



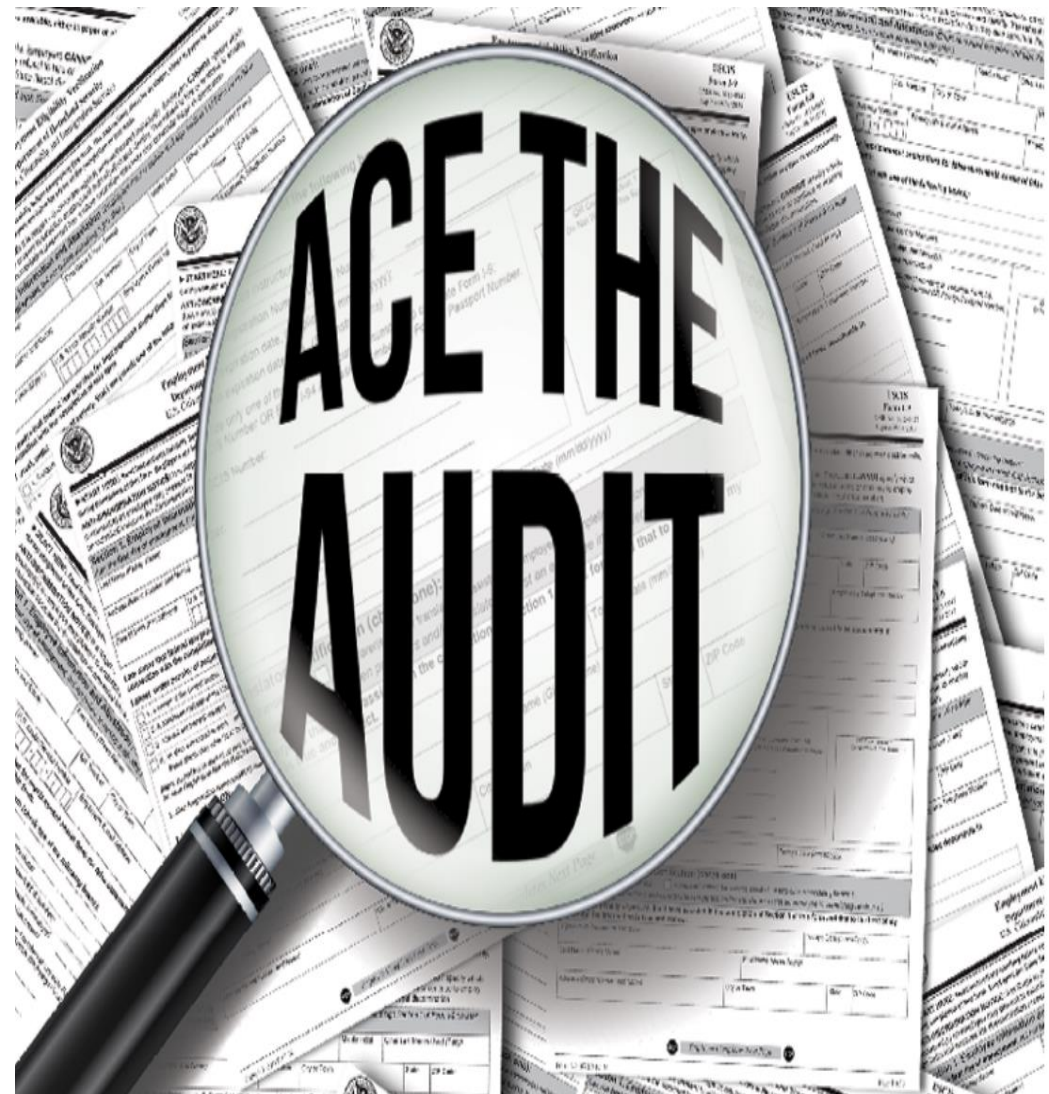
ACING your School Nutrition Program Review

ILSNA Conference

Presented by:

Illinois State Board of Education

June 2023



Equity • Quality • Collaboration • Community



School Nutrition Review

THE WHY

- ISBE Monitor on-site
- 5 Year Review Cycle
- Take away the stress
- Tips & Tricks to prepare



Build a Binder for Success





Build a Binder for Success

ROAD MAP TO SUCCESS





BUILD A BINDER FOR SUCCESS

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- Other Programs
- Day of Review



Build a Binder for Success

- Eligibility Documentation (**Sponsor Documents**)
 - List of Chosen Students for Review
 - Direct Certification Reports (each month)
 - Extension of Benefit Forms
 - Household Eligibility Applications (including all denied applications)
 - Categorically Eligible Documentation
 - Sample Notification Letters



Ensure you pull the applications/documentation only for the chosen students for review.



Eligibility Documentation Examples

APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

SCHOOL USE ONLY

1. All Household Members (Attach another sheet of paper if necessary) Check if Foster Parent Application

NAMES OF ALL HOUSEHOLD MEMBERS	First, Middle Initial, Last	SCHOOL NAME	OR Foster only Grant	SNAP OR TANF CASE NUMBER ONLY Step 1 to Part 4 of the 1-1 SNAP or TANF case number. If you are on SNAP/TANF must be provided below. If you receive Medicaid and were not already certified for free meals, you MUST verify based on household size and income.	Check if Foster Child
Shannon	Ball				<input type="checkbox"/>
Michelle	Ball				<input type="checkbox"/>
Jack	Ball	John Adams	10		<input type="checkbox"/>
Chris	Ball	Washington	K		<input type="checkbox"/>
Elizabeth	Ball	Lincoln	3		<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

Homeless Migrant Runaway Head Start

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100/every other week; \$100/week)

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
I. Shannon Ball	\$ 769	week	\$		\$		\$	
II.	\$		\$		\$		\$	
III.	\$		\$		\$		\$	
IV.	\$		\$		\$		\$	
V.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or X X X - X X - 7 6 7 6 I do not have a social security number.

Identify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

Date: 8/8/21 Printed Name of Adult Household Member: Shannon Ball Signature of Adult Household Member: Shannon Ball

5. Contact Information (Optional)

Work Telephone Number (include Area Code) Home Telephone Number (include Area Code) Home Address (Number, Street, City, State, Zip Code)

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: Hispanic/Latino Asian Black or African American Native Hawaiian or Other Pacific Islander Not Hispanic/Latino White American Indian or Alaska Native

— THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY —

INITIAL DETERMINATION

TOTAL INCOME \$ 39,988 Per Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD 5 CHANGE IN STATUS _____ Date _____

LEAs must announce income only when multiple incomes, at varying frequencies, are reported. Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Free based on: homeless migrant runaway Head Start SNAP or TANF foster child household's income

Reduced based on: household's income

Denied—Reason: income too high incomplete application Non-qualifying SNAP/TANF

Signature of Determining Official: Carinie Pickett Date: 8/10/21



SAMPLE FORM FOR HOMELESS, MIGRANT, HEAD START COORDINATORS TO NOTIFY LOCAL EDUCATION AGENCIES OR SCHOOLS OF A STUDENT'S STATUS

NUTRITION DIVISION

DATE: 8/8/21

TO: Local Education Agency (LEA)

FROM: ROE

RE: Children Categorically Eligible for Free Meal Benefits

Homeless, runaway, migrant, Head Start and foster children that are under the legal responsibility of a foster care agency or court are categorically eligible for free meal benefits under the National School Lunch and School Breakfast programs. To identify children eligible under these categories, administrators of these programs including migrant education directors (see link at https://www.isbe.net/Documents/MEP_LOA_Contacts.pdf), homeless education liaison. If needed, contact your Regional Office of Education (City of Chicago residents may contact the Chicago Public Schools Office of Students in temporary living situations at 773-553-2225). Head Start directors and foster care agency directors are authorized to provide documentation of the migrant, runaway, homeless, Head Start or foster care status of children.

This memo certifies that the required information was gathered and reviewed and it was determined that the children listed below are categorically eligible for free meal benefits under the National School Lunch and School Breakfast programs for the 21-22 school year. This documentation is in lieu of Household Eligibility Application for meal benefits. This free meals eligibility remains in effect for the remainder of the school year and for a maximum of 30 operating days into the subsequent school year or until a new determination is made, whichever comes first.

FIRST NAME	LAST NAME	BIRTH DATE	GRADE LEVEL	SCHOOL ATTENDING	HOMELESS, RUNAWAY, MIGRANT, HEAD START, OR FOSTER CHILD
Louis	Bock		7	JFK Middle School	Homeless
Billy	Bock		4	Lincoln Elem	Homeless

Original Signature of Migrant Program Director, Homeless Liaison, Head Start or Foster Care Agency Director: Don Ellen Date: 8/10/21

District/Agency: ROE

Address (Street, City, State, Zip Code): XXX

Telephone (Include Area Code): (XXX) XXX-XXXX

Homeless, Migrant, Head Start, Foster Household Eligibility Applications Certification Form (50-73)



Eligibility Documentation Examples

Illinois State Board of Education

Direct Certification Annual Report Based on Program

Participation in July 2021

Agreement Number.

100 North First Street Springfield, Illinois 62777-0001

Darren Reisberg

Chair of the Board

An Equal Opportunity/Minority Action Employer

Dr. Carmen I. Ayala

State Superintendent of Education

User First Printed On 7/2/2021 11:12:10 AM

George Washington Elem School

EXACT Matches:

First Name	Last Name	Birth Date	Sex	Assistance Source	Agency Identifier	Street Address	City	State	Zip
AMRAN			F	Medicaid				IL	612852583
ILWAQD			F	Medicaid				IL	612852583
SAGAL			F	Medicaid				IL	612852583
YASMEEN			F	SNAP				IL	612852538
MARSANA			F	SNAP				IL	612854161
TALIA			F	SNAP				IL	612854161
LAVELLE			M	SNAP				IL	606370000

Extending SNAP/TANF/Income Eligible Medicaid Eligibility (Categorical Eligibility) to ALL Children in a Household to Receive Free Meal/Milk Benefits

This form should be used by a Local Education Agency (LEA) to document the extension of free meal/milk benefits to all children in the same household due to the receipt of SNAP/TANF/Income Eligible Medicaid benefits within the household.

Receipt of SNAP/TANF/Income Eligible Medicaid benefits by any household member (adult or child) provides free meal/milk benefits to all children within the household under rules by the USDA for categorically eligible benefits. The LEA, to the extent possible, must extend eligibility for free meals to all children in what would be considered a household for the purposes of applying for free or reduced price meals or free milk.

Please include all of the information identified below. Such documentation must be maintained to support the Claim for Reimbursement and must be maintained for three years plus the current year.

Name of Household Member Receiving SNAP/TANF/Income Eligible Medicaid Benefits: Amran Arwan

SNAP/TANF/Medicaid Case Identification Number (if known): xxx xxxxxx

Date of Documentation: 7/1/21 School Attending: Lincoln Elementary

Type of Documentation: Direct Certification Report Enrollment Records of the School
 Household Contact Other (Please Identify) _____

The child(ren) listed below is/are member of the household and free meal or milk benefits will be extended to them.

	Name of Child	School Attending
1.	<u>John Arwan</u>	<u>JFK Middle School</u>
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Carrie Petty
Signature of Determining Official

7/28/21
Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Direct Certification Reports

Extension of Benefits form (54-45)



Eligibility Documentation Examples

Denial/Approval Notification Letter

Dear Parent or Guardian:

Your application for free and reduced-price meal services or free milk has been

Approved

Period of Time:

School Year 2021-2022

Category (select one):

Free Reduced-Price

Meal Services (mark all that apply):

Breakfast (maximum price for reduced-price breakfast is 30 cents)

Lunch (maximum price for reduced-price lunch is 40 cents)

After-School Snack (maximum price for reduced-price after-school snack is 15 cents)

Milk Only

Denied for the following reason(s)

Income over the allowable amount

Incomplete application

Inappropriate SNAP/TANF case identification number

Other: _____

You may reapply for benefits at any time during the school year. If you are not eligible now, but have a decrease in household income, become unemployed, or have an increase in household size, fill out an application at that time.

Verification: Your eligibility may be checked at any time during the school year. School officials may ask you to send papers showing your child should receive free or reduced-price meals.

Confidentiality: School officials use the information on the application only to decide if your child should receive free or reduced-price meals, or benefits under other federal and state education programs as permitted by law.

If you wish to review the decision further, you have a right to a fair hearing. This can be done by calling or writing the following official:

Title Superintendent Matt Skidlon

Address _____

Telephone _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.asec.usda.gov/ad-3027-usda-program-discrimination-complaint-form>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-0992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

Sincerely,

SAMPLE NOTIFICATION LETTER - DIRECT CERTIFICATION

Date: 7/28/21

Dear Parent/Guardian:

Each student identified below is automatically approved for free school meals for the current school year based on your eligibility for Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Income Eligible Medicaid or Foster Child status.

Name of Student	Grade	Assistance Source	School Name
<u>Amran Arrow</u>	<u>3</u>	<u>Medicaid</u>	<u>Lincoln Elem</u>
<u>John Arrow</u>	<u>10</u>	<u>extended</u>	<u>JFK Middle</u>

Please **do not** fill out a Household Eligibility Application for free or reduced price meals for the students listed above. This student(s) will receive free meals unless you notify us that you do not want to receive these benefits. If you do not want your child to receive free meal benefits please completely fill out the information in the box below and return to the school office no later than 8/28/21 (insert Date)

If you have student(s) in your household who are not listed above, please contact this office at the telephone number provided below at your earliest convenience. A Household Eligibility Application is NOT needed; free meal benefits will be extended to all children residing in the same household except foster child status is for the foster child only.

I DO NOT want my child(ren), as listed above, to receive free meal benefits.

Date _____ Signature of Parent or Guardian _____

If any of the information listed above is incorrect, or you have any questions, please contact this office at (217) 898-0101

Carrie Petty Food Service Director
Name Title

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

Notification Letters – Only need to show us the sample letters you use



Build a Binder for Success

- Verification (**Sponsor Documents**)
 - Verified Applications for Review
 - All Income Documentation used
 - Confirmation Review & Verification Tracking Form
 - One for each application you are verifying
 - Sample Verification Letters



Start Verification on October 1st to ensure you have time to complete all the steps by the deadline of November 15th!



Verification Documentation Examples



CONFIRMATION REVIEW AND VERIFICATION TRACKING FORM

NUTRITION DEPARTMENT

Direct Verification Tracking (For use prior to confirmation and only for applications selected for verification.)

Direct Verification (DV) completed 10/30/21 (Date). (The DV report **MUST** be printed and maintained. Verification of this application is complete and should be reported on the Verification Summary Report.

Confirmation Review (Prior to verification and only for applications selected for verification.)

Date of Confirmation Review 10/30/21

Initial determination was correct, continued with verification process.

Initial determination was incorrect, status MAY need to be changed from FREE to REDUCED-PRICE, continued with verification to determine correct benefit level.

Initial determination was incorrect, status needed to be changed from REDUCED-PRICE to FREE.

- Change of benefit level occurred/will occur on _____ (Date). (Change must be within 3 days of confirmation review.)

Initial determination was incorrect, status needed to be changed from FREE or REDUCED-PRICE to PAID. Households must be given a 10 day notice of change.

- Change of benefit level occurred/will occur on _____ (Date).

Signature of Confirming Official Maec Stalden Date 10/30/21

Verification Tracking

DV not attempted, OR DV did not yield a match. Verification letter (First Request) was sent 10/20/21 (Date).

- Response expected 11/01/21 (Recommend 10 calendar days from the date the letter was sent.)

Household did not respond to first request. Second notice completed 11/01/21 (Date).

- Response expected 11/08/21 (Recommend 3 business days from the date the letter was sent.)

Household did not respond completely, OR household did not respond at all by deadline of second notice.

Initial determination was:

<input type="checkbox"/> FREE based on SNAP/TANF case number	<input type="checkbox"/> No Change	<input type="checkbox"/> Income: \$ _____
<input checked="" type="checkbox"/> FREE based on Income and Household Size	<input type="checkbox"/> FREE to REDUCED-PRICE	<input type="checkbox"/> Household Size: _____
<input type="checkbox"/> REDUCED-PRICE based on Income and Household Size	<input checked="" type="checkbox"/> FREE to PAID	<input type="checkbox"/> Directly verified
	<input type="checkbox"/> REDUCED-PRICE to FREE	<input checked="" type="checkbox"/> Incomplete or no response
	<input type="checkbox"/> REDUCED-PRICE to PAID	<input type="checkbox"/> Other: _____

Date verification result was sent or notice of status change was made: 11/9/21

- Type of notice sent: Mail Personal Contact Telephone

Effective date of status change (if applicable): 11/9/21 (Must be a minimum of 10 calendar days from the date notice of verification result was sent.)

Signature of Verifying Official Carin Potts Date 11/9/21

Confirmation Review & Verification Tracking Form (68-21)

APPLICATION FOR FREE MILK/MEAL AND REDUCED-PRICE MEALS—Complete One Application Per Household Per School District. Instructions on back.

SCHOOL USE ONLY

1. All Household Members (Attach another sheet of paper if necessary.) Check if First Phase Application

NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	Enrolling School Name	Enrolling Grade	SNAP OR TANF CASE NUMBER ONLY (See Part 4. If you list a SNAP or TANF case number, at least one SNAP/TANF must be provided below. If you receive Medicaid and were not directly certified for free meals, you MUST reply based on household size and income.)	Check if Foster Child
Shannon Ball				<input type="checkbox"/>
Michelle Ball				<input type="checkbox"/>
Jack Ball	John Adams	10		<input type="checkbox"/>
Chris Ball	Washington	K		<input type="checkbox"/>
Elizabeth Ball	Lincoln	3		<input type="checkbox"/>

2. Homeless, Migrant, Runaway, or Head Start (Categorically eligible)

Homeless Migrant Runaway Head Start

Signature of Your School Homeless Liaison, Migrant Coordinator, or Head Start Director _____ Date _____

3. Total Household Gross Income (before deductions) You must tell us how much and how often.

GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 twice a month; \$100 every other week; \$100/week)

A. NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	B. Earnings From Work (Before Deductions)		C. Welfare, Child Support, Alimony		D. Pensions, Retirement, Social Security		E. Worker's Comp., Unemployment, Sick, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i. Shannon Ball	\$ 769	week	\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

4. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her social security number or mark if I do not have a social security number box.

I certify (promise) all information on this application is true and all income is reported. I understand the school will get Federal funds based on the information I give. I understand school officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits and I may be prosecuted.

8/8/21 Date Shannon Ball Printed Name of Adult Household Member Shannon Ball Signature of Adult Household Member

5. Contact Information (Optional)

Work Telephone Number (Include Area Code) _____ Home Telephone Number (Include Area Code) _____ Home Address (Number, Street, City, State, Zip Code) _____

6. Children's Racial and Ethnic Identities (Optional)

Mark one ethnic identity: Hispanic/Latino Not Hispanic/Latino

Mark one or more racial identities: Asian Black or African American American Indian or Alaska Native Native Hawaiian or Other Pacific Islander

White Other

THE FOLLOWING SECTIONS ARE FOR SCHOOL USE ONLY—

INITIAL DETERMINATION

TOTAL INCOME \$ 39,988 Per: Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD 5 CHANGE IN STATUS: _____ Date _____

LEAs must annualize income only when multiple incomes, at varying frequencies, are reported. Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

Free based on: homeless migrant runaway Head Start SNAP or TANF foster child household's income

Reduced based on: household's income

Denied—Reason: income too high incomplete application Non-qualifying SNAP/TANF

Signature of Determining Official Carin Potts Date: 8/10/21

Copy of the HEA that was selected for verification



Verification Documentation Examples

Date: 10/20/21
 Dear: Ball Family

We Must Verify Your Application

We are checking your Household Eligibility Application. Federal rules require that we do this to make sure only eligible children get free or reduced-price meals. You must send us information to prove the child(ren) is/are eligible.

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)
<u>Jack Ball</u>	<u>Chris Ball</u>	<u>Elizabeth Ball</u>	

Use reverse side if necessary

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask.

You must send the information we need, or contact Carrin Petty by 11/1/21 or your child(ren) will stop getting free or reduced-price meals.

1. If you were getting SNAP or TANF when you applied for free or reduced-price meals, or at any time since then, send us a copy of one of these:

- SNAP or TANF Certification Notice that shows dates of certification.
- Letter from SNAP or Welfare Office that says you have received SNAP or TANF.

2. If you do not get SNAP or TANF for your child(ren):

A. Write name of each adult household member below.

NAME (First and Last)	NAME (First and Last)

Use reverse side if necessary

B. Send this page along with papers that show the amount of money your household receives from each source of income.

3. If you choose not to comply with our request for verification of materials, you can inform the school by:

1) Signing and dating below, and returning form to school.

(Adult Household Member Signature) _____ (Date) _____

2) Or by calling _____ at _____ (Name) _____ (Telephone)

Households that choose not to comply OR fail to comply with verification request will be changed to paid status.

The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received. Send information to: _____

Acceptable papers include:

Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger or tax books.

Social Security, Pensions, or Retirement: Social security retirement benefit letter, statement of benefits received, or pension award notice.

Unemployment, Disability, or Worker's Compensation: Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

Welfare Payments: Benefit letter from welfare agency.

Child Support or Alimony: Court decree, agreement, or copies of checks received.

Other Income (such as rental income): Information that shows the amount of income received, how often it is received, and the date received.

Military Housing Privatization Initiative: Letter or rental contract showing your housing is part of the Military Housing Privatization Initiative.

Timeframe of Acceptable Income Documentation: Please submit papers that show your income at the time you applied for benefits. If you do not have this information, you may submit papers from time of application up to time of verification.

If you have questions or need help, please call Carrin Petty at 800/898-0101. The call is free.

