

Meal Review Form for Residential Child Care Institutions (RCCIs) and Juvenile Detention Centers

This Form Must be Completed by February 1st of Each Year

Meal Reviewed (Circle one of the following): NSLP SBP

Name of School Food Authority (SFA): _____																																										
Name of Site Reviewed:		Grades: _____ # of Feeding Locations: _____																																								
Review Date: _____		Time of Visit: In: _____ Out: _____																																								
Name and Title of Reviewer(s): _____		Name and Title of Individual(s) Interviewed:																																								
		1. _____ 2. _____																																								
Offer vs. Serve: <input type="checkbox"/> Yes <input type="checkbox"/> No																																										
Meal Pattern Implemented: <input type="checkbox"/> Pre-K <input type="checkbox"/> K-5 <input type="checkbox"/> K-8 <input type="checkbox"/> 6-8 <input type="checkbox"/> 9-12 <input type="checkbox"/> N/A: Site has Grade Grouping Exemption																																										
<p>Is the method used for counting reimbursable meals by category (free, reduced price, paid) in compliance with the approved <u>point of service</u> requirement as indicated in SNEARS at all service stations? (Meal counts must be taken at the location where complete meals are served to children.) Acceptable methods of accountability are: coded tickets, coded rosters, or computerized point of sale (POS) systems. Head/Tally Count Sheets are only acceptable for residential programs without an educational component.</p> <p>1. Circle Method of Accountability Used: Coded Ticket/Token Coded Roster Computerized POS Head/Tally Count Sheets</p>		<table style="width: 100%;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>																																				
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<p>2. Are there back-up procedures for meal counting and claiming when the primary counting and claiming system is NOT available?</p> <p>How often are foodservice professionals trained on the meal counting and claiming system (including the backup system)? Date Trained: _____</p> <p>Name of Staff Member(s) Taking Meal Counts: _____</p> <p>Name of Substitute Staff Member(s): _____</p> <p>Are daily meal counting and claiming correctly totaled and recorded?</p>		<table style="width: 100%;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																		
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<p>3. Is the site correctly implementing policies for handling the following as applicable:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">YES</th> <th style="width: 15%;">NO</th> <th style="width: 15%;">N/A</th> <th style="width: 55%;"></th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td>A. Offer vs. Serve?</td> </tr> <tr> <td></td><td></td><td></td><td>B. Incomplete/Non-Reimbursable Meals?</td> </tr> <tr> <td></td><td></td><td></td><td>C. Second Meals?</td> </tr> <tr> <td></td><td></td><td></td><td>D. Visiting Student/Resident Meals?</td> </tr> <tr> <td></td><td></td><td></td><td>E. Adult and non-student/resident Meals?</td> </tr> <tr> <td></td><td></td><td></td><td>F. Field Trips?</td> </tr> <tr> <td></td><td></td><td></td><td>G. Lost, Stolen, Misused, Forgotten or Destroyed Tickets, Tokens, IDs, and PINS?</td> </tr> <tr> <td></td><td></td><td></td><td>H. New Students/Residents Without Approved Certification of Free or Reduced-Price Benefits?</td> </tr> </tbody> </table>		YES	NO	N/A					A. Offer vs. Serve?				B. Incomplete/Non-Reimbursable Meals?				C. Second Meals?				D. Visiting Student/Resident Meals?				E. Adult and non-student/resident Meals?				F. Field Trips?				G. Lost, Stolen, Misused, Forgotten or Destroyed Tickets, Tokens, IDs, and PINS?				H. New Students/Residents Without Approved Certification of Free or Reduced-Price Benefits?	<table style="width: 100%;"> <tr> <td style="width: 50%;">YES</td> <td style="width: 50%;">NO</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>
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<p>4. What procedures are used as internal controls to ensure the meal counts do not exceed enrollment or attendance adjusted enrollment? Comments: _____</p>		
<p>5. 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? <input type="checkbox"/> N/A Comments: _____</p>		

PROGRAMS WITH DAY STUDENTS ONLY: Please answer Questions 6 and 7

<p>6. Does the meal counting system as implemented prevent overt identification of students receiving free and reduced price benefits? If NO, explain: _____</p>	<p>YES <input type="checkbox"/></p>	<p>NO <input type="checkbox"/></p>
<p>7. Is a current eligibility list kept up-to-date and used by the meal count system to provide an accurate daily count of reimbursable meals by category (free, reduced price, paid)? If NO, explain: _____</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

<p>8. Are internal controls such as edit checks and monitoring used to ensure that daily counts do not exceed the number of residents eligible or in attendance, and that an accurate claim for reimbursement is made? Record today's meal counts by category and compare to the number of residents eligible by category. Attendance Factor _____%</p> <table border="1" data-bbox="203 1159 1135 1327"> <thead> <tr> <th>Number of Residents Approved by Category</th> <th>Today's Meal Counts by Category</th> </tr> </thead> <tbody> <tr> <td>Free:</td> <td>Free:</td> </tr> <tr> <td>Reduced:</td> <td>Reduced:</td> </tr> <tr> <td>Paid:</td> <td>Paid:</td> </tr> </tbody> </table>	Number of Residents Approved by Category	Today's Meal Counts by Category	Free:	Free:	Reduced:	Reduced:	Paid:	Paid:	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
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Paid:	Paid:									
<p>9. Does today's menu meet meal pattern requirements? If NO, explain: _____</p> <p>10. If offer versus serve is implemented, does each meal contain a fruit or vegetable (at least ½ cup) and a minimum of two additional full serving components? <input type="checkbox"/> N/A</p> <p>11. Were all required food components available throughout the meal service on all serving lines?</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>								
<p>12. Does the site have a completed Food Safety Plan based on the Hazard Analysis and Critical Control Point (HACCP) procedures?</p> <p>13. If yes, has the Food Safety Plan been reviewed/ revised for the current school year?</p> <p>14. If yes, is the Food Safety Plan implemented? (For example: temperature logs, standard operating procedures for hand washing, accepting food deliveries, etc.)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>								

DOCUMENTATION OF COMPLETION OF ANNUAL ON-SITE MONITORING

_____	_____	_____
Signature of School/Site Food Service Manager	Title	Date
_____	_____	_____
Signature of SFA Reviewer	Title	Date

CORRECTIVE ACTION PLAN: (Complete for all "NO" answers above)

Date corrective action(s) will be implemented: _____ By Whom: _____

FOLLOW-UP VISIT (must be conducted within 45 days if corrective action was required):

School Name: _____ Review Date: _____

SFA Reviewer: _____

Date follow-up visit conducted: _____

Observations of Corrective Action Implementation: