

Florida Department of Agriculture and Consumer Services
Division of Food, Nutrition and Wellness

VI. National School Lunch Program
On-Site School Review

DOACS requires this review be completed annually by February 1st.

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Sponsor Name: Miami-Dade County Public Schools

Site Name:

OJUS ELEMENTARY

Location Number 4061

Sponsor Number: 01-0013

Date of Review:

1/10/2023

I. Master Roster

1. Is a master roster used in the meal count system? Yes No N/A
2. Do names listed on the master roster match approved applications on file and on the direct certification list? Yes No N/A
3. If more than one roster is used (e.g. master roster / ticket issuance roster / food service line roster), are all rosters the same format? Yes No N/A
4. Are all rosters updated as required reflecting current eligibility status? Yes No N/A

II. Meal Count System (as determined by observation of the meal service)

1. Does the meal count system produce an accurate count of reimbursable meals by category (i.e. free, reduced price, paid) served to eligible children? Yes No N/A
2. Are the approved meal count procedures implemented? Yes No
3. Does the meal count system prevent overt identification? Yes No N/A
4. Does the school have a trained substitute cashier? Yes No N/A
5. Does the school have a backup counting system in case of mechanical failure of an automated system? Yes No N/A

III. Meal Counting, Recording, and Edit Checks

1. For any day during the review month, does the number of meals claimed by category (i.e. free, reduced price, and paid) exceed the number of approved free, reduced price, and paid eligibles? Yes No N/A
2. If Yes, is there an acceptable reason why the number exceeded? Yes No N/A
3. Was documentation maintained? Yes No N/A

IV. Reimbursable Meals and Production Records

1. Does the school follow the menu plan as approved and published? Yes No
2. Does the menu as planned meet all of the meal requirements for a reimbursable meal? Yes No
3. Do infant and pre-k meals meet the updated infant and pre-k meal pattern requirements? Yes No N/A
4. Are production records accurate? Yes No
5. Do production records document sufficient amounts of prepared food to meet the requirements for reimbursable meals for the number of meals claimed? Yes No
6. Does the site display the current "Justice for All" poster? Yes No

V. Results of Review

1. Is a corrective action plan required? Yes No
2. Is a follow-up review required? Yes No

VI. USDA Commodities

1. Does the Sponsor participate in USDA Foods? If YES, please complete the Annual Storage Facility Review.

Yes No

Comments, notes and observations during this review.

Meal procedures observed were organized and in compliance.

Required Corrective Action (followup within 45 calendar days)

Satisfactory

Off-Site Visitation Required

On-Site Visitation Required

Required By Date

Principal or Designee

MARTA MEJIA

Select...

Food Service Manager/Satellite Assistant

TASHARA JONES



Select...



Food Service Administrator

Audra Wright

* Keep with your program documents. Do not send to the State Agency.

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Washington, D.C. 20250-9410
Fax: (202) 690-7442; or
Email: program.intake@usda.gov

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Florida Department of Agriculture and Consumer Services Division of Food, Nutrition and Wellness Bureau of Food Distribution

VIII. Annual Storage Facility Review

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Recipient Agency: Miami-Dade County Public Schools

Site Name:

OJUS ELEMENTARY

Location Number

4061

Date of Review:

1/10/2023

Instructions

The U.S. Department of Agriculture (USDA) regulations, Title 7, Code of Federal Regulations, Part 250, requires that all Recipient Agencies participating in the USDA Foods Program conduct an annual review of their respective storage facilities. Please complete one form for each school where USDA Foods are stored, used, or consumed by February 1. For any item checked "NO," a corrective action(s) response must be retained with this form in your records.

I. STORAGE AREAS

- 1. Is storage space adequate for the volume of food for each area? Yes No N/A
 - 2. Is food stored on shelving and/or pallets to allow for adequate ventilation in all areas? Yes No N/A
 - 3. Are all areas in good condition? Yes No N/A
 - 4. Are all storage areas clean and orderly? Yes No N/A
 - 5. Are all storage areas sanitary and free from rodent, bird, insect, and other animal infestation? Yes No N/A
 - 6. Is food stored away from pesticides, cleaning solvents, or other non-food contaminants in all areas? Yes No N/A
 - 7. Are all storage areas safeguarded against theft, spoilage, and other loss? Yes No N/A
- Do all storage areas have an internal thermometer? Yes No N/A
- Are temperature logs maintained and available to show that all storage area temperatures are checked by using an internal thermometer and recorded? Yes No N/A

If yes, how often are temperatures recorded?

twice daily

Complete the following:

Area:	Condition:	Cleanliness:	Temperature:	
Freezer	good	good	yes	0 or below
Refrigerator	good	good	yes	35-41
Dry	good	good	yes	80 or below

- 8. If using a commercial facility for storage of USDA foods, has the commercial facility been inspected periodically to ensure wholesomeness of product? Yes No N/A

If yes, please list the date of inspection:

6/24/2022

II. PRODUCT UTILIZATION

- 1. Is food stored in a manner that facilitates accuracy and ease for First-In-First-Out (FIFO)? Yes No N/A
- Are all products marked with pack dates, received dates, or "Best If Used By" (BIUB)/Expiration dates, including individual units removed from the original shipping containers? Yes No N/A
- Do all products have pack dates (or received dates when pack dates are unavailable) that are no older than two years (or, in the case of BIUB or Expiration dates, do not exceed the date listed)? Yes No N/A

If no, please complete the table below:

PRODUCT NAME:	PRODUCT PACK SIZE:	QUANTITY:	PACK/RECEIVE DATE:
			<input type="text"/>
			<input type="text"/>

2. Is this site maintaining a physical inventory system? Yes No N/A
3. Is the physical inventory conducted at least once annually? Yes No N/A
4. Do all food products appear to be utilized in a timely manner so as to limit the excess supply in storage? Yes No N/A
5. Have there been any food losses in the past 12 months from theft or fraud? Yes No N/A
- If Yes, were losses reported to Bureau of Food Distribution and documented? Yes No N/A
6. Does the manager know the proper procedure to follow when losses occur? Yes No N/A
7. Does the manager know the proper procedure to dispose of damaged USDA food? Yes No N/A

III. CERTIFICATION

I hereby certify that all of the information in this form is correct and is true to the best of my knowledge.

Comments, notes and observations during this review.

On the day of the review the site was in compliance. The site has suitable storage space for the items in inventory.

Required Corrective Action (follow-up within 45 days)

Satisfactory

Off-Site Visitation Required

On-Site Visitation Required

Required By Date

Principal or Designee
MARTA MEJIA
Select...

Food Service Manager/Satellite Assistant
TASHARA JONES
Select...

Food Service Administrator
Audra Wright

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