



## Afterschool Care Snack Program Site Review Form

This form is to be completed twice per year. Once during the first four weeks of operation, and one other time during the school year.

**School Food Authority Name:** \_\_\_\_\_

**Site Contact Name & Job Title:** \_\_\_\_\_

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

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

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

**Total Number of Snacks Served on Review Day:** \_\_\_\_\_

**Yes | No | N/A**     **Answer questions 1 - 10 below.**

- \_\_\_\_\_ 1. For sites with greater than 50% NSLP free and reduced applications, is there a head count of children receiving snacks?
- \_\_\_\_\_ 2. For sites with fewer than 50% NSLP free and reduced applications, is there an accurate point of service?
- \_\_\_\_\_ 3. Are a minimum of two components offered?
- \_\_\_\_\_ 4. Are no more than two desserts offered per week?
- \_\_\_\_\_ 5. Are 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, per day counted and claimed?
- \_\_\_\_\_ 9. Are sanitary procedures used in handling food?
- \_\_\_\_\_ 10. Has training on proper food handling procedures been provided to staff?

**Explain all "No" answers.**

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**Explain the corrective action plan for all "No" answers.**

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**What date will corrective action be implemented by and who is responsible for the implementation?**

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**Follow-up visits must be conducted within 45 days of the initial visit if correction action was required. What were the observations after the correction action was implemented?**

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*School Representative & Title*

*Date*

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*SFA Reviewer & Title*

*Date*