

Breakfast Validation Review Questions

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
<p>A3. Are students properly instructed on Offer versus Serve, if applicable? (220.23(e)(2)(ii))</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"/>	
Meal Components			
<p>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.</p>			
<p>A7. Are at least two types of milk offered? (220.23(i)(1))</p> <p><i>(Determine if at least two milk types of fat-free flavored, unflavored 1% or fat-free, or other allowable varieties are offered.)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>A8. Are only low fat and fat-free milk offered? (220.23(i)(1))</p> <p><i>(Allowable milk types: fat-free flavored, unflavored 1% or fat-free, or other allowable varieties. Determine if only allowable varieties are offered)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>A9. If flavored milk is offered, is it fat-free? (220.23(i)(1))</p> <p><i>(Flavored milk (i.e., chocolate, strawberry, etc.) must be fat-free only. Determine if only fat-free flavored milked is offered)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Preparation			
<p>A10. Are food items offered (using utensils or pre-portioned) in portion sizes planned as designated on the production records?</p> <p><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></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>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).</p>			
<p>A11. Is the person at the point of service properly recognizing a reimbursable meal?</p> <p><i>(Determine whether the person at the point of service routinely counts correctly reimbursable meals with all required components properly)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>** If answer is NO for A7, and a pattern of noncompliance is apparent, initiate an Administrative Review.</p>			

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
<p>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.</p>			
<p>B2. Does each reimbursable meal offer components in the required minimum quantities? (220.23(g)(1))</p> <p><i>(Using records, determine if the minimum quantities required are available for each component.)</i></p>	<input type="checkbox"/>	<input type="checkbox"/>	

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.)			
B6/B8. 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))	<input type="checkbox"/>	<input type="checkbox"/>	
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
B12/B14. Will the minimum daily requirements for fruit/vegetable/juice be met? (220.23(g)(2))	<input type="checkbox"/>	<input type="checkbox"/>	
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.)			
B21. Are at least two types of milk offered each day? (220.23(i)(1))	<input type="checkbox"/>	<input type="checkbox"/>	
B22. Are only low fat and/or fat-free milk offered each day? (220.23(i)(1))	<input type="checkbox"/>	<input type="checkbox"/>	
B23. If flavored milk is offered, is it fat-free? (220.23(i)(1))	<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: 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)? <i>(e.g. Do records show the school food authority served the meals attested as compliant with the current meal pattern requirements?)</i>	<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	Fruit, Vegetable, 100% Fruit or Vegetable Juice	Grains	Meat/Meat Alternate	Milk
1.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ cups
2.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ cups
3.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ cups
4.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ cups
5.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ cups
6.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ cups
7.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ cups
8.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ cups
9.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ cups
10.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ cups
11.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ cups
12.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ oz	<input type="checkbox"/> _____ cups

Meal Name	Fruit, Vegetable, 100% Fruit or Vegetable Juice	Grains	Meat/Meat Alternate	Milk
13.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<input type="checkbox"/> _____ cups
14.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<input type="checkbox"/> _____ cups
15.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<input type="checkbox"/> _____ cups
16.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<input type="checkbox"/> _____ cups
17.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<input type="checkbox"/> _____ cups
18.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<input type="checkbox"/> _____ cups
19.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<input type="checkbox"/> _____ cups
20.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<input type="checkbox"/> _____ cups
21.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<input type="checkbox"/> _____ cups
22.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<input type="checkbox"/> _____ cups
23.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<input type="checkbox"/> _____ cups
24.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<input type="checkbox"/> _____ cups
25.	<input type="checkbox"/> _____ cups	<input type="checkbox"/> _____ oz	<input type="checkbox"/> ____ oz	<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.					