Sincerely,

Carrin Petty
Food Service Director

The Richard B. Russell National School Lunch Act requires the information requested in order to verify your children's eligibility for free or reduced-price meals. If you do not provide the information or provide incomplete information, your children may no longer receive free or reduced-price meals. *Non-Discrimination Statement: This website complies with the following:*

We Have Verified Your Application

Date: 11/9/21
 Dear: Ball Family

We have checked the information you sent us to prove:

CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)	CHILD NAME (First and Last)
<u>Jack Ball</u>	<u>Chris Ball</u>	<u>Elizabeth Ball</u>	

is/are eligible for free or reduced-price meals and it has been determined:

- Your child(ren)'s eligibility has not changed.
- Starting _____, your child(ren)'s eligibility for meals will be **changed from reduced-price to free** because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.
- Starting _____, your child(ren)'s eligibility for meals will be **changed from free to reduced-price** because your income is over the limit. Reduced-price meals cost _____ for lunch and _____ for breakfast.
- Starting 11/19/21, your child(ren) is/are **no longer eligible** for free or reduced-price meals for the following reason(s):

- Records show that no one in your household received SNAP/TANF. You may reapply based on income eligibility.
- Records show the child(ren) is not homeless, runaway, migrant, or Head Start
- Your income is over the limit for free or reduced-price meals.
- You did not provide: _____
- You did not respond to our request.

Meals cost 3.50 for lunch and 2.00 for breakfast. If your household income goes down or your household size goes up, you may apply again. If you did not provide proof of current eligibility, you will be asked to do so if you reapply.

If you disagree with this decision, you may discuss it with Matt Shelden at 800/898-0101.

You also have the right to a fair hearing. If you request a hearing by 11/18/21, your child(ren) will continue to receive free or reduced-price meals until the decision of the hearing official is made. You may request a hearing by calling or writing to:

Matt Shelden _____ 800/898-0101
 Name Telephone W/Area Code

 Address | Street, City, State, Zip Code

Sincerely,

Carrin Petty

Notification letters sent to households selected for verification



Claim for Reimbursement Examples

Reimbursement

Month: October Home School: Self-Serving School: Self-Grade Level: K, 1, 2, 3, 4, 5, 6, 7, 8

Meal	After School Snack	Breakfast	Lunch	Total
Total	\$0.00	\$1,188.21	\$2,551.40	\$3,739.61

Enrollment	Free	Reduced	Paid
114	66	0	48

After School Snack			
Enrollment	114	Average Daily Attendance (ADA)	103.5
Highest Number of Eligibles During the Month	Free	Reduced	Paid
	66	0	48
Average Daily Attendance Percentage		90.79%	
Attendance Adjusted Eligibles	Free Eligibles	ADA%	Total
	66	90.79%	59.9214
	Reduced Eligibles	ADA%	Total
	0	90.79%	0.0000
	Paid Eligibles	ADA%	Total
	48	90.79%	43.5792
Maximum Number of Meals	AA Free Eligibles	Number of Serving Days	Total
	59.9214	19	1138.5066
	AA Reduced Eligibles	Number of Serving Days	Total
	0.0000	19	0.0000
	AA Paid Eligibles	Number of Serving Days	Total
	43.5792	19	828.0048
Number of Days Meal Served			19
Reimbursable Meals Served Students Only (Severe Need Meal Rates)	Count	Rate	Total
Full Price Meals	0	0.26	\$0.00
Reduced Price Meals	0	2.37	\$0.00
Free Meals	0	2.77	\$0.00
Total Meals Reimbursable (a + b + c)			0
Total Meal Reimbursement			\$0.00
Student Meals Not Reimbursable			0
Adult Meals			0
Percent of Free and Reduced Price Meals Served			0.00%
Average Daily Participation (ADP)			0
Percent ADP is of ADA			0.00%

After School Snack Daily Breakdown								
Date	Reimbursable Meals			Eligible Students*			Non-Reimbursable Meals	Adult Meals
	Free	Reduced	Paid	Free	Reduced	Paid		
Totals:	0	0	0	66	0	48	114	0

Breakfast			
Enrollment	114	Average Daily Attendance (ADA)	103.5
Highest Number of Eligibles During the Month	Free	Reduced	Paid
	66	0	48
Average Daily Attendance Percentage		90.79%	
Attendance Adjusted Eligibles	Free Eligibles	ADA%	Total
	66	90.79%	59.9214
	Reduced Eligibles	ADA%	Total

Breakfast			
	0	90.79%	0.0000
	Paid Eligibles	ADA%	Total
	48	90.79%	43.5792
Maximum Number of Meals	AA Free Eligibles	Number of Serving Days	Total
	59.9214	19	1138.5066
	AA Reduced Eligibles	Number of Serving Days	Total
	0.0000	19	0.0000
	AA Paid Eligibles	Number of Serving Days	Total
	43.5792	19	828.0048
Number of Days Meal Served			19
Reimbursable Meals Served Students Only (Severe Need Meal Rates)	Count	Rate	Total
Full Price Meals	170	0.26	\$44.20
Reduced Price Meals	0	2.37	\$0.00
Free Meals	413	2.77	\$1,144.61
Total Meals Reimbursable (a + b + c)			583
Total Meal Reimbursement			\$1,188.21
Student Meals Not Reimbursable			1
Adult Meals			0
Percent of Free and Reduced Price Meals Served			70.84%
Average Daily Participation (ADP)			30.68
Percent ADP is of ADA			29.64%

Breakfast Daily Breakdown										
Date	Reimbursable Meals			Eligible Students*			Enrollment	Non-Reimbursable Meals	Adult Meals	
	Free	Reduced	Paid	Free	Reduced	Paid				
10/1/2021	15	0	5	20	66	0	43	109	0	0
10/4/2021	14	0	5	19	66	0	43	109	0	0
10/5/2021	33	0	12	45	66	0	43	109	0	0
10/6/2021	17	0	4	21	66	0	43	109	0	0
10/7/2021	34	0	11	45	66	0	44	110	0	0
10/12/2021	15	0	9	24	66	0	44	110	0	0
10/13/2021	19	0	11	30	66	0	44	110	0	0
10/14/2021	26	0	10	36	66	0	44	110	0	0
10/15/2021	13	0	4	17	66	0	44	110	0	0
10/18/2021	26	0	9	35	66	0	45	111	0	0
10/19/2021	24	0	8	32	66	0	47	113	0	0
10/20/2021	18	0	9	27	66	0	47	113	0	0
10/21/2021	18	0	13	31	66	0	47	113	0	0
10/22/2021	24	0	12	36	66	0	47	113	0	0
10/25/2021	27	0	11	38	66	0	47	113	0	0
10/26/2021	19	0	8	27	66	0	47	113	0	0
10/27/2021	22	0	7	29	66	0	47	113	0	0
10/27/2021	27	0	12	39	66	0	47	113	1	0
10/28/2021	27	0	10	32	66	0	48	114	0	0
10/29/2021	22	0	10	32	66	0	48	114	0	0
Totals:	413	0	170	583	66	0	48	114	1	0

Lunch			
Enrollment	114	Average Daily Attendance (ADA)	103.5
Highest Number of Eligibles During the Month	Free	Reduced	Paid
	66	0	48
Average Daily Attendance Percentage		90.79%	
Attendance Adjusted Eligibles	Free Eligibles	ADA%	Total
	66	90.79%	59.9214

Point of Sale Summary Report



Build a Binder for Success

- On-Site Reviews (**Sponsor Documents**)
 - Breakfast (50% of all sites)
 - Lunch (100% of all sites)
- Ensure to fill out completely.
- If a corrective action plan is needed, ensure to conduct a follow up review.



Create a Summary Form for easy tracking

On-Site Reviews for SY 22-23

School Name	Date of Lunch On-Site Review	Date of Lunch On-Site Review
Washington Elementary	12/7/2022	1/11/2023
Lincoln Elementary	11/30/2022	
Kennedy Middle School	11/23/2022	
Adams High School	11/16/2022	1/13/2023



On-Site Review Examples



Illinois State Board of Education

100 North First Street, Springfield, Illinois 62777-0001

SCHOOL NUTRITION PROGRAMS ON-SITE REVIEW FORM ASSESSMENT OF SCHOOL MEAL COUNTING AND CLAIMING PROCEDURES

- Breakfast
- Lunch
- First Review
- Follow-up Review

Nutrition and Wellness Programs Division

INSTRUCTIONS: Each school year, prior to February 1, sponsors with more than one site where reimbursable meals are served must conduct their own review of each site approved to participate in the NSLP and at 50 percent of the sites approved to participate in the SBP. Each site in the SBP must be reviewed at least once every two years. Sponsors with only one site, are not required to conduct on-site reviews but it is highly encouraged. In addition, an observation of staff in action, e.g. cashiers, managers, and servers must be conducted. Complete the form by indicating above if this is a Breakfast or Lunch review and if this is a First Review or a Follow-up Review. Next answer the following questions by checking the appropriate response. Maintain a copy of this form as documentation.

DISTRICT NAME 7 SD 101	SCHOOL NAME (One Per Building) Washington Elem.
LEA REVIEWER'S NAME Jennifer Smith	DATE OF VISIT (By February 1) TIME OF VISIT 12/7/2021 In: 10:30 Out: 1pm

Offer vs. Serve: Yes No (High schools must implement Offer vs. Serve.)

Grades participating in Offer vs. Serve (Check all that apply):

- Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12 not participating

MEAL COUNT SYSTEM

- Yes No
- Are meals counted at the point of service? (The person responsible for the meal count should be where it can be determined that a reimbursable meal has been served to an eligible student. In most cases, this is at the end of the service line.)
 - Yes No
 - Does the person taking the meal count understand the components required for a reimbursable meal?
 - Yes No
 - Does the school have a policy for each of the following situations? If no, indicate which policy is not developed.

<input type="checkbox"/> a. Lost, stolen, forgotten or destroyed tickets/tokens/IDs	<input type="checkbox"/> e. A la carte selections
<input type="checkbox"/> b. Power failure (for automated systems)	<input type="checkbox"/> f. Second student meals
<input type="checkbox"/> c. Student worker meals	<input type="checkbox"/> g. Incomplete meals
<input type="checkbox"/> d. Adult meals	<input type="checkbox"/> h. Field trips
	<input type="checkbox"/> i. Visiting student meals
 - When meal count problems occur, does the individual taking the meal count understand the school's policies for handling each situation? If no, indicate which policy is not followed.

<input type="checkbox"/> a. Lost, stolen, forgotten or destroyed tickets/tokens/IDs	<input type="checkbox"/> e. A la carte selections
<input type="checkbox"/> b. Power failure (for automated systems)	<input type="checkbox"/> f. Second student meals
<input type="checkbox"/> c. Student worker meals	<input type="checkbox"/> g. Incomplete meals
<input type="checkbox"/> d. Adult meals	<input type="checkbox"/> h. Field trips
	<input type="checkbox"/> i. Visiting student meals
 - Is a trained substitute for counting meals available if an employee is absent?
 - Yes No

MEAL COUNT SYSTEM (Continued)

- Yes No N/A
- Does the meal count system produce an accurate count of reimbursable meals by category (free, reduced-price and paid) served to eligible students? Community Eligibility Provision schools must record a total meal count only.

<input type="checkbox"/> a. Math errors	<input type="checkbox"/> f. Attendance Counts
<input type="checkbox"/> b. Counts not taken at the end of the serving line	<input type="checkbox"/> g. Morning/classroom counts
<input type="checkbox"/> c. Free and/or reduced-price meal counts obtained by subtracting from total meal count	<input type="checkbox"/> h. Incomplete meals
<input type="checkbox"/> d. Cash converted to meals	<input type="checkbox"/> i. Based on meals delivered/prepared, not meals served
<input type="checkbox"/> e. Tray count meals	<input type="checkbox"/> j. Student workers not claimed by eligibility category
 - Does the meal counting system prevent overt identification? If no, check all that apply. Community Eligibility Provision schools should mark N/A.

<input checked="" type="checkbox"/> a. Unacceptable coding system	<input type="checkbox"/> f. All meals offered/served not available to students
<input type="checkbox"/> b. Use of special tickets, tokens	<input type="checkbox"/> g. Checklist with identifying information visible to students in line
<input type="checkbox"/> c. Cash only line	<input type="checkbox"/> h. Cash register/Computer display identifying meal price visible to students
<input type="checkbox"/> d. Visual or Verbal ID	
<input type="checkbox"/> e. Separate serving lines, lines, or dining areas	
 - Are meal counts from each serving line and meal period accurately consolidated on a daily basis?
 - Yes No

MEAL PATTERN REQUIREMENT

- Yes No
- Does today's menu meet meal pattern requirements?
 - Yes No
 - If offer versus serve is implemented for lunch, does each meal contain a fruit or vegetable (at least 1/2 cup) and a minimum of two additional full serving components?
 - Yes No
 - If offer versus serve is implemented for breakfast, does each meal contain at least three food items and one of the items is at least a 1/2 cup fruit or vegetable.
 - Yes No
 - Were all required food components available throughout the meal service on all serving lines?
 - Yes No

FOOD SAFETY PLAN

- Yes No
- Does the school have a Food Safety Plan based on the Hazard Analysis and Critical Control Point (HACCP) procedures?
 - Yes No
 - If yes, has the Food Safety Plan been reviewed/revised for the current school year?
 - Yes No
 - If yes, is the Food Safety Plan implemented? (for example, temperature logs, standard operating procedures for hand washing, accepting food deliveries, etc)
 - Yes No

If any of the above questions were answered NO, a CORRECTIVE ACTION PLAN is mandatory. A follow-up review (use a clean form with Follow-up marked in upper right corner) must be completed within 45 days.

CORRECTIVE ACTION PLAN INCLUDING IMPLEMENTATION DATES:

<u>J. Smith</u> Site Administrator Signature	<u>12/7/2021</u> Date
<u>ak</u> LEA Reviewer Signature	<u>12-7-21</u> Date

On-Site Reviews for ALL sites (breakfast & lunch)



Build a Binder for Success

- Monthly Menus for Lunch & Breakfast (if applicable)
(Selected Site Documents)
 - Choose a 5-day week
 - Build *each day* to include the following:
 - Production Records
 - Child Nutrition Labels
 - USDA Foods Product Information Sheets
 - Product Formulation Statements
 - Nutrition Fact Labels including ingredient list
 - Standardized Recipes



Only include product labels once; first time it appears on the menu.



Menu Documentation Examples

FEBRUARY 2022 Lincoln Elementary **BREAKFAST**

Served daily:
 • Milk variety includes 1% white & skim chocolate milk
 • Canned or Fresh Fruit
 • 100% Juice

February is National Hot Breakfast Month. A hot breakfast can be anything from pancakes and waffles to breakfast sandwiches and oatmeal. Which hot breakfasts will you try this month?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	Pancake Wrap ¹	Scrambled Eggs Biscuit ²	Breakfast Pizza ³	Cereal Variety Yogurt ⁴
Breakfast Pizza ⁷	Mini Waffles ⁸	Biscuit Sausage Patty ⁹	French Toast Sticks ¹⁰	Bagel w/ Cream Cheese ¹¹
Breakfast Burrito ¹⁴	Yogurt Parfait w/ Granola ¹⁵	Cheesy Omelet Toast ¹⁶	Apple Fudgel ¹⁷	Poptarts ¹⁸
Mini Waffles ²¹	Breakfast Pizza ²²	Breakfast Tornado ²³	Egg & Cheese on English Muffin ²⁴	Cereal Variety Yogurt ²⁵
Cinnamon Rolls ²⁸		<i>This institution is an equal opportunity provider.</i>		<i>Menu is subject to change</i>

FEBRUARY 2022 Lincoln Elementary School **LUNCH**

Served daily:
 • Milk choices includes 1% white & skim chocolate milk

February is American Heart Month. Keep your heart healthy by being active every day. Run, dance, walk the dog, climb stairs or play in the snow if you have it.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		Bosco Sticks Marinara Sauce Baked Beans Pineapple Tidbits Alt: Chef Salad	Bosco Sticks Marinara Sauce Green Beans Banana Alt: Sunbutter & Jelly Sandwich	Pepperoni Pizza Broccoli Potato Smiles Mandarin Oranges Alt: Cheese Pizza
Chicken Fajita Refried Beans alsa Apple Slices Alt: Cheese Quesadilla	Cheeseburger on Bun Broccoli Sweet Potato Tots Pears Alt: Sunbutter & Jelly Sandwich	Spaghetti w/ Meat sauce Green Beans Romaine Salad Fresh Orange Alt: Pasta & Marinara Sauce	BBQ Pork Sandwich French Fries Baby Carrots Fruit Cup Alt: Grilled Chicken Patty on Bun	Chili w/ Cornbread Corn Fresh Veggies Peaches Alt: Grilled Cheese Sandwich
Chicken Tenders Glazed Carrots ator Tots Apple Alt: Sunbutter & Jelly Sandwich	Salisbury Steak w/ Roll Mashed Potatoes Green Beans Orange Alt: Bosco Sticks	French Toast w/ Egg Patty Dragon Vegetable Juice Fresh Veggies Baked Apples Alt: Chef Salad	McRib Sandwich Lattice Fries Baby Carrots Grapes Alt: Deli Sub	Fish Nuggets w/ Roll Baked Beans Broccoli Pears Alt: Grilled Cheese Sandwich
NO SCHOOL	Chicken & Noodles w/ Roll Green Beans Fresh Veggies Apple Alt: Sunbutter & Jelly Sandwich	Lasagna Roll-Up w/ Garlic Toast Romaine Salad Peas & Carrots Peaches Alt: Deli Sub	Chicken Patty on Bun Baked Beans Cherry Tomatoes & Carrots Orange Alt: Bosco Sticks	Corn Dog Potato Smiles Cauliflower & Broccoli Fruit Cup Alt: Grilled Cheese Sandwich
Taco Soup w/ Tortilla Chips Refried Beans Fresh Veggies Banana Alt: Sunbutter & Jelly Sandwich		<i>This institution is an equal opportunity provider.</i>		<i>Menu is subject to change</i>

Month of Review Menus (breakfast & lunch)



Menus & Documentation

Production Record										
Site: <u>Lincoln Elementary</u>		MENU Breakfast Pizza, 100% Juice, Peaches, Milk Variety								
Meal Date: <u>February 7, 2022</u>										
List all food items (including condiments)	Recipe or Product (Name and Number)	Grade Group	Portion Size*	Student Projected Servings	Total Projected Servings	Amount of Food Used** (Weight or Quantity)	Student Servings	A la Carte Servings	Adult Servings	Leftovers
Breakfast Pizza	Tony's	K-5	1 slice	145	150	1.00 (22.0)	146	—	2	2
Peaches	Del Monte	K-5	½ cup	75	75	3 cans	59	—	2	16
100% Apple Juice	Ardmore	K-5	4 fl. Oz.	115	115	2 cases	105	—	—	10
1% White Milk	PF	K-5	1 ea.	25	25	½ case	20	—	—	5
Skim Chocolate	PF	K-5	1 ea.	125	125	2.5 cases	98	—	—	27

List of Ingredients

INGREDIENTS: WHOLE WHEAT FLOUR, WATER, SUGAR, VITAL WHEAT GLUTEN, CONTAINS 2% OR LESS OF: SALT, YEAST, PRESERVATIVES (SORBIC ACID, CALCIUM PROPIONATE), MONO AND DIGLYCERIDES, SOYBEAN OIL, DOUGH CONDITIONERS (CALCIUM SULFATE, L-CYSTEINE), ENZYME (WHEAT GLUTEN) AND XANTHAN GUM.

Nutrition Facts

Serving Size: 1 EA	
Servings Per Container: 72	
Amount per Serving	
Calories: 140	Calories from Fat: 10
% Daily Value*	
Total Fat: 1 g	2%
Saturated Fat: 0 g	0%
Trans Fat: 0 g	
Cholesterol: 0 mg	0%
Sodium: 180 mg	8%
Total Carbohydrate: 29 g	10%
Dietary Fiber: 4 g	16%
Sugars: 5 g	
Protein: 6 g	
Vitamin A: 0 %	Vitamin C: 0%
	Iron: 10%

GENERAL MILLS

Formulation Statement for Documenting Grains in School Meals
Required Beginning SY 2013-2014
(Crediting Standards Based on Grams of Creditable Grains)

School Food Authorities (SFAs) should include a copy of the label from the purchased product package in addition to the following information on letterhead signed by an official company representative. Grain products may be credited based on previous standards through SY 2012-2013. The new crediting standards for grains (as outlined in Policy Memorandum SP 20-2012) must be used beginning SY 2013-2014. SFAs have the option to choose the crediting method that best fits the specific needs of the menu planner.

Product Name: Pillabury® Mini Waffles Blueberry Bash Code No.: 18000-32264

Manufacturer: General Mills, Inc. Serving Size: 2.47 OZ (70g)
(raw dough weight may be used to calculate creditable grain amount)

I. Does the product meet the Whole Grain-Rich Criteria? Yes No How many grams:
(Products with more than 0.24 oz equivalent or 3.99 grams for Groups A-G or 6.99 grams for Group H of non-creditable grains may not credit towards the grain requirements for school meals.)

II. Does the product contain non-creditable grains? Yes No How many grams:
(Products with more than 0.24 oz equivalent or 3.99 grams for Groups A-G or 6.99 grams for Group H of non-creditable grains may not credit towards the grain requirements for school meals.)

III. Use Policy Memorandum SP 20-2012 Grain Requirements for the National School Lunch Program and School Breakfast Program: Exhibit A to determine if the product fits into Groups A-G, Group H or Group I. Different methodologies are applied to calculate servings of grain component based on creditable grains. Groups A-G use the standard of 16 grams creditable grains per oz eq; Group H uses the standard of 16 grams creditable grains per oz eq; and Group I is reported by volume or weight.)
Indicate to which Exhibit A Group (A-I) the Product Belongs: C

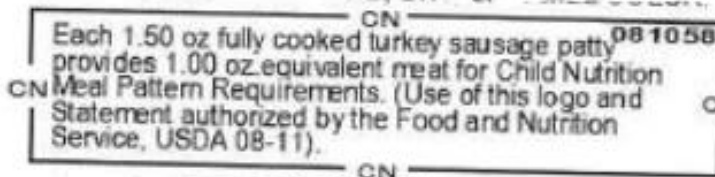
Description of Creditable Grain Ingredient*	Grams of Creditable Grain Ingredient per Portion†		Creditable Amount
	A	B	
Whole Wheat Flour, Enriched Flour Bleached, Ground Whole Grain Corn Flour	34g	16g	34g = 16g = 2.12
Total Creditable Amount‡			2.00

*Creditable grains are whole-grain meal/flour and enriched meal/flour.
†(Serving size) X (% of creditable grain in formula). Please be aware serving size other than grams must be converted to grams.
‡Standard grams of creditable grain from the corresponding Group in Exhibit A.
§Total Creditable Amount must be rounded down to the nearest quarter (0.25) oz eq. Do not round up.

