# Attachment D, SNP Memo No. 2019-2020-45

# May 12, 2020

# Virginia Department of Education Office of School Nutrition Programs logo

# COVID-19 At-Risk Afterschool Meals Program

# Sponsor Monitoring Report with Meal Observation (Example)

According to 7 CFR, Section 226.16(d)(4)(iii), sponsors must review each facility three times each year. Two of the three reviews must be unannounced and at least one unannounced review must include observation of a meal service. At least one review must be made during each new facility's first four weeks of program operations, and not more than six months may elapse between reviews.

Under the COVID-19 monitoring flexibility waiver, sponsors may conduct only two reviews of their sites between October 2019 and September 2020, and only one review must be unannounced and does not need to include a meal observation. Sponsors are still required to conduct at least one review during each new site’s first four weeks of program operations, but they may be conducted as desk audits. In addition, six months can elapse between each visit.​

There is no requirement under the COVID-19 monitoring flexibility waiver that requires onsite meal observation. However, if warranted, onsite meal observations can be conducted using this form. In addition, onsite reviews can be conducted without a meal observation using the COVID-19 At-Risk Afterschool Meals Program Sponsor Monitoring Report without Meal Observation. Or, an offsite desk review can be conducted using the COVID-19 At-Risk Afterschool Meals Program Desk Review Form.

**To complete this form, please refer to the instructions.**

| **Site Information** |  |
| --- | --- |
| **Site Name: Friendship Academy** | **Date/Time of Site Review: 6/10/2020, 5:00 p.m.** |
| **Site Address: 100 Pleasant St., Woodbridge, VA 22191-1340** | **Departure Time: 6:30 p.m.** |
| **Site Representative: Rachel Victor** | **Telephone: (703) 555-6836** |

## I. DAY OF REVIEW

**Type of review:**  Announced  Unannounced

**Types of meals reviewed:**  Breakfast  Lunch  Snack  Supper

**Number of children served: 30**

**Number of reimbursable meals served: 30**

| **Meal Component** | **Food Item** |
| --- | --- |
| Grain | **1 ounce whole wheat bun** |
| Vegetable | **¼ cup green beans** |
| Fruit | **½ cup sliced peaches** |
| Meat/Meat Alternate | **2 ounces baked chicken** |
| Milk | **8 fluid ounces whole milk** |

| **Meal Service** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| 1. Were all required meal components served?   *(7 CFR 226.20)* | **X** |  |  |
| 1. Was each participant served the appropriate serving sizes of each food item?   *(7 CFR 226.20, Refer to breakfast, lunch, snack, and supper tables)* | **X** |  |  |
| 1. Was the meal service provided to all participants without discrimination?   *(7 CFR Part 226.23(b))* | **X** |  |  |
| 1. Was adequate time allowed for the meal?   *(7 CFR 226.20(k))* | **X** |  |  |
| 1. Did staff assist participants with dining, as needed?   *(7 CFR 226.16(b)(1))* | **X** |  |  |
| 1. Were meal counts taken at point-of-service? | **X** |  |  |

**Please complete the following tables.**

***(Refer to CACFP Administrative Guide Part 5*)**

| **Sanitation** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| 1. Did staff and participants wash their hands before eating?   *(7 CFR 226.6(b)(C)(5)(iii))* | **X** |  |  |
| 1. Were refrigerator temperatures at or below 41°F and freezer temperatures at or below 0°F?   *(Virginia Department of Health)* | **X** |  |  |
| 1. Was dry food stored in rigid plastic containers with tight lids to prevent contamination?   *(7 CFR 226.6(b)(C)(5)(iii))* | **X** |  |  |
| 1. Was the kitchen clean and equipment in working order?   *(7 CFR 226.6(b)(C)(5)(iii))* | **X** |  |  |
| 1. If meals are delivered, did they arrive covered and in acceptable condition?   *(7 CFR 226.17a)d)* | **X** |  |  |
| 1. Was hot food held at temperatures above 135°F and cold foods below 41°F?   *(Virginia Department of Health)* | **X** |  |  |
| 1. Were gloves worn and proper utensils used to handle food?   *(7 CFR 226.6(b)(C)(5)(iii))* | **X** |  |  |
| 1. Were insecticides and cleaning supplies stored away from food and participants?   *(7 CFR 226.6(b)(C)(5)(iii))* | **X** |  |  |

| **Recordkeeping** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| 1. Was the DSS license or fire inspection and health inspection/occupancy permit current?   *(7 CFR 226.6(d)(1))* | **X** |  |  |
| 1. Are daily menus maintained?   *(7 CFR Part 226.15(e)(10))* *and* (*7 CFR Part 226.17a(o))* | **X** |  |  |
| 1. Did the menu match the meal that was served during the meal service observation?   *(7 CFR 226.15(e)(10)), (7 CFR 225.17(b)(4))* |  | **X** |  |
| 1. Are attendance records maintained and kept separate from meal counts?   *(7 CFR Part 226.15(e)*(4)) | **X** |  |  |
| 1. If meals are delivered, are delivery receipts maintained on file?   *(7 CFR 226.15(b))* | **X** |  |  |
| 1. Is an “And Justice for All” poster posted in a prominent location?   (*FNS Instruction 113-1)* |  | **X** |  |
| 1. Did all staff involved in the meal service receive required training?   *(7 CFR 226.15(e)(12),(e)(14)) and 226.16(d)(2),(d)(3))* | **X** |  |  |

## II. FIVE-DAY RECONCILIATION

**List the meal count totals and attendance totals for the observed meal for the previous five days.**

|  |  |  |
| --- | --- | --- |
| **Date** | **Meal Count** | **Attendance** |
| **6/4** | **28** | **28** |
| **6/5** | **23** | **24** |
| **6/8** | **30** | **30** |
| **6/9** | **21** | **22** |
| **6/10** | **25** | **30** |

**Does the attendance support the meals claimed? Yes.**

**Explain any differences.**

**N/A.**

## III. COVID-19 BEST PRACTICES

| **COVID-19 Best Practices Questions** | **Yes** | **No** |
| --- | --- | --- |
| 1. Are there helpful instructions for food preparation to families, if applicable? |  | **X** |
| 1. Are gloves and masks worn by all staff? | **X** |  |
| 1. Are proper COVID-19 sanitation processes used in the kitchen (routine cleaning of equipment, frequently touched surfaces, non-food surfaces)? | **X** |  |
| 1. Are proper COVID-19 sanitation processes used for meal distribution (sanitize pick-up tables after each family)? | **X** |  |

**Explain any “No” answers.**

**Give participants instruction guide for cooking and serving meals provided.**

## IV. FINDINGS

| **Finding** | **Identified** | **Description** |
| --- | --- | --- |
| Adult meals included in count of meals served to children. |  |  |
| Meal pattern not met (specify): |  |  |
| Meals not served as a unit. |  |  |
| Meal serving times not met. |  |  |
| Civil Rights. |  | **Old version of the “And Justice for All poster.** |
| Recordkeeping (specify): |  | **Menu provided does not match meals being served during meal observation.** |
| Other (specify): |  |  |

## V. CORRECTIVE ACTION

If your answers to any of the questions indicate deficiencies in the site’s operation, they must be discussed with the representative. Describe below any problems noted and correction action proposed.

**#18: Menu provided does not match meals being served during meal observation.**

**#20: Site has an outdated version of “And Justice for All” poster posted in a prominent location.**

## VI. FOLLOW-UP

1. Is a follow-up review necessary?  Yes, Date: **7/1/2020**  No
2. Were all corrective actions completed?  Yes  No
3. Is another follow-up necessary?  Yes, Date:  No

## VII. SIGN-OFF

**Sandy Coleman**

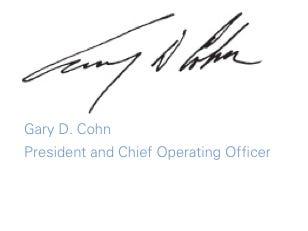
**Monitor’s Printed Name**

 **6/10/2020**

**Monitor’s Signature / Date**

** **6/10/2020**

**Site Supervisor’s Signature / Date**

** **6/10/2020**

**Sponsor Representative’s Signature / Date**

## Instructions

### IDENTIFYING INFORMATION

1. **Site Name -** Enter the name of the site as listed in SNPWeb.
2. **Site Address -** Enter the site’s address.This should match the site address in SNPWeb.
3. **Date of site review -** Enter the date of the meal observation visit as mm/dd/yyyy.
4. **Monitor’s arrival time -** Enter the time of arrival.
5. **Departure time -** Enter the time of departure.
6. **Site Supervisor -** Enter the name of the Site Representative that was present during meal service.
7. **Telephone -** Enter the Site Representative’s contact phone number.

### DAY OF REVIEW

1. **Type of review -** Select the box to indicate if the visit was announced or unannounced.
2. **Types of meals reviewed -** Select the box to identify which meals were observed: breakfast, lunch, snack, or supper.
3. **Number of children served -** Enter the total number of children served on the day of observation.
4. **Number of reimbursable meals served -** Enter the total number of reimbursable meals served on the day of observation.

### MEAL COMPONENT

1. **Grain** - List grain item(s) served during observation.
2. **Vegetable** - List vegetable item(s) served during observation.
3. **Fruit -** List fruit item(s) served during observation.
4. **Meat/Meat Alternate** - List meat/meat alternate served during observation.
5. **Milk** - List milk served during observation.

### MEAL SERVICE

1. **Were all required meal components served?** Indicate if all meal components are served together.
2. **Was each participant served the appropriate serving sizes of each food item?** Refer to the CACFP Administrative Guide for the correct serving sizes.
3. **Was the meal service provided to all participants without discrimination?**  Indicate if meals are served to all children (or parents/guardians), regardless of the child’s race, color, national origin, sex, age, or disability.
4. **Was adequate time allowed for the meal?** Indicate if actual meal times match the approved meal service times. If the site has a Meal Service Flexibility waiver on file, ensure the times match the waiver.
5. **Did staff assist participants with dining, as needed?** Indicate if staff are present and assisting participants during the meal service, if necessary.
6. **Were meal counts taken at point-of-service?** Indicate if meal counts are taken as meals were served or distributed.

### SANITATION

1. **Did staff and participants wash their hands before and after eating?** Indicate if all staff use proper hygiene practices before and after meal service.
2. **Were refrigerator temperatures at or below 41°F and freezer temperatures at or below 0°F?** Indicate if refrigerator temperatures are set appropriately to ensure food safety.
3. **Was dry food stored in rigid plastic containers with tight lids to prevent contamination?** Indicate if dry foods are properly stored in appropriate containers.
4. **Was the kitchen clean and equipment in working order?** Indicate if the kitchen and equipment used during meal service are clean and working properly.
5. **If meals are delivered, did they arrive covered and in acceptable condition?** For sites with delivered meals, indicate whether delivered meals are in safe and good condition.
6. **Was hot food held at temperatures above 135°F and cold foods below 41°F?** If meals served are not composed of shelf stable items only, indicate if the site is storing and holding hot and cold foods appropriately.
7. **Were gloves worn and proper utensils used to handle food?** Indicate if staff are wearing the proper PPE during the meal service.
8. **Were insecticides and cleaning supplies stored away from food and participants?** Indicate if insecticides and cleaning supplies are placed away from food and participants.

