

# LAUSD Food Services Supper Program Monitoring Report

Revised 8-19-2019

SCHOOL NAME:		DATE:		ARRIVAL TIME:		DEPARTURE TIME:		<input type="checkbox"/> UNANNOUNCED			
MEAL OBSERVED: <b>SUPPER</b>			CDE APPROVED SERVICE TIME:				TODAY'S MEAL COUNT:				
TODAY'S ATTENDANCE: <small>(Attendance+Community Rosters)</small>			NAME OF ASP(s) <i>(Afterschool Program(s))</i> :				ADULT MEALS:				
<b>Outside school hours programs, at risk afterschool programs, and emergency shelters must reconcile meal counts to attendance records.</b>											
							<b>RECORD ALL MENU ITEMS &amp; SPECIFIC FOODS USED</b>		<b>SERVING SIZE</b>		
<b>Reconciliation</b>							Milk:				
<b>A FIVE-DAY HISTORY IS REQUIRED</b>	1st Day	2nd Day	3rd Day	4th Day	5th Day	Five-day average	Meat/alternate:				
							Grains/breads:				
							Fruit:				
Do not include the date of this supper monitoring.	Date:	Date:	Date:	Date:	Date:	<b>X</b>	Vegetable:				
<b>SUPPER MEAL COUNT</b> <small>(Grid Sheet + Community Roster)</small>							Meat/alternate:				
<b>ATTENDANCE</b> <small>(ASP + Community Rosters)</small>						<b>X</b>	Other:				
<b>Answer each question below by placing a checkmark in the boxes provided. (A "No" response requires corrective action and follow-up within 60 operating days, EXCEPT for #18a and #19. A "Yes" response for #19 requires a corrective action plan and follow-up within 60 operating days.)</b>								Yes	No	N/A	
1	Does the menu as served meet CACFP requirements?										
2	Is enough food served or available to each participant with required portions?										
3	Does the posted menu match what was served today?										
4	Are requests or medical statements kept on file for participants requesting dietary accommodations?										
5	If non-dairy beverages are offered for non-disabled participants, are they nutritionally equivalent to milk?										
6	Are dietary accommodations for participants with disabilities followed as prescribed in the medical statement?										
7	Is drinking water available to children throughout the day, including meal times?										
8	Do all participants receive the same meal regardless of race, color, national origin, sex, age, or disability?										
9	Menu production records for the 5-day history reconciliation (above) and for today, are completed for all meals served.										
10	Are all meals consumed on the facility or under staff supervision?										
11	Are meal counts taken and recorded at the time of each meal service?										
12	Are the correct Supper Program forms being used to record meals served?										
13	Do attendance records support the meal counts today and for the five-day history reconciliation (above)?										
14	Do the meal counts for the five-day history reconciliation appear reasonable when compared to today's counts?										
15	Is a civil rights poster(s) placed in a prominent location(s) in public view at this facility?										
16	Is the facility safe and sanitary?										
17	Have FSD and ASP staff attended the training sessions on the CACFP for the current program year?										
18a	Were there problems noted in the prior site review?										
18b	If 18a is "Yes," have the problems noted in the prior review been corrected? If the answer here is "No," describe the repeated findings on page 2 and the action to be taken. (Conduct a follow-up review within 60 operating days.)										
19	Does this visit indicate that training is necessary at this facility? (If training is needed, state when and how it will be provided on page 2.)										
20	<b>Facility appears to be in compliance.</b>										
<p><b>If corrective action is required, describe on page 2. Complete corrective action by:</b> _____ <b>DATE</b> _____</p> <p><b>SIGNATURE OF MONITOR:</b> _____ <b>DATE:</b> _____</p> <p><b>SIGNATURE OF:</b> <input type="checkbox"/> FSM _____ <b>DATE:</b> _____</p> <p>(Check the appropriate box) <input type="checkbox"/> ASP COORDINATOR</p>											

## LAUSD Food Services Supper Program Monitoring Report

SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

Comments	Follow-up on non-compliant area(s)

List and Describe Area(s) of Non-Compliance	Corrective Actions Taken (Training and/or Communication)	Date(s)

Is a follow-up required?

Yes\*      No

*NOTE: \*Follow-up can be completed at the next monitoring, provided that the next monitoring is within 60 days and is not a serious deficiency.*

<b>Print Name:</b> _____  <div style="text-align: center; margin-bottom: 10px;">FSM</div> <b>Signature of Monitor:</b> _____ <div style="text-align: center;">AFSS</div>	<b>Print Name:</b> _____  <div style="text-align: center; margin-bottom: 10px;">FSM</div> <b>Signature of:</b> _____ <div style="text-align: center;">ASP Coordinator</div>
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*NOTE: The monitor must leave a completed copy of this report with the FSM and ASP coordinator at the time of the review.*

<b>For AFSS use only. Complete this portion if FSM conducted the monitoring with deficiencies/errors. Provide details of action(s) and attach additional documentation as needed.</b>		
N/A	Corrective action required but not provided	Monitoring not completed properly

## SUPPER PROGRAM POINT OF SERVICE MONITOR

SCHOOL NAME:		LOC CODE:		DATE:					
<b>MEAL OBSERVATION</b>									
MEAL OBSERVED: <b>SUPPER</b>	SERVING TIME:	AFTERSCHOOL PROGRAM(S) (ORG OR GRP):		DESIGNATED EATING AREA(S):					
<b>ADDITIONAL REQUIRED INFORMATION</b> <b>For each Point of Service, answer the questions below.</b>				<b>POS #1</b>		<b>POS #2</b>		<b>POS #3</b>	
				YES	NO	YES	NO	YES	NO
1. Are the "And Justice for All" sign and Supper Menu posted at/near the POS in the public view?									
2. Are the correct supper forms being used to record meals?									
3. Are all meal counts recorded during the approved meal service period?									
4. Are all meals consumed in the designated eating area(s) and under staff supervision?									
5. Do the food/beverage items served match the posted menu?									
6. Is enough food available to provide each child with the required menu items and portion sizes?									
7. Has the staff received CACFP Supper Program training for the current program year?									
8. Does this visit indicate that training is necessary?									
9. Is this facility safe and sanitary?									
Facility appears to be in compliance. No corrective action is required. (If any "No" responses, site is not in compliance and corrective action is required, EXCEPT for #8. Record required corrective action plan & follow-up date below.)									
FINDINGS:									
CORRECTIVE ACTION & FOLLOW-UP DATE (if necessary):									
MONITOR NAME (Print):			MONITOR SIGNATURE			DATE:			