Prototype Breakfast Validation Review Checklist for SY 2012-13 Food-based Menu Planning

School Name:	
Date of Observation:	
Week of Review:	

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**
A1. Are students properly instructed on Offer versus Serve, if applicable? (220.23(e)(2)(ii)) *(Observe if students appear to understand OVS and select the proper components under OVS or receive prompting from staff to do so.)*	☐	☐	
Meal Components			
A2. 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.			
A3. Are at least two types of milk offered? (220.23(i)(1)) *(Determine if at least two milk types of fat-free flavored, unflavored 1% or fat-free, or other allowable varieties are offered.)*	☐	☐	
A4. Are only low fat and fat-free milk offered? (220.23(i)(1)) *(Allowable milk types: fat-free flavored, unflavored 1% or fat-free, or other allowable varieties. Determine if only allowable varieties are offered)*	☐	☐	
A5. If flavored milk is offered, is it fat-free? (220.23(i)(1)) *(Flavored milk (i.e., chocolate, strawberry, etc.) must be fat-free only. Determine if only fat-free*	☐	☐	

flavored milked is offered)			

Food Preparation			
A6. Are food items offered (using utensils or pre-portioned) in portion sizes planned as designated on the production records? *(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.)*	☐	☐	

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).*			
A7. Is the person at the point of service properly recognizing a reimbursable meal? *(Determine whether the person at the point of service routinely counts correctly reimbursable meals with all required components properly)*	☐	☐	

** If answer is NO for A7, 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 fruits and vegetables, meat/meat alternate, grains/breads, 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? 220.23(g)(1) *(Using records, determine if the minimum quantities required are available for each component.)*	☐	☐	

Documentation for Daily Requirements

Question	YES	NO	Explanation/Comments
Grains and/or Meat/Meat Alternate: *(Determine if records show minimum requirements for grains and/or meat/meat alternate are met for the week of review.)*			
B3. Will the minimum daily requirement for grains and/or meat/meat alternate be met? (220.23(g)(1)((iii)(A) and 220.23(g)(1)(iii)(B))	☐	☐	
Fruit/Vegetable/Juice: *(Determine if records show minimum requirements for fruits/vegetable/juice are met for the week of review.)*			
Question	YES	NO	Explanation/Comments
B4. Will the minimum daily requirements for fruit/vegetable/juice be met? (220.23(g)(2))	☐	☐	
Milk: *(Determine if records show minimum requirements for milk (unflavored 1% and fat-free and flavored fat-free) are met for the week of review.)*			
B5. Are at least two types of milk offered each day? (220.23(i)(1))	☐	☐	
B6. Are only low fat and/or fat-free milk offered each day? (220.23(i)(1))	☐	☐	
B7. If flavored milk is offered, is it fat-free? (220.23(i)(1))	☐	☐	

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: *Determine if records show the school food authority served the meals attested as compliant with the current meal pattern requirements for that SFA. ** Refer to **Appendix A Meal Pattern Requirements Reference** to complete meal pattern requirement questions.*			
Question	**YES**	**NO**	**Explanation/Comments**
C1. Are the production records consistent with the submitted certification documentation (i.e., menu, menu worksheet)? *(e.g. Do records show the school food authority served the meals attested as compliant with the current meal pattern requirements?)*	☐	☐	

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	Fruit, Vegetable, 100% Fruit or Vegetable Juice	Grains	Meat/Meat Alternate	Milk
1.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
2.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
3.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
4.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
5.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
6.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
7.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
8.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
9.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
10.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
11.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
12.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups

Meal Name	Fruit, Vegetable, 100% Fruit or Vegetable Juice	Grains	Meat/Meat Alternate	Milk
13.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
14.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
15.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
16.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
17.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
18.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
19.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
20.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
21.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
22.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
23.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
24.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups
25.	☐ _____cups	☐ _____oz	☐ _____oz	☐ _____cups

Appendix A – Meal Pattern Requirements Reference

Meal Pattern	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)	$\leq$ 430	$\leq$ 470	$\leq$ 500	$\leq$ 640	$\leq$ 710	$\leq$ 740
Trans fat	Nutrition label or manufacturer specifications must indicate zero grams of trans fat per serving.					