Total weight (per portion) of product as purchased 2.47 OZ (70g)
Total contribution of product (per portion) 2.00 oz equivalent

I certify that the above information is true and correct and that a 2.00 ounce portion of this product (ready for serving) provides 2.00 oz equivalent Grains. I further certify that non-creditable grains are not above 0.24 oz eq. per portion. Products with more than 0.24 oz equivalent or 3.99 grams for Groups A-G or 6.99 grams for Group H of non-creditable grains may not credit towards the grain requirements for school meals.

Auth: Tram Pham
Anh-Tram Pham, MPH, RD
Labeling and Regulatory Compliance Specialist, K12 Education
February 23, 2018



USDA is an equal opportunity provider, employer, and lender.

Sloppy Joe on a Roll - USDA Recipe for

Makes: 25 or 50 Servings

Our Sloppy Joe on a Roll features a truly delectable combination of lean ground turkey and lean ground beef cooked in a flavorful tomato sauce featuring green onions and spices. All this nutritious deliciousness is served on a whole grain roll.



are based on a 2000 calorie
may be higher or lower
orie needs.



Build a Binder for Success

- Food & Beverage Requirements (aka Smart Snacks)

(Sponsor Documents)

- Nutrition Documentation
 - Smart Snack Calculator Results (printout)
 - Nutrition Fact Labels
 - Ingredient List



Separate your smart snack documentation into sections of where they are sold (vending machines, service line, fundraisers, c-stores, etc.)

- Documented Fundraiser Days
 - Requests & Approvals



Smart Snack Documentation Examples

SMART SNACKS
PRODUCT CALCULATOR



Product Information

Take the guess work out of your day! Answer a series of questions to see if your product meets the [USDA's Smart Snacks in School nutrition standards](#)*. Then save and print for your records!

*Results from this calculator have been determined by the U.S. Department of Agriculture to be accurate in assessing product compliance with the Federal requirements for Smart Snacks in Schools provided the information is not misrepresented when entered into the Calculator.

CHECK OUT THE BLUE INFORMATION BUBBLES FOR ASSISTANCE! If unable to view, please update your browser or try a different browser. Please refer to [USDA's Q&A document](#) for additional guidance on specific products.

Enter product information as SOLD (as portioned and eaten, such as a beef patty on a bun with accompaniments).

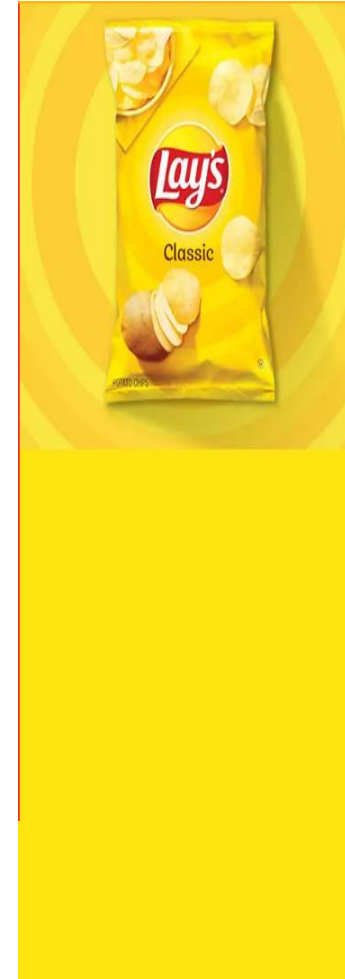
NOTE: As of July 1, 2016, %DV is no longer a qualifying standard for compliance.

My Product is a ...

- a) Snack ⓘ
- b) Side ⓘ
- c) Entree ⓘ
- d) Beverage ⓘ

START OVER

NEXT STEP



LAY'S® Classic Potato Chips

★★★★☆ 2.7 (8) Write a review

Description

It all starts with farm grown potatoes, cooked and seasoned to perfection. So every LAY'S® potato chip is perfectly crispy and full of fresh potato taste. Happiness in Every Bite.®

Nutrition Facts

Serving size 1oz (28g/about 15 chips)

Amount per serving

Calories 160

% Daily Value*

Calories 160

Fat 10g 13%

Saturated 1.5g 7%

Trans 0g

Cholesterol 0mg 0%

Sodium 170mg 7%

Carbohydrates 15g 6%

Fiber 1g 5%

Sugars less than 1g

Protein 2g

Vitamin D 0mc 0%

Vitamin C 6%

Calcium 10mg 0%

Iron 0.6mg 2%

Potassium 350mg 6%

Ingredients

Potatoes, Vegetable Oil (Canola, Corn, Soybean, and/or Sunflower Oil), and Salt.



Smart Snack Documentation Examples



 SMART SNACK
PRODUCT CALCULATOR



Smart Snacks Product Calculator Results

Brand:
Gordon Choice

Product Name:
Chocolate Chip Cookies, 1.75 oz

Serving Size:
50.00 g

First Ingredient:
Whole Wheat Flour

Your whole grain product meets all nutrient standards for entrees or snack foods.

Nutrition Facts

Serving Size 50.00 g ⓘ
Servings Per Container

Amount Per Serving

Calories 180

Total Fat (g) 5

Saturated Fat (g) 1.5

Trans Fat (g) 0

Sodium (mg) 190

Carbohydrates

Total Sugars (g) 16

Vitamin D (%) NA

Potassium (%) NA

Calcium (%) NA

Dietary Fiber (%) NA



Fundraiser Documentation Examples

Exempt Fundraiser Tracking Sheet

Adams High School

FUNDRAISER EXEMPTION REQUEST FORM
This form should be used when a club or group would like to host a fundraising event that involves SELLING and then consuming food(s) and/or beverage(s), DURING THE SCHOOL DAY. School Day is defined as 12:00 a.m. to 30 minutes after dismissal. Nine (9) days may be exempted during each school year.

* **CLUB/GROUP:**

 Student Council

* **PROPOSED FUNDRAISER DESCRIPTION:**

 Cancer Awareness – Gourmet Popcorn

* **REQUESTED DATE(S) of FUNDRAISER:**

- 1st Choice: _____
10/6/2021
- Alternate Date: _____
10/13/2021

Sponsor Signature: Carol Watson Date: 9/1/2021

Approved
 Disapproved

ak _____ Date: 9-7-21
 Administrator's Signature Date

School Name: Adams High School		SY 21-22
The Healthy Hunger-Free Kids Act of 2010 directed the United States Department of Agriculture (USDA) to establish nutrition standards for all foods and beverages sold to students, in school during the school day, including foods sold through school fundraisers. The standards provide a special exemption for infrequent fundraisers that do not meet the nutrition standards. A maximum of nine exempt fundraisers for grades 9-12 only, per school building, per school year, with a duration of one day, will be allowed for schools participating in the National School Lunch Program in Illinois.		
Exempt Fundraiser #1	Date: 10/6/2021	
Organization Name: Student Council		
Description of Event and Products Sold? Cancer Awareness – Gourmet Popcorn		
Exempt Fundraiser #2	Date: 11/6/2021	
Organization Name: DECA		
Description of Event and Products Sold? State competition - Donuts		
Exempt Fundraiser #3	Date: 2/14/2022	
Organization Name: Senior Class		
Description of Event and Products Sold? Valentines Day – Orange Crush Soda		



Make your Exempt Fundraiser Tracking Sheet have space for 9 entries, so when you get to 9, you know you have run out of available exempt fundraisers!



Build a Binder for Success

- Sanitation (**Selected Site Documents**)
 - Copies of the last two Health Inspections at the selected site.
 - HACCP Plan (Hazard Analysis & Critical Control Point)
 - Food Safety Plan
 - Standard Operating Procedures
 - Temperature Logs from the Month of Review
 - All Foods Served
 - All Equipment & Storage Areas Used



Health Inspections for SY 22-23

School Name	Date of Inspection #1	Date of Inspection #2
Washington Elementary	9/9/2022	3/3/2023
Lincoln Elementary	10/4/2022	3/8/2023
Kennedy Middle School	10/6/2022	3/10/2023
Adams High School	9/15/2022	4/7/2023



Sanitation Documentation Examples

6/15/22, 9:55 AM



CHAMPAIGN COUNTY PUBLIC HEALTH DEPARTMENT
 201 W. Kenyon Rd
 Champaign, Illinois 61820-7807
 217-363-3269 www.c-uphd.org

Food Establishment Inspection Report

Inspection

Page 1 of 2

Lincoln Elementary		Date	6/30/2022
		Time In	08:30 AM
		Time Out	09:30 AM
		Risk Category	1
		No. of Risk Factor/Intervention Violations:	0
		No. of Repeat Risk Factor/Intervention Violations:	0
		Inspection Result	Green
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS			
<small>Circle designated compliance status (IN, OUT, N/A) for each numbered item IN=In compliance, OUT=not in compliance, N/A=not applicable Mark "X" in appropriate box for COS and/or R COS=corrected onsite during inspection, R=repeat violation</small>			
Compliance Status		COS	R
SUPERVISION		PROTECTION FROM CONTAMINATION	
1	IN OUT	Person in charge present, demonstrates knowledge, and performs duties	15
2	IN OUT N/A	Certified Food Protection Manager	16
EMPLOYEE HEALTH		TIME/TEMPERATURE CONTROL FOR SAFETY	
3	IN OUT	Management, food employees and conditional employee, knowledge, responsibilities and reporting	17
4	IN OUT	Proper use of restriction and exclusion	18
5	IN OUT	Procedures for responding to vomiting and diarrheal events	19
GOOD HYGIENIC PRACTICES		PREVENTING CONTAMINATION BY HANDS	
6	IN OUT	Proper eating, tasting, drinking, or tobacco use	20
7	IN OUT	No discharge from eyes, nose, and mouth	21
		22	
		23	
		24	

Template for Developing a School Food Safety Program



Cooler/Freezer Temperature Logs

School Name Lincoln Elem
 Month/Year Feb 2022

Instructions: A designated foodservice employee will record temperatures and any corrective action on this log. The foodservice manager will verify that foodservice employees have taken the required temperatures by visually monitoring food employees during the shift and reviewing this log daily. Maintain this log for a minimum of 1 year.

