

AFTERSCHOOL SNACK PROGRAM SELF-MONITORING REVIEW

One review per building MUST be completed TWO TIMES per school year. The first review must be completed within the first four weeks of the school year. The second review must be completed in the second half of the school year.

School Name	Agreement #
Sponsor Employee & Title	Date:

	Yes	No	N/A	Comments
Area Eligible Meal Count System				
1. Is the site area eligible?				
2. Are children receiving snacks at no charge?				
3. Are snacks served to children being counted and claimed as free?				
4. Are snacks served to children being counted at the Point of Service?				
Non-Area Eligible Meal Count System				
5. Is the site non-area eligible?				
6. Does the meal count system produce an accurate count of reimbursable snacks by category (free, reduced, and paid) served to eligible children at the Point of Service?				
7. Are snacks that meet meal pattern requirements counted and claimed for reimbursement?				
8. Does the meal count system prevent overt identification?				
General Operation				
9. Time(s) of operations for the snack program				
10. Is the program operated after the end of the normal school day?				
11. Does the program provide care for children?				
12. Is there an educational and/or enrichment element in the program?				
13. Are care and activities supervised?				
Meal Patterns/Food Production				
14. Does the menu for the review month meet snack meal pattern requirements?				
15. Does the menu on the day of review meet snack meal pattern requirements?				
16. Are production records completed daily for the Afterschool Snack Program?				
17. Do production records document that enough food is prepared to meet the requirements for reimbursable snacks for the number of snacks claimed?				
18. Is a copy of the food safety plan available on site?				
Civil Right Compliance				
19. Is the correct "And Justice for All" poster displayed in an area where the afterschool snack meal is held?				

School Nutrition Program Corrective Action Plan - Afterschool Snack

Corrective Action Plan (for all "no" answers):

Corrective Action Plan Due Date:

Sponsor Reviewer Signature, Title, Date:

School Site Representative Signature, Title, Date:

SNP Follow-Up Visit (must be conducted within 45 days if corrective action was required)

Observations of corrective action implementation:

Sponsor Reviewer Signature, Title, Date:

School Site Representative Signature, Title, Date: