MAINE Department of Education

CHILD NUTRITION PROGRAMS

 **SCHOOL NUTRITION PROGRAM**

FRESH FRUIT AND VEGETABLE PROGRAM SITE MONITORING REVIEW

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| **AGENCY/DISTRICT NAME:** | **DATE OF REVIEW:** |
| **SITE/SCHOOL NAME:** |
| What time are the items prepared? | What time are the items served? |
| Today’s FFVP Menu: |
|  | **YES** | **NO** |
| 1. Is the FFVP offered during the school day? |  |  |
| 2. Is the FFVP offered outside of breakfast and lunch serving times? |  |  |
| 3. How many times a week is the FFVP offered at this site? |  |  |
| 4. Is the FFVP widely publicized at this site?  Describe all methods:  |  |  |
| 5. How many classrooms were observed as part of this review? |  |  |
| 6. Describe how the FFVP items are being served to students on the day of this review. |  |  |
| 7. Did the teacher participate in the tasting of the item(s)? |  |  |
| 8. Did nutrition education take place on the day of the review? If so, what type?  |  |  |
| 9. Are proper sanitation practices being used in the classroom?  Describe: |  |  |
| 10. How are leftovers handled? |  |  |
| 11. Have teachers been trained on program requirements?  If so, when and by what method?  |  |  |
| 12. Is corrective action required? |  |  |
| 13. If you answered YES to question #12, what is the corrective action? When will it be corrected and by whom? Explain: |  |  |

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| --- | --- |
| **Monitor’s Name** | **Date of Review** |
| **Monitor’s Signature** | **Monitor’s Title** |