Day	Milk Cooler 1	Milk Cooler 2	Freezer 1	Freezer 2	Fridge 1	Fridge 2	Dry Storage	Corrective Action
1	37	38	-1	0	36	37	70	
2	38	37	-1	-1	37	37	70	
3	39	38	0	0	36	38	70	
4	37	38	-1	-1	37	39	70	
5								
6								
7	36	37	0	0	57	58	70	
8	38	38	0	-1	36	38	71	
9	37	37	-1	-1	35	37	71	
10	39	38	-1	-1	38	38	72	
11	39	39	0	-1	37	38	70	
12								
13								
14	39	38	0	0	36	37	71	
15	38	38	0	-1	37	38	70	
16	37	38	-1	0	37	38	70	
17	37	37	-1	0	36	38	70	
18	38	38	0	-1	36	38	70	
19								
20								
21	37	38	-1	0	38	37	71	
22	37	38	-1	0	37	37	71	
23	38	38	0	-1	37	38	70	
24	37	38	0	0	36	37	70	
25	39	38	0	0	37	38		
26								
27								
28	38	38	0	-1	36	38	70	
29								
30								
31								



Build a Binder for Success

- Program Outreach (**Sponsor Documents**)
 - School Breakfast Program
 - Method used, copy of document/date distributed
 - Summer Food Service Program
 - Method used, copy of the document/date distributed



Tips &
Tricks

Announce your breakfast program at the beginning of the year (meal times, price, etc)... but also re-announce it with a flyer after your December holiday break.



Program Outreach Documentation Examples

- Social Media Posts
- Newsletters
- Bulk Email
- Flyer home
- Website Posting

Announcements



FREE Summer Meals

**To find a Summer Meals
site near you,
call (800) 359-2163
OR
text FoodIL to 304-304
OR
visit
SummerMealsIllinois.org**



Build a Binder for Success

- Professional Standards **(Sponsor Documents)**
 - From the previous school year
 - Tracking Tool (USDA version, excel, other)
 - Documentation for all hours claimed
 - Examples may include certificate of completion, print the last slide, dated agenda with signatures and presentation copy.
- Required Trainings to include
 - Civil Rights



Professional Standards Documentation Examples

SCHOOL YEAR 2021-2022

SCHOOL NAME	STAFF NAME	HIRE DATE	TITLE	TRAINING HOURS REQUIRED	Topic: Back to School Conference	Topic: Civil Rights Training	Topic: Serve Safe Managers Class	Topic: Food Handlers Class	Topic: In Service Safety Training	Topic:	Topic:	Topic:	TOTAL HOURS
					Date: July 2021	Date: 8/10/2021	Date: 8/12/21	Date: 8/12/21	Date: 10/18/21	Date:	Date:	Date:	
Office	Carrie Petty	Oct 95	Food Service Director	12	8.00	0.50	8.00		2.00				18.50
Lincoln Elementary	Suzan Mann	Jan 08	Lead	10	8.00	0.50	8.00		2.00				18.50
Lincoln Elementary	Suzie Bane	Jan 09	Food Service Worker	6		0.50		2.00	2.00				4.50
Lincoln Elementary	Suz Door	Jan 10	Food Service Worker	6		0.50		2.00	2.00				4.50
Washington Elementary	Erica Mingee	Aug 03	Lead	10	8.00	0.50	8.00		2.00				18.50
Washington Elementary	Joey Zarr	Sept 06	Food Service Worker	6		0.50		2.00	2.00				4.50
Washington Elementary	Mica Bane	Dec 05	Food Service Worker	6		0.50		2.00	2.00				4.50
JFK Middle School	Christina Perkins	Aug 02	Lead	10	8.00	0.50	8.00		2.00				18.50
JFK Middle School	Krystal Hatter	March 18	Food Service Worker	6		0.50		2.00	2.00				4.50
JFK Middle School	Tasha Booe	May 17	Food Service Worker	6		0.50		2.00	2.00				4.50
John Adams High School	Allison Nick	Aug 99	Lead	10	8.00	0.50	8.00		2.00				18.50
John Adams High School	Stacey Smiley	Oct 12	Food Service Worker	6		0.50		2.00	2.00				4.50
John Adams High School	Toby Kirk	April 05	Food Service Worker	6		0.50		2.00	2.00				4.50
John Adams High School	Chris Sum	Feb 02	Food Service Worker	4		0.50		2.00	2.00				4.50

Certificate of Completion

PRESENTED TO:

Suzan Mann

FOR: Safety Training

AWARDED THE 10th DAY OF Oct 2021.

SIGNED: Carrie Petty

Certificate Provided by www.howcove.com ©2014



Illinois State Board of Education

100 North First Street
Springfield, Illinois 62777-0001

School Nutrition Programs
Civil Rights Training Documentation Form

NUTRITION AND WELLNESS PROGRAMS DIVISION

Civil Rights Training Requirements:

School Food Authorities (SFA) must provide civil rights training to their sub recipients, including front-line staff, on an annual basis. To assist you in training PowerPoint presentations and a brochure are available at <https://www.isbe.net/Pages/Nutrition-and-Wellness-Civil-Rights-Compliance-and-Enforcement.aspx>

Specific subject matter for training must include collection and use of data, effective public notification systems, complaint procedures, compliance review techniques, resolution of noncompliance, requirements for reasonable accommodation of persons with disabilities, requirements for language assistance, conflict resolution, and customer service.

Below you will find a sample form that you can use to document your Civil Rights Trainings each year. A copy of this form along with a copy of the training materials used must be maintained as proof of the annual training that was provided. **This information does not need to be submitted to ISBE,** just maintain a copy and it will be reviewed during your Administrative Review. This documentation must be maintained for three years plus the current.

Name of SFA/School District	Presidents SD 101
Name of Trainer	Carrie Petty
Date of Training	8/10/21

Print Name of Training Attendee	Signature of Training Attendee
Suzan Mann	<i>Suzan Mann</i>
Suzie Bane	<i>Suzie Bane</i>
Suz Door	<i>Suz Door</i>
Erica Mingee	<i>Erica Mingee</i>
Joey Zarr	<i>Joey Zarr</i>
Mica Bane	<i>Mica Bane</i>
Christina Perkins	<i>Christina Perkins</i>
Krystal Hatter	<i>Krystal Hatter</i>

ISBE 68-88 (5/17)



Build a Binder for Success

- Policies (**Sponsor Documents**)
 - Local Wellness Policy (must be made public)

- Triennial Assessment (must be made public)
 - Must be done at ALL sites in your district!

Presidents SD 101
 STUDENT WELLNESS POLICY
 March 2022

Supersedes Policy: July 2006, June 2010, January 2015, April 2017

Belief Statement

The mission of Presidents School District 101 (PSD) is to help develop well-rounded, lifetime student learners. As a part of this mission PSD desires to provide a learning environment that supports and promotes wellness, good nutrition, and an active lifestyle and recognizes the positive relationship between good nutrition, physical activity, and the capacity of students to develop and learn. Moreover, PSD desires to promote health and wellness, good nutrition, and regular physical activity through modeling, experiences, and education.

Local Wellness Policy Triennial Assessment

Sponsors participating in the National School Lunch Program and/or School Breakfast Program are required to have a Local Wellness Policy. At a minimum, the Local Wellness Policy must be assessed once every three years; this is referred to as the Triennial Assessment. Triennial assessments must determine, for each participating site under a sponsor's jurisdiction, 1) compliance with the wellness policy, 2) progress made in attaining the goals of the wellness policy, and 3) how the wellness policy compares to model wellness policies.

Sponsor Name: Presidents SD 101 School District

Site Name: Lincoln Elementary School

Date Completed: March 25, 2022

Completed by: Carrie Petty

Part I: Content Checklist

Below is a list of items that must be addressed in Local Wellness Policies, based on U.S. Department of Agriculture (USDA) and state guidance. Check the box for each item included in your Local Wellness Policy. For any box that is not checked, consider taking steps to add the item(s) to the policy in the future. For more information, see [ISBE's Local Wellness Policy Content Checklist](#).

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Goals for Nutrition Education | <input checked="" type="checkbox"/> Nutrition Standards for School Meals | <input checked="" type="checkbox"/> Wellness Leadership |
| <input checked="" type="checkbox"/> Goals for Nutrition Promotion | <input checked="" type="checkbox"/> Nutrition Standards for Competitive Foods | <input checked="" type="checkbox"/> Public Involvement |
| <input checked="" type="checkbox"/> Goals for Physical Activity | <input checked="" type="checkbox"/> Standards for All Foods/Beverages Provided, but Not Sold | <input checked="" type="checkbox"/> Triennial Assessments |
| <input checked="" type="checkbox"/> Goals for Other School-Based Wellness Activities | <input checked="" type="checkbox"/> Food & Beverage Marketing | <input checked="" type="checkbox"/> Reporting |
| <input type="checkbox"/> Unused Food Sharing Plan | | |



Build a Binder for Success

- Other Child Nutrition Programs

- **(Selected Site Documents)**

- Fresh Fruit & Vegetable Program (FFVP)

- Claim Documentation
 - Copies of all invoices and expenses

- Special Milk Program (SMP)

- Claim Documentation
 - Monthly Counts (checklists)
 - Copies of all invoices





SMP Documentation Examples

SNP Site Claim

Quick Links
[Daily Meal Counts](#)
[Participation Detail](#)
[Sponsor Claim Summary](#)
[Site Claims](#)
[Claim Rates](#)

Version
 48: Mar 2022 Claim - Sent to FRIS - 04/26/2022

Elementary School (1)

Claim Data	Mar 2022	Status	Sent to FRIS
Claim Month	03/01/2022 - 03/31/2022	Type	Claim
Days of Operation	23	Date Received	04/21/2022
Days Claimed	Sponsor	Date Approved	04/21/2022
Claim Source		Submitted by:	it
Last Updated: vanbookkeeper			

Meals

Special Milk - Milk

Pricing with Free

Free	1168
Paid	612

Illinois Free Seamless - Breakfast

Illinois Free Seamless

Free	4399
------	------

Statistics

Dairy Cost	0.3500
Number of sites	1

Special Milk

Days Claimed	22
Enrollment	97
ADA	78

Eligibles

Special Milk

Free	66
Paid	31

Seamless Summer Option - Breakfast

Seamless Summer Option

Free	4399
------	------

Seamless Summer Option - Lunch

Seamless Summer Option

Free	6364
------	------

Illinois Free Seamless - Lunch

Illinois Free Seamless

Free	6364
------	------

Seamless Summer Option

Days Claimed	23
Enrollment	419
HDP	277

Seamless Summer Option

Free	419
------	-----

Distributing Co.

