Diet Prescription for Meals at School

Date: ____________________________  Name of Student: ____________________________
LEA: ____________________________  School Attended by Student: ____________________________

*Information below to be completed by recognized medical authority.*

Disability or medical condition that requires the student to have a special diet. Include a brief description of the major life activity affected by the student’s disability.

Diet Prescription (Check all that apply)

☐ Diabetic  ☐ Reduced Calorie

☐ Increased Calorie  ☐ Modified Texture

☐ Other (Describe) ____________________________

Foods Omitted (Please check food groups to be omitted.)

☐ Meat and Meat Alternates  ☐ Milk and Milk Products

☐ Bread and Cereal Products  ☐ Fruits & Vegetables

☐ Other (Describe) ____________________________

Substitutions (Please provide suggested substitutions for omitted foods or attach information.)

Textures Allowed (Check the allowed texture)

☐ Regular  ☐ Chopped  ☐ Ground  ☐ Pureed

Other Information Regarding Diet or Feeding (Please provide additional information on the back of this form or attach to this form.)

I certify that the above named student needs special school meals prepared as described above because of the student’s disability or chronic medical condition.

Physician/Recognized Medical Authority Signature  Office Phone #  Date

*It is recommended that the diet prescription be renewed annually.*
Appendix B. Manager’s Guide to Professional Standards for Training

All district-level school nutrition employees now have annual training requirements. These Federal standards went into effect July 1, 2015. The training goal is to help you and your staff maintain or acquire the knowledge and skills needed to successfully manage and operate school meal programs.

Annual Minimum Required Training Hours for School Nutrition Managers and Staff

<table>
<thead>
<tr>
<th>Position</th>
<th>Defined As</th>
<th>Annual Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager</td>
<td>In charge of the operations of a site (or several sites)</td>
<td>10</td>
</tr>
<tr>
<td>Staff</td>
<td>Works 20 or more hours weekly in direct program support</td>
<td>6</td>
</tr>
<tr>
<td>Part-time Staff</td>
<td>Works less than 20 hours per week in direct program support</td>
<td>4</td>
</tr>
</tbody>
</table>

*If hired on or after January 1, only half of the required hours for that school year are required.

What Qualifies as Training?

Training should apply to an employee’s work duties. In many cases, your director and school district will help you find training. They may also assist in identifying training for your staff. Consider these options for job-specific training:

- Online courses
- Structured, on-the-job training
- In-service training
- Local school nutrition organization educational events
- State agency-sponsored training
- Training you conduct for staff
- Meetings sponsored by foodservice partners (vendors and commodity groups), including exhibits (as allowed by your State agency)
- College courses with job-specific content
A full 60 minutes of training counts as 1 training hour. You can include shorter time periods. For example, four 15-minute in-service training sessions equal 1 training hour. Not all activities will count toward training – they must be job-specific. Ask your director for guidance.

Your director may ask you to help with recordkeeping. Training records are now part of the Administrative Review. Be sure to keep training records from online courses or other classes completed by you and your staff for a period determined by your director. USDA offers an optional tracking tool for training hours. Find the tool online at http://www.fns.usda.gov/school-meals/professional-standards.

Check with your director to see if your State agency allows a 2-year period to complete the training hours. If so, be sure to complete some training each year (July 1–June 30) and meet the total combined hours needed for 2 years.

Where Do I Find More Information?

Looking for free and low-cost training? USDA maintains an online searchable library of trainings at http://professionalstandards.nal.usda.gov. Whether you plan to continue to serve as manager or aspire to other positions within the school nutrition programs, training helps you perform effectively today, while preparing for tomorrow.

This review form must be completed twice per school year for each after school snack program site. The first review must be conducted within the first 4 weeks of program initiation.

<table>
<thead>
<tr>
<th>Area Eligible School</th>
<th>Based on your observation, is valid documentation maintained for the following records?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Area Eligibility Data (based on most recent October)</td>
<td>YES NO</td>
</tr>
<tr>
<td>2. Meal Counts (total by site)</td>
<td>YES NO</td>
</tr>
<tr>
<td>3. Attendance Records</td>
<td>YES NO</td>
</tr>
<tr>
<td>4. Production Records</td>
<td>YES NO</td>
</tr>
<tr>
<td>5. Meal Pattern Compliance</td>
<td>YES NO</td>
</tr>
<tr>
<td>6. Is reimbursement claimed for only one snack per student per day?</td>
<td>YES NO</td>
</tr>
<tr>
<td>7. Does the meal count for the Day of Review follow the pattern for the previous 10 days?</td>
<td>YES NO</td>
</tr>
<tr>
<td>8. Are educational and/or enrichment activities taking place?</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

For pricing program only, list the established price for paid and reduced snacks.

