

Prototype Lunch Validation Review Checklist for SY 2012-13

School Name:	
Date of Observation:	
Week of Review:	
Meal Type (Age/Grade Group)*:	

***If more than one age/grade group is present during the meal observation, reviewers should complete a separate checklist for each age/grade group.**

A. Meal Observation Checklist

Instructions: Answer the questions below while onsite observing a meal service. On the day of review, observe each type of reimbursable meal offered and each line available.

Serving Line Information: Refer to Appendix A Meal Pattern Requirements Reference . Observe the serving line and students during meal service to respond to each question below. Determine if the SFA is complying with the requirements to instruct students as follows.			
Question	YES	NO	Explanation/Comments
<p>A1. Is accurate information about choosing a reimbursable meal available near or at the beginning of each serving line? (210.10(a)(2))</p> <p><i>(Determine if information is present near or at the beginning of the serving line and accurately conveys how students choose a reimbursable meal)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>A2. Are students instructed on how to properly select food items to create a reimbursable meal in each line? (210.10(a)(2))</p> <p><i>(Determine if students appear to understand or receive instructions from staff on how to properly select foods to create a reimbursable meal.)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>A3. Are students properly instructed on Offer versus Serve, if applicable? (210.10(a)(2))</p> <p><i>(Observe if students appear to understand OVS and select the proper components under OVS or receive prompting from staff to do so.)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>A4. Under Offer versus Serve, are students instructed to take the minimum required amounts of fruits</p>	<input type="checkbox"/>	<input type="checkbox"/>	

and vegetables? (210.10(c)(4)(e)) <i>(Determine if student selections include the minimum required amounts of fruits or vegetables to create a reimbursable meal.)</i>			
Meal Components			
A5. Using Table 1 , list all meals offered on the menu on the day of observation. Please enter each meal's name and check the box indicating that each component was observed with the meal. Note: Meal component quantities will be completed in the Meal Documentation Checklist section.			
A6. For each serving line, do all offered meals contain the required components? (210.10(k)(2)) <i>(Determine if all meals offered on all serving lines contain all required components. Reviewer should use Table 1 to help answer this question.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
A7. Are at least two types of milk offered? (210.10(d)(1)(i)) <i>(Determine if at least two milk types of fat-free flavored, unflavored 1% or fat-free, or other allowable varieties are offered.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
A8. Are only low fat and fat-free milk offered? (210.10(d)(1)(i)) <i>(Allowable milk types: fat-free flavored, unflavored 1% or fat-free, or other allowable varieties. Determine if only allowable varieties are offered)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
A9. If flavored milk is offered, is it fat-free? (210.10(d)(1)(i)) <i>(Flavored milk (i.e., chocolate, strawberry, etc.) must be fat-free only. Determine if only fat-free flavored milked is offered)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Preparation			
A10. Are food items offered (using utensils or pre-portioned) in portion sizes planned as designated on the production records? <i>(Determine if the procedures (utensils or pre-portioned) used for serving result in the offering of portion sizes planned on the menu and production record.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

Point of Service: Determine if POS attendant is properly recognizing a reimbursable meal as evidenced by students leaving the line with all required components of a reimbursable meal (including minimum required for OVS and ½ cup minimum fruit/vegetable).			
A11. Is the person at the point of service properly recognizing a reimbursable meal? <i>(Determine whether the person at the point of service repeatedly counts correctly reimbursable meals with all components)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
** If answer is NO for A11, and a pattern of noncompliance is apparent, initiate an Administrative Review.			

B. Meal Documentation Checklist

Instructions: Answer the questions below based on information from the records associated with the week that includes the day of observation.

Production Records for Meals on Day of Observation

Question	YES	NO	Explanation/Comments
B1. Using Table 1 , identify and record the quantities of meat/meat alternate, grains, fruits, vegetables, and milk for each meal offered on the day of observation. Note: Meal components are listed in the Meal Observation Checklist section.			
B2. Does each reimbursable meal offer components in the required minimum quantities for each appropriate age grade grouping? (210.10(c)(2)) <i>(Using records, determine if at least minimum quantities required are available for each component.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
B3. If a simplified nutrient assessment was submitted, does documentation indicate that fruits and vegetables were prepared and/or offered in a manner consistent with the certification submission? <i>(eg. If certification documentation indicated</i>	<input type="checkbox"/>	<input type="checkbox"/>	

<i>less than 30% of fruits have sugar and/or added fat, do records for the week of validation reflect this?)</i>			
<p>B4. Were the types of products used in certification documents consistent with those indicated on documentation available at the SFA during the week of observation (i.e., canned fruit in light syrup, low fat or fat-free condiments and condiment pack size)?</p> <p><i>(eg. If certification documentation indicated canned fruit in light syrup, low fat or fat-free condiments, and specific condiment pack sizes, determine if records continue to reflect this)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	

