Indiana Department of Education
SUPPORTING STUDENT SUCCESS

School & Community Nutrition Programs

Checklist of Materials for NSMP SMI Nutrient Analysis

IMPORTANT: Call your Field Consultant regarding any questions
Include this checklist with your SMI materials

School/Corporation Name:_____ **Agreement #:**_____
Contact Person:_____**Date of Visit:**_____
Address:_____**Phone:**_____

✓ **Menus** (Include a copy of your menu with the SMI materials)
- ❑ Select a 5-day week of menus previously served
- ❑ Include all choices on the menu and any changes or substitutions made

✓ **NSMP Nutrient Standard Menu Planning**
- ❑ Nutrient Analysis Spreadsheets
- ❑ Weighted or Simple Averaging_____
- ❑ Software Used _____
- ❑ Age/Grade Grouping Used_____

✓ **Daily Production Records** (If menus are centrally analyzed, please provide production records for those schools with the same age/grade groups that also use the same central menu)

Please include the following information on each production record:
- ❑ Site name, meal date, and menu type (breakfast/lunch)
- ❑ All planned menu items, including milk, desserts, and condiments
- ❑ Form (i.e., canned, frozen, raw, cooked, etc.), pack size (size of can, amount used, etc.), and pack medium (light syrup, heavy syrup, own juices, etc.)
- ❑ Serving sizes for each age/grade group, including condiments
- ❑ Indicate whether Offer vs. Serve
- ❑ Planned/Projected number of servings
- ❑ Total number of servings prepared
- ❑ Leftovers
- ❑ Total amount of food prepared
- ❑ Actual number of student reimbursable meals and adult meals served
- ❑ Note if a recipe was used
- ❑ Projected amount and types of milk taken (please indicate below)

Skim White _____%	1% Chocolate _____%	Other (please specify)
Skim Chocolate _____%	2% White _____%	_____%
1% White _____%	2% Chocolate _____%	_____%

✓ **Recipes** (recipes should be included for any menu item that contains more than one ingredient)
- ❑ All ingredients
- ❑ Weight and/or volume of each ingredient
- ❑ Serving size(s)
- ❑ Number of servings made by recipe
- ❑ If using a USDA recipe, include recipe name, number, and use of alternate or optional ingredients

✓ **Nutrition Facts Labels/Nutrition Fact Sheets and Child Nutrition (CN) Labels for processed food items**
- ❑ Include a Nutrition Facts Label (from product packaging) or Nutrition Fact Sheet (from manufacturer)
- ❑ Include copies of CN Labels or the CN crediting information listed on the Nutrition Fact Sheet from the manufacturer

✓ **Other Documents for Field Consultant Review**
- ❑ Wellness Policy (copy for field consultant)
- ❑ HACCP Plan (Food Safety)
- ❑ Civil Rights Training Documentation (printed copy of quiz score and staff training attendance)

_____ _____
SNP Specialist **Date** **School Official** **Date**

151 West Ohio Street, Indianapolis, IN 46204-2798