

**AFTER SCHOOL CARE SNACK PROGRAM  
SITE REVIEW**

Exhibit I

NOTE: To be completed twice per year. Once during the first four weeks of operation, and one other time during the school year.

**Sponsor:** \_\_\_\_\_

**Site Contact:** \_\_\_\_\_  
*Name and Title*

**Site Address:** \_\_\_\_\_  
\_\_\_\_\_

**Date of Review:** \_\_\_\_\_ **Today's attendance:** \_\_\_\_\_

**Average Daily Participation:** \_\_\_\_\_

**Total # of snacks served** \_\_\_\_\_

**Yes No N/A Explain any "NO" answers below**

- |       |       |       |   |
|-------|-------|-------|---|
| _____ | _____ | _____ | 1. For sites with greater than 50% NSLP free/reduced applications is there a head count of children receiving snacks? |
| _____ | _____ | _____ | 2. For sites with fewer than 50% NSLP free/reduced applications is there an accurate point of service?                |
| _____ | _____ | _____ | 3. Do the snacks meet the meal pattern requirements?  |
| _____ | _____ | _____ | 4. Are no more than two desserts offered per week?  |
| _____ | _____ | _____ | 5. Are food production records maintained?  |
| _____ | _____ | _____ | 6. Do the portion sizes meet the meal pattern requirements?   |
| _____ | _____ | _____ | 7. Are only snacks that contain the required number of components recorded for reimbursement?                         |
| _____ | _____ | _____ | 8. Is no more than one snack per child/day counted and claimed?   |
| _____ | _____ | _____ | 9. Are sanitary procedures used in handling food?   |
| _____ | _____ | _____ | 10. Has staff training on proper food handling procedures been provided?  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CORRECTIVE ACTION PLAN (for above "NO" answers):

SPECIFY DATE CORRECTIVE ACTION(S) WILL BE IMPLEMENTED: \_\_\_\_\_

BY WHOM: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(School Representative/Title) (Date)

\_\_\_\_\_  
(SFA Reviewer/Title) (Date)

FOLLOW-UP VISIT (must be conducted within 45 days if corrective action was required):  
Observations of corrective action implementation:

SIGNATURE: \_\_\_\_\_  
(School Representative/Title) (Date)

\_\_\_\_\_  
(SFA Reviewer/Title) (Date)