

School: _____ Reviewer: _____
 Date: _____ Manager: _____

Zachary Community Schools Child Nutrition Program CNP Manager Evaluation

S=Satisfactory / NI = Needs Improvement / U = Unsatisfactory

I. Accountability: S=Satisfactory / NI=Needs Improvement / U=Unsatisfactory	S	NI	U
A. Perpetual Inventory Accurate in WinFSIM			
1. Matches Physical Inventory daily at random check			
a. Commodity Labeled in Red with full date mm/dd/yy			
b. Purchased Inventory Labeled in Black with full date mm/dd/yy			
B. Beginning and End of the Month Inventory complete in WinFSIM and matches physical Inventory			
C. Production Schedules completed at a minimum one day ahead			
1. Shows clear delegation of duties			
2. Fulfills menu items / meal pattern requirements for reimbursable meal			
3. Reviewed with staff the prior day for clear duties and goals			
D. SFS-6's Production Records			
1. Maintained daily and matches menu provided by Supervisor			
2. Filled out completely including school name, manager, date, meal			
a. Column 1 Meals Planned accurate			
b. Column 2 Meals Served accurate			
c. Column 3 Plate / Tray Count accurate			
d. Column 4 Spoiled / Stolen Foods Itemized and includes appropriate documentation in WinFSIM. Stolen Foods require police report.			
e. Column 5, Number of Servings Planned matches Column 1			
f. Column 6, menu items / ingredients defined under appropriate component			
1. reflects a reimbursable meal served			
2. milk shows milk fat variety (1% and skim)			
3. CN # listed for all processed items LABELS kept in file and reflect items received for use that day			
g. Column 7, Size of Serving			
1. matches Food Buying Guide serving requirement			
2. serving size meets requirements for reimbursable meal			
h. Column 9, USDA, All commodity items checked			
i. Column 10, Extra Items Sold accurate and listed			
j. Column 11, Leftovers listed accurately and planned for use in WinFSIM. Discarded when appropriate.			
k. Column 12, Notes include how leftover items will be stored, following HACCP principals for future use &/or how & why disposed reflecting proper disposal techniques			

COMMENTS:

D: SFS-6's: Production Records Continued	S	NI	U
<ul style="list-style-type: none"> 3. Menu changes are reflected and authorized/filed 4. Meal Cost Totaled Daily for Breakfast and Lunch <ul style="list-style-type: none"> a. Reflects efforts to maintain goal for controlling meal cost Bkfst Goal: _____ Lunch Goal: _____ 5. Sample plate documented and stored / labeled in cooler for 48* <ul style="list-style-type: none"> a. Breakfast b. Lunch 			
<ul style="list-style-type: none"> E. Supervisor Conducted State Monitoring Reviews meet requirements in all areas <ul style="list-style-type: none"> 1. Meal Charges and Extra Sales Charges Posted 2. Civil Rights Posters Placed in area accessible to students / staff/parents 3 			
<ul style="list-style-type: none"> F. HACCP <ul style="list-style-type: none"> 1. HACCP and/or safety meeting held monthly 2. All HACCP topics covered over the school year with staff, documented with agenda and signatures of attendance on file 3. Temperature monitoring complete and accurate <ul style="list-style-type: none"> a. Coolers b. Freezers c. Milk coolers d. Dishmachine 3. Storeroom 4. Chemical Monitoring <ul style="list-style-type: none"> a. Dishmachine b. 3 compartment sink c. Proper handwashing demonstrated throughout facility 4. Temp Logs Include full signature, title and date according to regulations 5. All freezer and refrigerator temperatures recorded daily and accurately with orrective action completed and documented / work orders sent timely and documented. 6. Satellite forms completed accurately and on time, kept on file for review with corrective action documented 7. Health Inspections with No Critical Findings / Other findings listed below are followed by documented staff inservice and corrective action in place <hr/> <hr/> <ul style="list-style-type: none"> 8. Food Stored & Thawed Properly <ul style="list-style-type: none"> a. Eggs / raw foods placed below cooked / ready to eat foods b. Cross-Contamination compliance / prevention c. Food held properly / cooked temps documented wnl and corrective action documented where needed d. Food temperatures taken on line and coumented wnl 			
<ul style="list-style-type: none"> G. Deposits made daily and are accurate compared to Newton reports <ul style="list-style-type: none"> 1. No variances allowed to go unresolved / Supervisor notified immediately of variances 			

Comments:

H. Monthly Records and Ordering Cont'd	S	NI	U
11. Catering withdrawals submitted monthly <ul style="list-style-type: none"> a. Include food and supplies used b. Do not include commodities unless a school day function c. Includes Purchase Order when applicable d. Includes name of event, person requesting / in charge of event and department to charge e. Labor is approved ahead of event and charged directly to the department hosting the event / coded with 12. HACCP / Safety Inservice Submitted 13. Accuclaim Edit Check submitted monthly with appropriate documentation when edit check flag listed 14. Lunch Recap / Reconciliation 14. Bank Deposit / Reconciliation 15. Meal Summary 16. Meal Charge Report final page with totals owed 17. Over and Short Report - Shows no Variance			
I. Orders <ul style="list-style-type: none"> 1. Milk Orders include 8 oz Skim Unflavored and 8 oz 1/2-1% Flavored to reflect required milk fat variety 2. Commodity orders sent in timely and complete 3. Purchased items are 100% bid items. Special items must be pre-approved with copy of 3 quotes documented and on file. 			
J. End of Year Procedures Followed <ul style="list-style-type: none"> 1. End of Year checklist items complete upon Supervisor Review 2. Evaluations completed appropriately along with meeting and signature of manager and staff member. 3. End of the Year (May) end of the month inventory is accurate and reflects transfer of food items to storage school over the summer. 4. Small equipment inventory complete and accurate 5. Wish list of items requested in writing 6. Work Orders placed, documented and filed for all summer repairs. 7. Total Inventory less than \$2000.00 			
K. Orientation of New Employees <ul style="list-style-type: none"> 1. Employees are oriented to staff policies, job descriptions the evaluation / monitoring process 2. Time sheets and expectations for attendance are reviewed 			

COMMENTS:

L. Meal Quality / Line Presentation	S	NI	U
1. Breakfast 2. Lunch a. Food available in consistent serving sizes throughout meal and comply with reimbursable meal b. Line is monitored by prep cook and approved substitutions planned for replenishing as needed. c. Substitutions are items that students prefer / no unpopular items planned for substitutions. d. Items on line are prepared in a manner to maintain product quality and to be pleasing to the eye e. Alternate/convenience menus include fresh fruits / vegetables & meet requirements for reimbursable meals.			
M. Food Service Staff 1. Follows policy for Professional Appearance and uniform 2. Nails clean, short, unpolished 3. Hair covered, clean, neat 4. No jewelry except wedding band and watch 5. Reports/leaves on time and is accurately documented on signed time sheets 6. Attendance - forms appropriate and maintained on file 7. Substitute and Orange Time Card information filled out accurately and submitted on time 8. Constructive counseling provided for excessive absences 9. Employees eat in designated areas 10. Employees drink only out of drink that has lid and straw while in kitchen area.			
N. Special Diets are kept on file and reflect information required by regulations. 1. Staff is well trained and is able to identify students that require special dietary needs 2. Staff is able to identify products that contain allergens and are able to tactfully replace such items for appropriate students.			
O. Meal Charge Policy 1. The meal charge policy is followed by Manager and staff / professionalism and tact is used when dealing with parents, teachers, and students 2. Supervisor and principal is made aware of any meal charge issues / large outstanding balances			

COMMENTS:

CNP Manager: _____ Date: _____

CNP Supervisor _____ Date: _____

Principal _____ Date: _____