4/5/2022 8:23 AM

Date	Number	Customer	Memo/Description	Qty	Rate	Charge	Paid	Balance
03/08/2022	11854		1% HPT.	30	0.2764	8.29		7,552.89
			CHOC. 1% HPT	170	0.3107	52.82		
03/08/2022	11851		1% HPT.	100	0.2764	27.64	214.06	7,766.95
			CHOC. 1% HPT	600	0.3107	186.42		
			STRAWBERRY HPT	0	0.3107	0.00		
			ORANGE JUICE 4 OZ	0	0.185	0.00		
03/08/2022	11852		1% HPT.	300	0.2764	82.92	455.76	8,222.71
			CHOC. 1% HPT	1,200	0.3107	372.84		
			ORANGE JUICE 4 OZ	0	0.185	0.00		
			STRAWBERRY HPT	0	0.3107	0.00		
03/08/2022	11853		1% HPT.	300	0.2764	82.92	486.83	8,709.54
			CHOC. 1% HPT	1,300	0.3107	403.91		
			STRAWBERRY HPT	0	0.3107	0.00		
			ORANGE JUICE 4 OZ	0	0.185	0.00		
03/11/2022	11870		SCH...			120.85		8,830.39
			1% HPT.	100	0.2764	27.64		
			CHOC. 1% HPT	300	0.3107	93.21		
			STRAWBERRY HPT	0	0.3107	0.00		
			ORANGE JUICE 4 OZ	0	0.185	0.00		
03/11/2022	11871		SCH...			267.82		9,098.21
			1% HPT.	0	0.2764	0.00		
			CHOC. 1% HPT	862	0.3107	267.82		
			ORANGE JUICE 4 OZ	0	0.185	0.00		
			STRAWBERRY HPT	0	0.3107	0.00		

SMP Claim for Reimbursement

Milk Invoice



SMP Documentation Examples

2021-2022 ECE/PRE-K MORNING													
		Date	3/1	3/2	3/3	3/4	Date	3/7	3/8	3/9	3/10	3/11	
PK A	Loukas												
PK C	Deacon	*											
PK F	Jax	*	A	A	A	A		A	A	A	A		
PK F	Paityn		A	A	A	A							
PK	Nevaeh	*											
PK E	Oaklynn												
PK	Maverick	*	A										
PK L	Keegan	*								A			
PK	Annalynn	*											
PK	Damian	*		A	A					A			
EC	Hunter	*				A				A			
PK	Oaklynn	*	A										
PK	Benjamin	*									A		
PK	Bentley												
PK	Is, Paisley	*											
PK	e, Patience	*		A							A		
PK N	Kyler												
PK C	Liam	*			A	A							
PK	Greyson												
PK	Axton	*											
	Daily Total	135	16	16	16	16		19	19	16	17	0	
	Total Free	91	11	11	11	11		13	13	10	11	0	
	Total Paid	44	5	5	5	5		6	6	6	6	0	

55₂₆ 54₂₇ 53₂₇ 51₂₇ 56₂₇ 56₂₀ 54₂₈ 52₂₇

Daily Milk Counts

ELEMENTARY SCHOOL
1017 West _____ St.
IL

MARCH 2022 ECE/PRE-K MILK REPORT

TOTAL SERVED		1800
STUDENTS COUNTED:	97	
FREE	66	1188
PAID	31	612

ADA: 78.3

Site Claim Summary



Build a Binder for Success

- Other Child Nutrition Programs
 - Afterschool Snack Program
 - Claim Documentation
 - Checklists or tallies
 - Menus & Production Records
 - On-Site Reviews





After School Snack Documentation Examples

Stars After School Snack Menu – February 2022

Monday	Tuesday	Wednesday	Thursday	Friday
	Cereal Milk 1	Graham Crackers 100% Juice 2	Tortilla Chips Salsa 3	Oatmeal Cookie Milk 4
String Cheese 100% Juice 7	Muffin Yogurt 8	Goldfish Crackers Milk 9	Pretzels Grapes 10	RF Doritos Milk 11
Bagel w/ Cream Cheese Milk 14	Granola Bar 100% Juice 15	English Muffin Peanut Butter Milk 16	Crackers Baby Carrots w/ Ranch 17	Tortilla Chips Salsa 18
NO SCHOOL 21	Pretzels Fresh Veggies w/ Ranch 22	Cereal Milk 23	Muffin 100% Juice 24	Cheeze-its Grapes 25
Yogurt Blueberries Granola 28		<i>This institution is an equal opportunity provider.</i>		<i>Menu is subject to change</i>

Snack Menu

Snack Count for the Week → School Name Lincoln Elem.

Date: <u>Feb 7, 2022</u>	Total snacks received/prepared: <u>30</u>
Today's Menu	Meals Served to Children (cross off number as each child receives a meal):
String Cheese 100% Juice	X 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 ADULTS: X 2 3 4 5 6 7 8 9 10
Snack supervisor's initials: <u>AK</u>	Total snacks served to students: Students <u>26</u> Adults <u>1</u>
Date: <u>Feb 8, 2022</u>	Total snacks received/prepared: <u>30</u>
Today's Menu	Meals Served to Children (cross off number as each child receives a meal):
Muffin Yogurt	X 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 ADULTS: X 2 3 4 5 6 7 8 9 10
Snack supervisor's initials: <u>AK</u>	Total snacks served to students: Students <u>24</u> Adults <u>1</u>
Date: <u>Feb 9, 2022</u>	Total snacks received/prepared: <u>30</u>
Today's Menu	Meals Served to Children (cross off number as each child receives a meal):
Goldfish Crackers Milk	X 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 ADULTS: X 2 3 4 5 6 7 8 9 10
Snack supervisor's initials: <u>AK</u>	Total snacks served to students: Students <u>25</u> Adults <u>1</u>
Date: <u>Feb 10, 2022</u>	Total snacks received/prepared: <u>30</u>
Today's Menu	Meals Served to Children (cross off number as each child receives a meal):
Pretzels Grapes	X 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 ADULTS: X 2 3 4 5 6 7 8 9 10
Snack supervisor's initials: <u>AK</u>	Total snacks served to students: Students <u>24</u> Adults <u>1</u>
Date: <u>Feb 11, 2022</u>	Total snacks received/prepared: <u>30</u>
Today's Menu	Meals Served to Children (cross off number as each child receives a meal):
Doritos RF Milk	X 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 ADULTS: X 2 3 4 5 6 7 8 9 10
Snack supervisor's initials: <u>AK</u>	Total snacks served to students: Students <u>25</u> Adults <u>1</u>

Daily Meal Count Forms



After School Snack Documentation Examples

After School Snack Production Record

School Name Lincoln Elem

Week of February 7-11, 2022

	Check (✓) Menu Components for each day (must ✓ at least 2 required components).	Snack Menu	# of Planned Snacks	Portion Size	Total Amount Prepared	# of Students Served	# of Adults Served
Monday	<input checked="" type="checkbox"/> M/MA (1oz) <input type="checkbox"/> G/B (1 oz) <input checked="" type="checkbox"/> F/V (3/4 cup) <input type="checkbox"/> Milk (1 cup)	String cheese 100% Juice	30	1oz 6oz	30 ea.	26	1
Tuesday	<input checked="" type="checkbox"/> M/MA (1oz) <input type="checkbox"/> G/B (1 oz) <input checked="" type="checkbox"/> F/V (3/4 cup) <input type="checkbox"/> Milk (1 cup)	muffin Yogurt	30	1ea (2ea) 1ea (1ea)	30ea.	24	1
Wednesday	<input type="checkbox"/> M/MA (1oz) <input checked="" type="checkbox"/> G/B (1 oz) <input checked="" type="checkbox"/> F/V (3/4 cup) <input checked="" type="checkbox"/> Milk (1 cup)	Gold fish Crackers Milk	30	1oz pkg 1 carton	30ea.	25	1
Thursday	<input type="checkbox"/> M/MA (1oz) <input type="checkbox"/> G/B (1 oz) <input checked="" type="checkbox"/> F/V (3/4 cup) <input type="checkbox"/> Milk (1 cup)	Pretzels Grapes	30	1oz pkg 3/4 cup	30ea.	24	1
Friday	<input type="checkbox"/> M/MA (1oz) <input checked="" type="checkbox"/> G/B (1 oz) <input checked="" type="checkbox"/> F/V (3/4 cup) <input checked="" type="checkbox"/> Milk (1 cup)	RF Doritos Milk	30	1oz pkg 1 carton	30ea.	25	1

10673 South Lee Hwy • McDonald, TN 37353



Phone (423) 396-3392 • Fax (423) 396-9604

Formulation Statement for Documenting Grains in School Meals Required Beginning SY 2013-2014 (Crediting Standards Based on Grams of Creditable Grains)

School Food Authorities (SFAs) should include a copy of the label from the purchased product package in addition to the following information on letterhead signed by an official company representative. Grain products may be credited based on previous standards through SY 2012-2013. The new crediting standards for grains (as outlined in Policy Memorandum SP 30-2012) must be used beginning SY 2013-2014. SFAs have the option to choose the crediting method that best fits the specific needs of the menu planner.

Product Name: Muffins, WG, Blueberry, RF, IW Code: 1201

Manufacturer: Bake Crafters Food Company Serving Size: 2.0 oz.
(raw dough weight may be used to calculate creditable grain amount)

- I. Does the product meet the Whole Grain-Rich Criteria: Yes No
(Refer to SP 30-2012 Grain Requirements for the National School Lunch Program and School Breakfast Program.)
- II. Does the product contain non-creditable grains: Yes No If yes: The product contains: <3.99g of non-creditable grains
(Products with more than 0.24 oz. equivalent or 3.99 grams for Groups A-G or 6.99 grams for Group H of non-creditable grains may not credit towards the grain requirements for school meals.)
- III. Use Policy Memorandum SP 30-2012 Grain Requirements for the National School Lunch Program and School Breakfast Program: Exhibit A to determine if the product fits into Groups A-G (baked goods), Group H (cereal grains) or Group I (RTE breakfast cereals). (Different methodologies are applied to calculate servings of grain component based on creditable grains. Groups A-G use the standard of 16grams creditable grain per oz. eq; Group H uses the standard of 28 grams creditable grain per oz. eq; and Group I is reported by volume or weight.) Indicate to which Exhibit A group (A-I) the Product Belongs: D

Description of Creditable Grain Ingredient*	Grams of Creditable Grain Ingredient per Portion ¹		Gram Standard of Creditable Grain per oz. equivalent ² (16g or 28g) - B	Creditable Amount A ÷ B
	A	B		
Whole Wheat Flour	0.0	16		.00
Enriched Flour	0.0	16		.00
Total Creditable Amount³				1.0

*Creditable grains are whole-grain meal/flour and enriched meal/flour.
¹Serving size x (% of creditable grain in formula). Please be aware that serving sizes other than grams must be converted to grams.
²Standard grams of creditable grains from the corresponding Group in Exhibit A.
³Total Creditable Amount must be rounded down to the nearest quarter (0.25) oz. eq. Do not round up.

Total weight (per portion) of product as purchased 2.0 oz.
 Total contribution of product (per portion) 1.0 oz. equivalent

I certify that the above information is true and correct and that a 2.0 ounce portion of this product (ready for serving) provides 1.0 oz. equivalent Grains. I further certify that non-creditable grains are not above 0.24 oz. eq. per portion. Products with more than 0.24 oz. equivalent or 3.99 grams for Groups A-G or 6.99 grams for Group H of non-creditable grains may not credit towards the grain requirements for school meals.

