | YES | NO | N/A |
|          | e. Sanitizing agent used: _____  |     |    |     |
|          | Temp of Water: _____   |     |    |     |

## OPTIONAL STATE FORMS

### SAFETY AND SANITATION

A. Food held/served at proper temperature? Hot > 140°F, Cold < 45°F	YES	NO
B. Are plastic gloves, hair restraints and service utensils used (& for self service) ?	YES	NO
C. Doors and windows have screens?	YES	NO
D. Sample meal, (Ghost trays)	YES	NO
E. Food protectors used ?	YES	NO
F. Drinking straws sanitary ?	YES	NO
G. Tableware stored properly?	YES	NO
H. General cleanliness acceptable?	YES	NO
I. Are ample safeguards against insects/rodents ?	YES	NO
J. Personnel certified in Serve it Safe?	YES	NO
K. Who is the Certified Food Protection Manager(ServSafe Certified)?		<hr/>

### TRAINING

A. Is there additional training needed?	YES	NO
If so, list:		

### WELLNESS POLICY

A. Has a wellness policy in place?	YES	NO
B. Is it being followed?	YES	NO
C. What is the plan for re-evaluation?		<hr/>
D. Who is the monitor?		<hr/>

## OPTIONAL STATE FORMS

### FINANCIAL

A. Meal prices	Average Per Lunch Cost	_____	Adult Charge:	_____
B. Per Meal Price reasonable/accurate?			YES	NO
C. Labor cost include all expenses, i.e. benefits?			YES	NO
D. Are all invoices recorded correctly: Food-Labor-Other-Equip?			YES	NO
E. Charging policy in place: being used correctly?			YES	NO
F. A la Carte program profitable?			YES	NO
G. Does the adult meal charge cover the cost?			YES	NO

### MISC

A. USDA Foods dated when received ?	YES	NO
B. Are USDA Foods afforded same area as purchased items?	YES	NO
C. Are agreements on file?	YES	NO
D. Do you have a tax exempt status on file?	YES	NO
E. Commercial warehouse used?	YES	NO
F. Does the facility employ a FSMC?	YES	NO

Comments on Delivery Service: \_\_\_\_\_

### FRESH FRUITS AND VEGETABLES PROGRAM N/A

A. Are administration expenses allowable?	YES	NO
B. Are operating expenses allowable?	YES	NO
C. Are supporting documentation on file?	YES	NO
D. Cost's monitored separately from other Child Nutrition Programs?	YES	NO
E. Are costs reasonable and prorated if necessary?	YES	NO
F. If buying locally is geographic preference used correctly?	YES	NO
G. Does the FFVP only operate during the school day?	YES	NO
H. Are leftovers handled properly?	YES	NO

**HOW TO DETERMINE AND EVALUATE MEALS PER WORKER HOUR (MPWH)**

Month: \_\_\_\_\_ Year: \_\_\_\_\_ # days in Served Month: \_\_\_\_\_

	Meals Served	Daily Average	Daily Meal Equivalent
A. Lunch Served in Month (Students and Adults)			
B. Breakfast Served in Month (Students and Adults)			
C. 66% of B			
D. Al a Carte Sales For Month Do not include Milk Only Sales			
Federal Free Reimbursement			
E. D Divided by Federal Free Reimbursement			
F. Average Daily Meal Equivalents (A + C + E)			
G. Actual Labor Hours Does not Include Director			
H. Meals Per Worker Hour (F divided by G)			
I. Suggested Minimum Goal			

Convenience	STAFF		Conventional
10 100 16			10 100 12
101 150 16			101 150 12
151 200 16			151 200 12
201 250 17			201 250 14
251 300 18			251 300 14
301 400 18			301 400 15
401 500 19			401 500 16
501 600 20			501 600 17
601 700 22			601 700 18
701 & Above 23			701 & Above 19

Total Meals Divided by Meals Per Worker Hour equals the approximate number of labor hours needed daily

Labor Hours include all hours paid by Food Service Department, except the Director's hours which are office hours only.









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