Attachment T25. Infant and Pre-K Meal Pattern On-Site Validation Checklist

Infant and Pre-K Meal Pattern On-Site Validation Checklist

SY 2018-2019

Completion of this checklist is only required when the School reviewed offers meals through a preschool and/or infant meal program. If all three, breakfast, lunch and snack were observed, complete a separate checklist for each meal service.

Date:	
SFA/School:	

Meal Observed:	BREAKFAST ☐ LUNCH ☐ SNACK ☐		

		YES	NO
Does the School reviewed offer infant meals? If **YES,** proceed to question # 1. If **NO,** proceed to question #2.		☐	☐

		YES	NO	COMMENTS
1.	Are infants served all components as required in the new infant meal pattern? If **NO,** explain technical assistance provided.	☐	☐	
2.	Is the SFA using the meal pattern flexibility and offering one menu when Pre-K students are co-mingled in the meal service area? If **YES,** please describe grades that are co-mingled and include Pre-K with regular review questions and do not complete checklist further. If **NO**, this checklist must be completed.	☐	☐	
3.	During the meal service, did you observe that all required meal components for Pre-K are available throughout the entire meal service? If **NO**, explain all errors identified and the technical assistance provided.	☐	☐	
4.	Does all the **cereal** served to Pre-K meet the Pre-K meal requirements (no more than 6 grams of sugar per dry ounce)? If **NO,** explain technical assistance provided.	☐	☐	
5.	Does all the **yogurt** served to Pre-K meet the Pre-K meal requirements? (no more than 23 grams of sugar per 6 ounces) If **NO,** explain technical assistance provided.	☐	☐	

	YES	NO	COMMENTS
6. Were there any **grain based desserts** served as part of the reimbursable meal? e.g. cookies, sweet pie crusts, doughnuts, cereal bars, breakfast bars, granola bars, sweet rolls, toaster pastries, cakes and brownies. If **YES**, explain technical assistance provided– refer to exhibit A. (Grain based desserts are not creditable as part of the reimbursable meal but may be served as an extra meal item).	☐	☐	
7. Was a whole grain-rich item served at least one time at any of the 3 meals (lunch, breakfast and/or snack)? If **NO**, explain technical assistance provided.	☐	☐	
8. Was a meat/meat alternate used to meet the entire grain requirements at breakfast? a. If **YES**, was it used more than three times a week? If **YES**, explain technical assistance provided. (A meat/meat alternate cannot be used to substitute the grain requirements at breakfast more than three times a week)	☐ ☐	☐ ☐	
9. Are fried foods prepared on site? If **YES**, explained technical assistance provided.	☐	☐	
10. If a vegetable was served in place of a fruit at lunch, were two different vegetables served? If **NO**, explain technical assistance.	☐	☐	

11. Was the appropriate milk type served?
 	
   • Unflavored whole milk for children age one.
   • Unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children 2-5 years of age.
If **NO**, explain technical assistance provided.
	☐	☐	

12. Was pasteurized full strength juice served more than once per day? Pasteurized full strength juice is limited to once per day (including snack). **If juice was served more than once** explain technical assistance provided.	☐	☐	
13. Was Offer versus Serve (OVS) implemented during meal service? If **YES,** explain technical assistance provided. (OVS is not an option for preschool age kids).	☐	☐	
14. Is family style meal service implemented correctly? • All components available • Supervising adults actively encouraging students to try components, etc. (According to procedures outlined in FNS Memorandum SP 35-2011, Clarification on the Use of Offer versus Serve(OVS) and Family Style Meal Service and FNS Instruction 783-9, rev 2, Family Style Meal Service in the Child and Adult Care Food Program)	☐	☐	

Resources

CACFP Meal Pattern Training Tools website: https://www.fns.usda.gov/tn/cacfp-meal-pattern-training-tools