Documentation for Daily/Weekly Requirements

Question	YES	NO	Explanation/Comments
<p>B5. Will the daily minimum requirements for all components for all reimbursable meals for the week be met? (210.10(c)(2))</p> <p><i>(Determine if records show minimum requirements for all components for the week of validation review.)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
Meat/Meat Alternate: <i>(Determine if records show minimum/maximum requirements for meat/meat alternate were met for the week of review.)</i>			
<p>B6. Will the minimum weekly requirement for meat/meat alternate be met? (210.10(c)(2)(i))</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>B7. Will the total weekly meat/meat alternate be less than or equal to the maximum weekly requirement for meat/meat alternate? (210.10(c)(2)(i))</p>	<input type="checkbox"/>	<input type="checkbox"/>	
Grains: <i>(Determine if records show minimum/maximum requirements for grains were met for the week of review.)</i>			
<p>B8. Will the minimum weekly requirement for grains be met? (210.10(c)(2)(iv)(B))</p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>B9. Will the total weekly grains be less than or equal to the maximum</p>	<input type="checkbox"/>	<input type="checkbox"/>	

weekly requirement for grains? (210.10(c)(2)(iv)(B))			
B10. Will half of the weekly grains offered be whole grain rich? (210.10(c)(2)(iv))	<input type="checkbox"/>	<input type="checkbox"/>	
B11. Will the total grain based dessert offerings be less than or equal to 2 oz equivalents over the course of the week? (210.10(c)(2)(iv)(C))	<input type="checkbox"/>	<input type="checkbox"/>	
Fruit: (Determine if records show minimum requirements for fruits were met for the week of review.)			
Question	YES	NO	Explanation/Comments
B12. Will the minimum weekly requirements for fruit be met? (210.10(c)(2)(ii))	<input type="checkbox"/>	<input type="checkbox"/>	
B13. Will half or less of the fruit offered throughout the week be in the form of juice? (210.10(c)(2)(ii))	<input type="checkbox"/>	<input type="checkbox"/>	
Vegetables: (Determine if records show minimum requirements for vegetables and subgroups were met for the week of review.)			
B14. Will the minimum weekly requirements for vegetables be met? (210.10(c)(2)(iii))	<input type="checkbox"/>	<input type="checkbox"/>	
B15. Will the minimum weekly requirements for dark green vegetables be met? (210.10(c)(2)(iii)(A))	<input type="checkbox"/>	<input type="checkbox"/>	
B16. Will the minimum weekly requirements for red/orange vegetables be met? (210.10(c)(2)(iii)(B))	<input type="checkbox"/>	<input type="checkbox"/>	
B17. Will the minimum weekly requirements for beans/peas (Legumes) vegetables be met? (210.10(c)(2)(iii)(C))	<input type="checkbox"/>	<input type="checkbox"/>	
B18. Will the minimum weekly requirements for starchy vegetables be met? (210.10(c)(2)(iii)(D))	<input type="checkbox"/>	<input type="checkbox"/>	
B19. Will the minimum weekly requirements for other vegetables be met? (210.10(c)(2)(iii)(E))	<input type="checkbox"/>	<input type="checkbox"/>	

B20. Will half or less of the vegetables offered throughout the week be in the form of juice? (210.10(c)(2)(iii))	<input type="checkbox"/>	<input type="checkbox"/>	
Milk: (Determine if records show minimum requirements for milk (unflavored 1% and fat-free and flavored fat-free) were met for the week of review.)			
B21. Are at least two types of milk offered each day? (210.10(d)(1)(i))	<input type="checkbox"/>	<input type="checkbox"/>	
B22. Are only low fat and/or fat-free milk offered each day? (210.10(d)(1)(i))	<input type="checkbox"/>	<input type="checkbox"/>	
B23. If flavored milk is offered, is it fat-free? (210.10(d)(1)(i))	<input type="checkbox"/>	<input type="checkbox"/>	
General: (Determine if records show menu changes and/or substitutions were consistent with the meal pattern requirements and if nutrition fact labels, packaging, and bid specifications show zero grams of trans fat per serving are available.)			
Question	YES	NO	Explanation/Comments
B24. Are menu changes and/or substitutions consistent with the meal pattern requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
B25. Do manufacturers' food labels, packaging, or bid specifications indicate zero grams of trans fat per serving? (210.10(a)(3).)	<input type="checkbox"/>	<input type="checkbox"/>	

C. Certification Documentation Checklist

Instructions: Answer the questions below based on a comparison of the certification documentation submitted by the SFA against documentation available at the SFA.

