

Breakfast In the Classroom Monitoring Form

Date: _____

School Name: _____

Timing and Service	Yes	No	N/A
Food is ready on time			
All menu items are delivered on time			
Left-over food is returned in a timely manner			
Food	Yes	No	N/A
Has the planned menu been followed?			
Is food delivered at the proper temperature?			
Have special diets/allergies been properly handled?			
All left-over food is returned to the kitchen?			
Left-over food is handled properly and kept at proper temperature?			
Equipment	Yes	No	N/A
Food delivery bags/crates are clean and in good condition?			
Food delivery bags/crates are stored in a clean area?			
Meal Service	Yes	No	N/A
Each classroom has a trashcan?			
Meals are counted at the point of service by the classroom teacher in all classrooms?			
All meals claimed for reimbursement contain the proper number of items?			
Meal counts are turned into food service staff daily?			

Is Corrective Action Necessary? (Please list room number and action needed)				
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Signature of Reviewer: _____ Date: _____