

FFVP Self-Monitoring Form

Use this form to review the performance of each site that participates in the Fresh Fruit and Vegetable Program (FFVP). Completion of this form will help you run a successful program and clearly identify program compliance. Best practices are to complete one form for each site operating the program a minimum of once per school year. This form does **NOT** need to be submitted to ADE. This useful tool is an easy guide to help keep your team right on track. It's also a clear approach to show overall FFVP compliance during an administrative review. If you have questions regarding compliance with FFVP or other general FFVP questions, please submit a HelpDesk ticket at: <https://helpdeskexternal.azed.gov/>.

LEA and Site Information

LEA Name: _____ Date of Review: _____

Site Name: _____ Reviewer Name: _____

FFVP Service

- | | | | |
|--|-----|----|-----|
| 1. Is the FFVP available to all enrolled children at no cost? ----- | YES | NO | |
| 2. Is the FFVP offered during the school day, but outside the meal service times of the NSLP and/or SBP? ----- | YES | NO | |
| 3. Is the FFVP widely publicized within the school? ----- | YES | NO | |
| 4. Is the FFVP being served at least two times per week?----- | YES | NO | |
| 5. Were all items offered during the FFVP service allowable?----- | YES | NO | |
| 6. Did the site choose to offer dip with the day's offering? ----- | YES | NO | |
| o If YES, | | | |
| i. Was it fat-free or low-fat, no greater than 2 tablespoons, and provided for vegetables only? ----- | YES | NO | N/A |
| 7. Was a cooked vegetable offered during the observed service?----- | YES | NO | |
| o If YES, | | | |
| i. Was it included as part of a nutrition education lesson? ----- | YES | NO | N/A |
| ii. Was this the only offering of a cooked vegetable this week? ----- | YES | NO | N/A |
| 8. Are teachers who are in the classroom with the students during the FFVP meal service the only adults provided with fresh fruits and vegetables? ----- | YES | NO | |
| 9. Did the FFVP service follow HACCP principles and applicable sanitation and health standards, including the handling of any leftovers? ----- | YES | NO | |



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FFVP Nutrition Education

- | | | |
|--|-----|----|
| 1. Is nutrition education being provided at least one time per week? ---- | YES | NO |
| 2. Did the observed nutrition education lesson include an interactive component? ----- | YES | NO |
| 3. Was the information taught in the observed nutrition education lesson from a credible source? ----- | YES | NO |
| 4. Did the observed nutrition education lesson meet at least one learning objective? ----- | YES | NO |

Training

- | | | |
|---|-----|----|
| 1. Did at least one representative from the LEA complete the mandatory yearly FFVP training? ----- | YES | NO |
| 2. Were all site staff involved in the operation of FFVP trained on their duties/responsibilities (i.e. kitchen staff, teachers, etc.)? ----- | YES | NO |

Budgeting and Documentation

- | | | |
|---|-----|----|
| 1. Is the site on track to spend no more than 10% of its total grant funds on administrative costs? ----- | YES | NO |
| 2. Is all documentation needed to support the site's FFVP reimbursement requests kept on file? ----- | YES | NO |
| 3. Review the reimbursement request documentation on file for the current program year. Are all costs allowable FFVP costs? ----- | YES | NO |
| 4. Is there a policy in place to provide FFVP meal service accommodations for students with disabilities? ----- | YES | NO |

Comments:



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Observations/Findings, Technical Assistance, and Corrective Action

Use this section of the form to explain any "NO" answers to the questions above. In addition, outline the technical assistance and corrective action required to bring the program into compliance with program regulations.

Comments:

Specify date Corrective Action(s) will be implemented: _____

By whom: _____

Signature: _____
SFA Monitor Title Date

Follow-up Visit

A follow-up visit is to be conducted within 45 days of the first visit if corrective action was required.

Date(s) of follow-up: _____

Observations of corrective action implementation: _____

Comments: _____

Signature: _____
SFA Monitor Title Date