PAID: _______ REDUCED: _______

For any "NO" answer above, please describe the corrective action taken to resolve the non-compliance concern.

Manager's Signature

Principal's Signature

Director's Signature

Date

August 2016
According to 7CFR 210.9(a)(1), every school year, prior to February 1, each School Food Authority (SFA) with more than one school (as defined 7 CFR Part 210.2 to include Residential Child Care Institutions (RCCIs)) must perform no less than one on-site review of the lunch counting and claiming system employed by each school under its jurisdiction.

Each on-site review must ensure the school’s claim is based on the counting system, as implemented, and yields the actual number or reimbursable free, reduced price and paid lunches, respectively, served for each day of operation.

If the review discloses problems with a school’s meal counting or claiming procedures, the SFA must ensure that the school implements corrective action and within 45 days of the review conduct a follow-up on-site review to determine that the corrective action resolved the problems.

The Alabama Department of Education Child Nutrition Program State Agency encourages schools to begin reviews in a timely manner in order to meet the required deadline of February 1st. The goal is to review SBP and NSLP in the same day.

<table>
<thead>
<tr>
<th>Program(s) Observed:</th>
<th>☐ NSLP</th>
<th>☐ SBP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SFA Name</th>
<th>Agreement Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>School Name</th>
<th>School Enrollment</th>
<th>Date of Review</th>
</tr>
</thead>
</table>

ADA NSLP: ________________  ADA SBP: ________________

NSLP Participation %: ________________  SBP Participation %: ________________

(NOTE: NSLP% and SBP% is the average of the last 3 months percent participation)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>I. Application Approval</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are applications approved at the central office of Child Nutrition?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Name of approving official: _____________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are all applications on file correctly approved or denied?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. Direct Certification</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the school correctly utilize direct certification?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>If YES, is required documentation maintained at district level?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>III. Master Roster</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is a Point of Sale (POS) roster used in the meal count system?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Do names listed on the master roster match approved applications on file and on the direct certification list?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. If more than one roster is used (i.e. master roster/ticket issuance roster/ food service line roster/ paper rosters), are all rosters the same format?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. 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)?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Does the POS roster reconcile with the school’s student enrollment roster and reflect eligibility?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
### IV. Meal Count System (as determined by observation of the meal service)

1. Does the meal count system produce an accurate count of reimbursable meals by category (i.e. free, reduced-price, paid) served to eligible children?
2. Are the approved meal count procedures implemented?
   - (a) Are meal counts taken at the point of meal service?
   - (b) Are only meals that meet meal pattern requirements counted and claimed for reimbursement?
   - (c) Does the meal count procedure in use ensure that only one meal per child per meal service is claimed for reimbursement?
3. Does the meal count system prevent overt identification of children receiving free or reduced price meals?
4. Is the person responsible for monitoring meals correctly identifying reimbursable meals?
5. Is someone trained as a backup for the monitor and the meal counter (i.e., substitute cashier)?
6. Are there procedures for meal counting and claiming when the primary counting and claiming system is not available and do staff know when and how to implement it?
7. Is the school correctly implementing policies for handling the following (as applicable):
   - (a) Incomplete Meals?
   - (b) Second Meals?
   - (c) Charged and/or prepaid meals?
   - (d) Offer vs Serve?
   - (e) Adult and non-student meals?
   - (f) A la Carte?
   - (g) Student worker meals?
   - (h) Field Trips?
   - (i) Lost, stolen, misused, forgotten or destroyed tickets, tokens, IDs, PINs?
   - (j) Visiting student meals?
8. Is there a method of identifying non-reimbursable meals (i.e. not meeting meal pattern requirements, seconds, adult meals, etc.), distinguishing them from reimbursable meals?

### V. Meal Counting, Recording, and Edit Checks

1. For any day during the review month, does the number of lunches claimed by category (i.e. free, reduced-price, and paid) exceed the number of approved free, reduced-price, and paid eligible?
   - If YES to number 1, is there an acceptable reason why the number exceeded?
   - Was documentation maintained?
2. For any day during the review month, does the number of lunches claimed exceed the attendance adjusted eligible by category (i.e. free, reduced-price, and paid)?
   - If YES to number 2 is there an acceptable reason why the number exceeded?
   - Was documentation maintained?
3. Are internal controls (edits, monitoring, etc) established to ensure that daily counts do not exceed the number of students eligible or in attendance and that an accurate claim for reimbursement is made? Yes ☐ No ☐ N/A ☐

4. Is the cash reconciliation verified and signed by another staff member? (Two people must sign documenting cash received.) ☐ ☐ ☐

