



# Fresh Fruit and Vegetable Program

On-Site School Review for LEAs  
THIS FORM MUST BE COMPLETED FOR EACH SITE BY FEBRUARY 1<sup>ST</sup>.  
Keep this documentation on file at the district.

Site Name: \_\_\_\_\_

Reviewer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Based on your observation of the FFVP, please respond to the following questions.

	Yes	No	N/A
1. Is the planned menu being followed?			
2. Are invoices being maintained?			
3. Is the site observing HACCP guidelines in regards to the following?			
a) Storage			
b) Preparation of Fruits or Vegetables			
c) Distribution of Fruits or Vegetables			
d) Leftovers			
4. If labor is being claimed, are the hours claimed justified by the observation of labor directly related to FFVP duties?			
5. If dips are being served with vegetables, are they low fat or fat free products?			
6. Is the program 'widely publicized' within the school? Explain how site publicizes. _____			
7. Are only elementary students and the teachers who are modeling consumption being served produce?			
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.)			
9. Are teachers /staff providing nutritional education if cooked vegetables are being served?			
10. Is FFVP being served free of charge?			
11. Is FFVP being operated separately from SBP, NSLP, and Afterschool Snack Service?			
12. Is FFVP served during the school day?			

**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