Certification Documentation Review: <i>Determine if records show the school food authority served the meals attested as compliant with the updated meal pattern requirements and for calories and saturated fat as reported in the nutrient assessment of the certification documentation? ** Refer to Appendix A Meal Pattern Requirements Reference to complete meal pattern requirement questions.</i>			
Question	YES	NO	Explanation/Comments
<p>C1. Are the production records consistent with the submitted certification documentation (i.e., menu, menu worksheet, nutrient analysis/assessment)?</p> <p><i>(e.g. Do records show the school food authority served the meals attested as compliant with the updated meal pattern requirements?)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>C2. Does the documentation for calorie and saturated fat support the nutrient assessment provided in the certification documentation?</p> <p><i>(e.g. Do records show that the school food authority served components with the calories and saturated fat that were reported in the certification documentation?)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	

Table 1

Instructions

1. Meal Observation Checklist Instruction: During the meal observation, list all meals offered on the menu on the day of observation. Please enter each meal's name and check the box indicating that each component was observed with the meal.

2. Menu Documentation Checklist Instruction: For each meal offered on day of observation, identify the quantities offered of meat/meat alternate, grains, fruit, vegetables, and milk.

Meal Name	Meat/Meat Alternate	Grains	Fruit	Vegetables	Milk
1.	<input type="checkbox"/> _____oz	<input type="checkbox"/> _____oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
2.	<input type="checkbox"/> _____oz	<input type="checkbox"/> _____oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
3.	<input type="checkbox"/> _____oz	<input type="checkbox"/> _____oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
4.	<input type="checkbox"/> _____oz	<input type="checkbox"/> _____oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
5.	<input type="checkbox"/> _____oz	<input type="checkbox"/> _____oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
6.	<input type="checkbox"/> _____oz	<input type="checkbox"/> _____oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
7.	<input type="checkbox"/> _____oz	<input type="checkbox"/> _____oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
8.	<input type="checkbox"/> _____oz	<input type="checkbox"/> _____oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
9.	<input type="checkbox"/> _____oz	<input type="checkbox"/> _____oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
10.	<input type="checkbox"/> _____oz	<input type="checkbox"/> _____oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
11.	<input type="checkbox"/> _____oz	<input type="checkbox"/> _____oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
12.	<input type="checkbox"/> _____oz	<input type="checkbox"/> _____oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups

Meal Name	Meat/Meat Alternate	Grains	Fruit	Vegetables	Milk
13.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
14.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
15.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
16.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
17.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
18.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
19.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
20.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
21.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
22.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
23.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
24.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups
25.	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups	<input type="checkbox"/> ____ cups

Appendix A – Meal Pattern Requirements Reference

	Breakfast Meal Pattern			Lunch Meal Pattern		
	Grades K-5	Grades 6-8	Grades 9-12	Grades K-5	Grades 6-8	Grades 9-12
Meal Pattern	Amount of Food Per Week (Minimum Per Day)					
Fruits (cups)	5 (1)	5 (1)	5 (1)	2.5 (0.5)	2.5 (0.5)	5 (1)
Vegetables (cups)	0	0	0	3.75 (0.75)	3.75 (0.75)	5 (1)
Dark green	0	0	0	0.5	0.5	0.5
Red/Orange	0	0	0	0.75	0.75	1.25
Beans/Peas (Legumes)	0	0	0	0.5	0.5	0.5
Starchy	0	0	0	0.5	0.5	0.5
Other	0	0	0	0.5	0.5	0.75
Additional Veg to Reach Total ^h	0	0	0	1	1	1.5
Grains (oz eq)	7-10 (1)	8-10 (1)	9-10 (1)	8-9 (1)	8-10 (1)	10-12 (2)
Meats/Meat Alternates (oz eq)	0	0	0	8-10 (1)	9-10 (1)	10-12 (2)
Fluid milk (cups)	5 (1)	5 (1)	5 (1)	5 (1)	5 (1)	5 (1)
Other Specifications: Daily Amount Based on the Average for a 5-Day Week						
Min-max calories (kcal)	350-500	400-550	450-600	550-650	600-700	750-850
Saturated fat (% of total calories)	< 10	< 10	< 10	< 10	< 10	< 10
Sodium (mg)	≤ 430	≤ 470	≤ 500	≤ 640	≤ 710	≤ 740
Trans fat	Nutrition label or manufacturer specifications must indicate zero grams of <u>trans</u> fat per serving.					