Signature: Michael R. Byrd Michael Byrd

Date: 1/14/2021 President

Snack Production Records

Menu Documentation



After School Snack Documentation Examples

ILLINOIS STATE BOARD OF EDUCATION
 Nutrition and Wellness Programs
 100 North First Street, W-270
 Springfield, Illinois 62777-0001
 SCHOOL FOOD AUTHORITY
 AFTER-SCHOOL CARE SNACK REVIEW
 National School Lunch Program

First Review
 (First four weeks of operation)
 Second Review

NAME AND TITLE OF AFTER SCHOOL CARE CONTACT PERSON Krista I - Stars Director	NAME OF SITE Lincoln Elementary
NAME OF SCHOOL FOOD AUTHORITY SD 101	<input checked="" type="checkbox"/> Area Eligible <input type="checkbox"/> Non-Area Eligible
DATE OF VISIT 8/25/21	TIME OF VISIT In: 2:45 Out: 3:45

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Is the site only claiming snacks served to eligible students? Eligible students include children 18 years and under, students turning 19 during the school year and mentally and physically disabled students 22 years and younger.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Is one snack per child per operating day claimed?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the site provide after-school care or educational or enrichment activities?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Are snacks served only after the school day has ended?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Do the snacks contain two of the four food components? (Food components include meat/meat alternate, vegetables/fruits/100% juice, grains and fluid milk.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Is attendance recorded on a daily basis?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Are production records completed daily and maintained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are all snacks consumed on-site?
Area Eligibility Only			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Is a total count of snacks served to eligible children taken on a daily basis?
Non-Area Eligibility Only			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Is the daily snack count recorded by child include each child's eligibility category (Paid, reduced-price and free)?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. If claiming free or reduced-price snacks, does the school food authority have eligibility documentation on file?
Pricing Programs Only			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. If charging for snacks, are they priced as a unit?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. If charging for snacks, does the charge for reduced-price snacks not exceed \$.15?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Does the meal counting system prevent the overt identification of children receiving free or reduced-price snacks?

FINDINGS: None

CORRECTIVE ACTION PLAN:

8-25-21 Date
 Krista I. Signature of After School Care Staff
 8-25-21 Date
 Signature of School Food Authority Reviewer

ISBE 67-90 (12/13)

**After School Snack Review
 First Review**

ILLINOIS STATE BOARD OF EDUCATION
 Nutrition and Wellness Programs
 100 North First Street, W-270
 Springfield, Illinois 62777-0001
 SCHOOL FOOD AUTHORITY
 AFTER-SCHOOL CARE SNACK REVIEW
 National School Lunch Program

First Review
 (First four weeks of operation)
 Second Review

NAME AND TITLE OF AFTER SCHOOL CARE CONTACT PERSON Krista - Stars Director	NAME OF SITE Lincoln Elementary
NAME OF SCHOOL FOOD AUTHORITY SD 101	<input checked="" type="checkbox"/> Area Eligible <input type="checkbox"/> Non-Area Eligible
DATE OF VISIT 2/2/22	TIME OF VISIT In: 2:45 pm Out: 3:45 pm

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Is the site only claiming snacks served to eligible students? Eligible students include children 18 years and under, students turning 19 during the school year and mentally and physically disabled students 22 years and younger.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Is one snack per child per operating day claimed?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Does the site provide after-school care or educational or enrichment activities?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Are snacks served only after the school day has ended?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Do the snacks contain two of the four food components? (Food components include meat/meat alternate, vegetables/fruits/100% juice, grains and fluid milk.)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Is attendance recorded on a daily basis?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Are production records completed daily and maintained?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Are all snacks consumed on-site?
Area Eligibility Only			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Is a total count of snacks served to eligible children taken on a daily basis?
Non-Area Eligibility Only			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Is the daily snack count recorded by child include each child's eligibility category (Paid, reduced-price and free)?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. If claiming free or reduced-price snacks, does the school food authority have eligibility documentation on file?
Pricing Programs Only			
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. If charging for snacks, are they priced as a unit?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13. If charging for snacks, does the charge for reduced-price snacks not exceed \$.15?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14. Does the meal counting system prevent the overt identification of children receiving free or reduced-price snacks?

FINDINGS: None

CORRECTIVE ACTION PLAN:

2/2/22 Date
 Krista Signature of After School Care Staff

**After School Snack Review
 Second Review**



Day of Review

- Meal Service (Breakfast/Lunch) **(Selected Site Documents)**
 - Meal Counts
 - **Menus & CN/PFS/Recipes for all items served**
 - **Planned in advance, so place in binder.**
 - Production Records
 - Meal Modification Requests (Medical & Parent)
 - OvS Signage (if applicable)
 - Drinking Water Available
 - Milk Variety Offered
 - Portion Sizes Accurate
 - Other Program Review (FFVP/ASSP/SMP)
- Health Inspection Posted
- Civil Rights Poster Posted





Day of Review Documentation

Please return completed and signed form to <INSERT STAFF NAME, EMAIL, DROP OFF LOCATION>

What Makes a School Breakfast

grain

fruit (or vegetable)

milk

Offer Vs. Serve
Choose at least 3 items from the four offered, One must be a 1/2 cup of fruit (or vegetable).

fruit

vegetable

The fourth item offered may be another grain, another fruit or veggie, or a meat or meat alternate.

This institution is an equal opportunity provider.

TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (Last, First): _____ Grade: _____
 School: _____
 Parent/Guardian Email: _____ Daytime Phone: _____

Based on information listed below my child will require a menu modification at the following: Breakfast Lunch Afterschool Snack
 Supper Other _____

I understand School Food Authority is not required to provide requests based on preference for food substitutions or meal accommodations, made by a parent/guardian or any health professional not licensed in Illinois to prescribe medication.

Parent/Guardian Name PRINTED _____ Parent/Guardian SIGNATURE _____ Date _____

MAY BE COMPLETED BY PARENT/GUARDIAN OR HEALTH PROFESSIONAL

List all foods to be omitted from a student's meal, based upon preference, NOT for medical reasons: (i.e. meal prep/meal time(s))

Requested substitutions

REQUIRED List all requested food and/or beverage substitutes:

Comments:

Requestor Name Printed _____ Date _____ Requestor Signature _____

The 5 Components of a School Lunch

meat/meat alternate

grain

milk

Offer Vs. Serve
Choose 1/2 cup fruit, or 1/2 cup vegetable, or 1/2 cup combination, and at least 2 other components. Choose all 5 for the best nutrition!

fruit

vegetable

This institution is an equal opportunity provider.

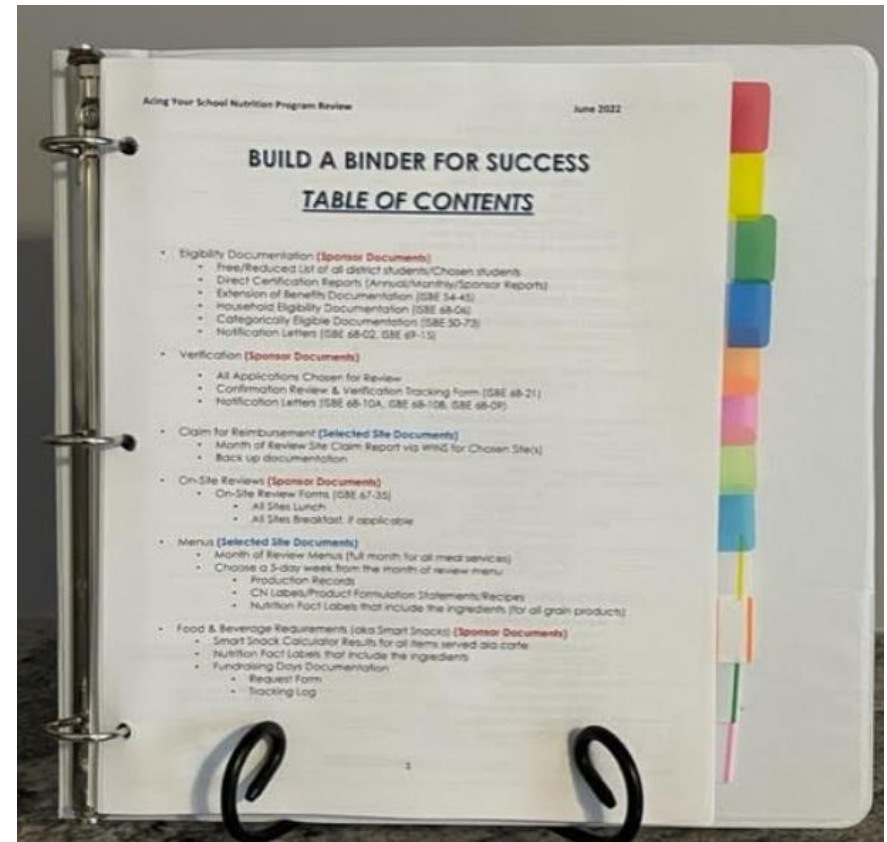
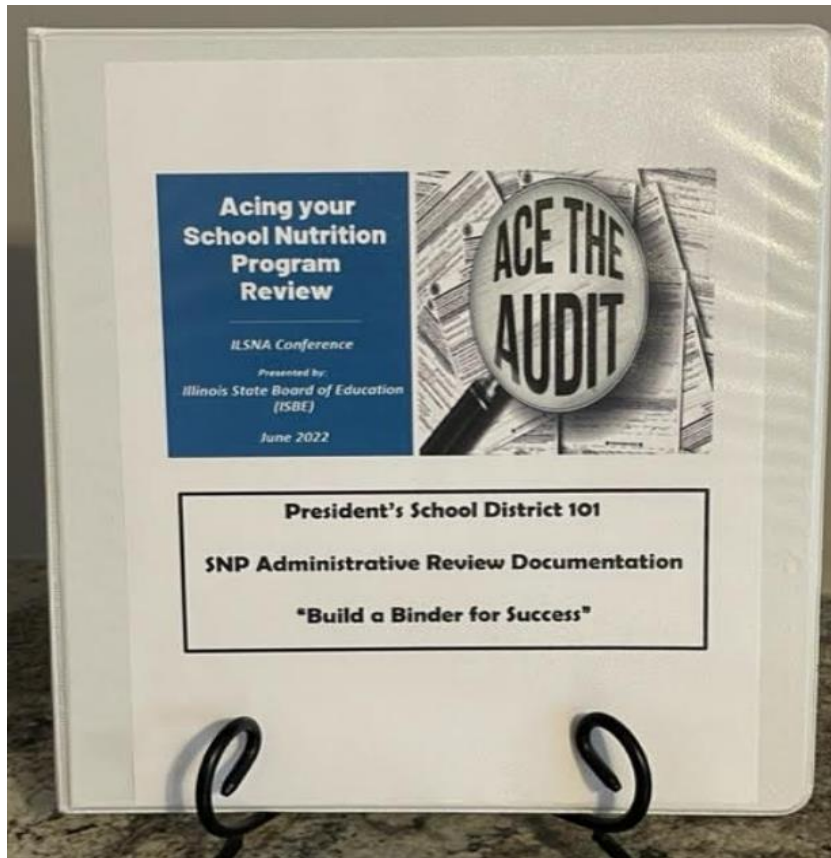
TO BE COMPLETED BY FOOD SERVICE STAFF

Date received: _____
 Date implemented: _____



Build a Binder for Success

- BINDER COMPLETE
– READY FOR SUCCESS





Questions