### RECORDKEEPING

1. **Was the DSS license or fire inspection and health inspection/occupancy permit current?** Indicate if DSS license, fire inspection, and health inspection/occupancy permits are up to date.
2. **Are daily menus maintained?** Indicate if menus are updated with any relevant changes.
3. **Did the menu match the meal that was served during the meal service observation?** Indicateif menus reflected the meals being served.
4. **Are attendance records maintained and kept separate from meal counts?** Indicate if the site records the number of participants in attendance and the daily meal counts separately.
5. **If meals are delivered, are delivery receipts maintained on file?** For sites with delivered meals, indicate if receipts are kept on file for all deliveries.
6. **Is an “An Justice for All” poster posted in a prominent location?** Indicate if the site’s “And Justice for All” poster is displayed in a prominent location for the current meal distribution method.
7. **Did all staff involved in the meal service receive required training?** Indicate if all staff have been trained in program requirements.

### FIVE-DAY RECONCILIATION

1. **Table:** Review the previous four days of meal count records (may not be consecutive days due to COVID-19). Enter the date of distribution/meal service, the meal count, and the attendance recorded. Then, enter the information for the observed meal.
2. **Does the attendance support the meals claimed?** Review each day to ensure the attendance is consistent with the meal counts. Indicate your determination with a “Yes” or a “No”.
3. **Explain any differences.** If you wrote no, provide a description of the discrepancies.

### COVID-19 BEST PRACTICES

1. **Are there helpful instructions for food preparation to families, if applicable?** Indicateif handouts on food safety, portions, and reheating are provided to families along with meals.
2. **Are gloves and masks worn by all staff?** Indicate if gloves and masks are worn by all staff during meal preparation and service. Ensure gloves are changed with every new task, as well as after any contact with others.
3. **Are proper COVID-19 sanitation processes used in the kitchen (routine cleaning of equipment, frequently touched surfaces, non-food surfaces)?** Indicate if surfaces like kitchen counters, utensils, food preparation equipment, customer areas, and frequently touched surfaces such as door handles, carts, tray slides, and phones are routinely cleaned with antimicrobial disinfectant.
4. **Are proper COVID-19 sanitation processes used for meal distribution (sanitize pick-up tables after each family)?** If pick-up tables are used, indicate if tables are sanitized prior to distribution and again after each family picks up their meals. If curbside delivery is used, indicate if meals are placed in the trunk or an unoccupied seat of the car to limit exposure.

**Explain any “No” answers below -** Use the lines to explain why “No” was selected for any site review questions or the meal count reconciliation.

### FINDINGS

1. **Adult meals included in count of meals served to children -** Select the box if this was a program finding.
2. **Meal pattern not met (specify) -** Select the box if this was a program finding. Enter which meal pattern requirement was not met and the type of meal impacted.
3. **Meals not served as a unit -** Select the box if this was a program finding.
4. **Meal serving times not met -** Select the box if this was a program finding. Enter the observed serving times that occurred during the site visit..
5. **Civil Rights -** Select the box if this was a program finding.
6. **Recordkeeping (specify) -** Select the box if the site does not keep appropriate documentation records or has any incomplete records and list which ones (ex: meal count records, training records, delivery receipts, processes and procedures, income eligibility forms, meal preparation and ordering).
7. **Other (specify) -** Select this box if there were additional issues not recorded above, and explain them.

### CORRECTIVE ACTION

1. Using the lines provided, describe any deficiencies observed and summarize the discussion with the site representative. Include the corrective action agreed upon during the conversation.

### FOLLOW-UP

1. **Is a follow-up review necessary?** Select “Yes” or “No”. If “Yes” was selected, provide a date for follow-up.
2. **Were all corrective actions completed?** Select “Yes” or “No” if corrective action was completed.
3. **Is another follow-up necessary?** Select “Yes” or “No”. If “Yes” was selected, provide a date for follow-up.

### SIGN-OFF

1. The monitor must print their name and sign and date the form.
2. The site supervisor must sign and date the form.
3. The sponsor representative must sign and date the form.