5. Is the end of the day computer generated report or a copy reconciliation sheet attached to this review? ☐ ☐ ☐

Record today's meal counts by category and compare to the number of students eligible by category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Number of Students Approved by Category</th>
<th>Today's Total Meal Counts by Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free:</td>
<td></td>
<td>Free:</td>
</tr>
<tr>
<td>Reduced Price:</td>
<td></td>
<td>Reduced Price:</td>
</tr>
<tr>
<td>Paid:</td>
<td></td>
<td>Paid:</td>
</tr>
</tbody>
</table>

**VI. Reimbursable Meals and Production Records, Signage**

1. Does the school follow the menu plan as approved and published? ☐ ☐ ☐

2. Does the menu as planned meet all of the meal requirements for a reimbursable meal? ☐ ☐ ☐

3. Are all food items and condiments listed on the production record? ☐ ☐ ☐

4. Do all production records include:
   (a) serving size? ☐ ☐ ☐
   (b) amounts planned? ☐ ☐ ☐
   (c) amounts prepared? ☐ ☐ ☐
   (d) amounts used? ☐ ☐ ☐
   (e) leftovers (if any)? ☐ ☐ ☐
   (f) how leftovers were handled or dispensed? ☐ ☐ ☐

5. Are production records accurate? ☐ ☐ ☐

6. Do production records document sufficient amounts of prepared food to meet the requirements for reimbursable meals for the number of meals claimed? ☐ ☐ ☐

7. Does the school have proper signage displayed? (menus, required OVS signage, etc) ☐ ☐ ☐

**VII. Civil Rights**

1. Based on observation, was meal service provided without separation by age, race, color, national origin, sex or disability in the eating area, serving line, and assignment of eating periods? ☐ ☐ ☐

2. Is the 'and Justice for All' poster prominently displayed in the dining/serving area? ☐ ☐ ☐

**VIII. Competitive Foods/Wellness Policy**

1. Are only allowable foods sold during the meal service in the food service area? ☐ ☐ ☐

2. Are vending machines available for students outside the cafeteria? If yes, where? ☐ ☐ ☐

3. Is school in compliance with the State Board of Education's policy on competitive foods? ☐ ☐ ☐

4. Is the exempt fundraising form signed by the principal and on file? ☐ ☐ ☐
<table>
<thead>
<tr>
<th>IX. Observation of Meal Service</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is serving line set up properly?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is the food aesthetically appealing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Are serving lines clean and well maintained throughout meal service?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are hot foods served hot and cold foods served cold?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is the overall appearance of the cafeteria clean and inviting; and does it encourage participation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Are students offered all menu items from first to last student served?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are food items batch cooked?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Are standardized recipes being followed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are correct serving utensils used to ensure required portion sizes for each age group?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. If OVS, are students allowed to decline items?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>X. HACCP/Equipment</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is HACCP manual available and being followed by staff?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is dry storage area clean and organized?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is dry storage temperature log maintained and indicative of proper temperatures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record today’s dry storage temperature: _____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does inventory indicate FIFO method is being used?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Are coolers clean and organized?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Are cooler temperature logs maintained and indicative of proper temperatures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record today’s cooler temperature(s): _____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Is freezer clean and organized?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is freezer temperature log maintained and indicative of proper temperatures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record today’s freezer temperature: _____</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Is food in all storage areas being stored at least 6 inches from the floor?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Have there been 2 health inspections within the last 12 months?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record scores of 2 most recent inspections: _______</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Do food service areas, storage areas and kitchen area appear to be pest free?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Is all equipment in good working order?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Is equipment being used and cleaned properly?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Is Equipment Replacement Plan developed and on file for this site?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments/Concerns Based on Observation:

________________________________________________________________________

________________________________________________________________________

Manager’s Signature

Principal’s Signature

Director’s Signature

Date

On-Site School Review Form for LEAs
August 2016
VII. Results of Review

1. Is a corrective action plan required?  
   - [ ] Yes  
   - [ ] No  
   - [ ] N/A

2. Is a follow-up review required?  
   - [ ] Yes  
   - [ ] No  
   - [ ] N/A

VIII. Comments, Notes, and Observations During the Review

IX. Required Corrective Action (follow up within 45 days)

Specify date by which corrective action(s) will be implemented: ____________________________

__________________________  ________________________
Signature of Reviewer        Date

__________________________  ________________________
Signature of Manager         Date

X. Follow Up Visit (must be conducted within 45 days if corrective action was required):  
Observation of corrective action implementation:

__________________________  ________________________
Signature of Reviewer        Date

__________________________  ________________________
Signature of Manager         Date

__________________________  ________________________
Signature of Principal       Date

Keep with your program documents. Do not send to the state agency.  
If you have more than one site, please remember on-site reviews must be completed annually by February 1st.
Based on your observation of the FFVP, please respond to the following questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the planned menu being followed?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Are invoices being maintained?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is the site observing HACCP guidelines in regards to the following?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Storage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Preparation of Fruits or Vegetables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Distribution of Fruits or Vegetables</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. If labor is being claimed, are the hours claimed justified by the observation of labor directly related to FFVP duties?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. If dips are being served with vegetables, are they low fat or fat free products?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Is the program 'widely publicized' within the school? Explain how site publicizes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Are only elementary students and the teachers who are modeling consumption being served produce?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Are all elementary students being allowed to participate in the program? (i.e. students are not being denied access to the program as a form of punishment.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Are teachers /staff providing nutritional education if cooked vegetables are being served?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. How many days per week is FFVP being implemented?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Total amount of awarded grant for FFVP:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Total amount remaining in budget as of today:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For any "NO" answer above, please describe the corrective action taken to resolve the non-compliance concern.

Manager's Signature

Principal's Signature

Director's Signature

Date: August 2016
SEAMLESS SUMMER OPTION REVIEW FORM
(Must be completed with in first three weeks of operation)

School Reviewed: 

Date Reviewed: 

SSO ADP Lunch: ________ SSOADP Breakfast: ________ SSO ADP snack: ________

A. Reimbursable meals are clearly identifiable.

YES  NO
Do all cashiers know what constitutes a reimbursable meal?
Do all cashiers review the menu prior to the meal service?
Are cashiers (or other staff members) placed at the end of the line where they can assure that each student’s meal has the necessary components before the meal is recorded as reimbursable?
Is reimbursement claimed for one meal per student per meal service?
Do students have access to all 2 components, which provide a total of 5 food items, before reaching the cashier?

B. A cash reconciliation system, if applicable:

YES  NO N/A
Determines on a daily basis whether cash collected reconciles with the counts as recorded?
Ensures that all differences are documented.
Ensures that corrective action is taken when needed.

YES  NO
Does the cashier verify beginning cash prior to the breakfast meal service?
Does the cashier verify beginning cash prior to the lunch meal service?
After breakfast is actual cash counted and recorded without regard to the meal count?
After lunch is actual cash counted and recorded without regard to the meal count?
Does the designated person use the established procedures to identify potential cash?
Do daily cash counts balance for the past month? (no over or under cash amount shown.)
Does the designated person identify overages/shortages without forcing a reconciliation?
Is the cash reconciliation verified and signed by another staff member? (Two people must sign documenting cash received).
Does the manager monitor the magnitude and frequency of overage/shortages?
Attach end of day computer generated report or a copy reconciliation sheet to this review.

Updated 05/09/2007
C. **Reports of daily meals and cash collected are completed and are compiled for the claim for reimbursement.**

**YES**  **NO**  **N/A**

Is the daily record of meal participation properly completed?
Is the daily record of meal participation checked by another staff member?
Is the daily record of income properly completed?
Is the daily record of income checked by another staff member?
Is the collection procedure on file with the SDE being used? (If no, explain why and file corrected procedure with SDE.)

D. **Civil Rights**

**YES**  **NO**  **N/A**

Is an application for free and reduced price meals distributed to all children to all children without regard to race, color, national origin, sex or disability?
Are all determinations of free and reduced price eligibility made without regard to race, color, national origin, sex or disability?

**YES**  **NO**

Based on an observation was meal service provided without separation by race, color, national origin, sex or disability in the:
Eating area?
Serving line area?
Assignment of eating periods?
Is the "...And Justice for All" poster displayed in the dining/serving area?

E. **Offer vs. Serve (OVS)**

Observe the meal service on the day of review and then answer the following questions:

**YES**  **NO**

Is OVS implemented at this school during the summer.
Are students permitted to decline items in accordance with the system’s OVS policy?
Were Students informed of OVS during the summer?

F. **Production Records**

Review all production plans for the past 10 days and answer the following questions:

**YES**  **NO**

Are production records through column 9 completed prior to day of service?
Are production records completed daily?
Are production records fully completed? List any deficiencies below.
Do production records appear to be accurate? List any deficiencies below and date of incomplete form.
Is the use of USDA donated foods properly recorded? (If required by local district.)

Updated 05/09/2007
G. Menu Pattern Requirements

Do menus meet the following requirements?

YES  NO

meat/meat alternate?
grain/bread? ___ grain/bread servings planned for 10 days reviewed
fruit/vegetable?
milk?
Do all processed food items used to meet meal pattern requirements have a Child Nutrition (CN) Label? (If not on State Bid).

If no, determine how the school ensures that non CN labeled products meet meal pattern requirements.

Comments:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Food Service Staff Signature

Date

CNP Director Signature

Date