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 Site Reviewed: Grades: 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: Yes No No No Meal Pattern Implemented: Pre-K K-5 K-8 9-12 N/A: Site has Grade Grouping Exemption Is the method used for counting reimbursable meals by category (free, reduced price, paid) in compliance with the approved point of service requirements 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. POS 1. Circle Method of Accountability Used: Coded Ticket/Token Coded Ticket/Token Computerized POS Head/Tally Count Sheets Poster are foodservice professionals trained on the meal counting and claiming system (including the backup system)? Date Trained: Image: Coded Ticket/Token Image: Coded Ticket/Token <t< th=""><th>Name of School</th><th>Food A</th><th>uthority (</th><th>(SFA):</th><th></th><th></th><th></th><th></th><th></th></t<>	Name of School	Food A	uthority ((SFA):					
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Name of Staff Member(s) Taking Meal Counts:	-	-	-						
Name of Substitute Staff Member(s):		-			- Maal Country				
Are daily meal counting and claiming correctly totaled and recorded? □ □ 3. Is the site correctly implementing policies for handling the following as applicable: □ □ YES NO N/A □ □ □ □ □ YES NO N/A □ □ □ □ □ VES NO N/A □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □<									
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H. New Students/Residents Without Approved Certification of Free or				Н.	New Students/Resid	lents Without Appro	oved Certification of Free or		
Reduced-Price Benefits?					Reduced-Price Bene	fits?			
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4.	What procedures are used as internal controls to ensure the meal counts do not exceed enrollment or attendance adjusted enrollment? Comments:	
5	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? N/A Comments:	

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

		YES	NO
6.	Does the meal counting system as implemented prevent overt identification of students receiving free and reduced price benefits? If NO, explain:		
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:		

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 Attendance Factor%	and compare to the number of residents eli	gible by category.	
	Number of Residents Approved by Category	Today's Meal Counts by Category		
	Free:	Free:		
	Reduced:	Reduced:		
	Paid:	Paid:		
9.	Does today's menu meet meal pattern ro If NO, explain:			
10.	If offer versus serve is implemented, doe minimum of two additional full serving o	es each meal contain a fruit or vegetable (at components?	least ½ cup) and a	
11.	Were all required food components avai	lable throughout the meal service on all serv	ving lines?	
12.	Does the site have a completed Food Sat (HACCP) procedures?	fety Plan based on the Hazard Analysis and C	critical Control Point	
13.	If yes, has the Food Safety Plan been rev	iewed/ revised for the current school year?		
14.	14. If yes, is the Food Safety Plan implemented? (For example: temperature logs, standard operating procedures for hand washing, accepting food deliveries, etc.)			

Form # 324 Revised 3/19

DOCUMENTATION OF COMPLETION OF ANNUAL ON-SITE MONITORING

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

RRECTIVE ACTION PLAN: (Complete for all "NO" answers above)
te corrective action(s) will be implemented: By Whom:By Whom:
FOLLOW-UP VISIT (must be conducted within <u>45 days</u> if corrective action was required):
nool Name: Review Date:
A Reviewer:

Date follow-up visit conducted: ______

Observations of Corrective Action Implementation:

This institution is an equal opportunity provider.