

# 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
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- |       |       |       |   |
|-------|-------|-------|---|
| _____ | _____ | _____ | 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?  |

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