



## At-Risk Afterschool Meals Review Form for Snack

NOTE: This site review form is for school food authority (SFA) use ONLY. SFAs are required to conduct no less than two on-site snack meal service reviews of the At-Risk Afterschool Meals during the school year, one of which must be conducted within the first four weeks of operation.

<b>School Food Authority Name:</b> _____
<b>Site Contact Name &amp; Job Title:</b> _____
<b>Site Name &amp; Address:</b> _____
<b>At-Risk Afterschool Program/Activity:</b> _____
<b>If Applicable License Expiration Date:</b> _____ <b>License Capacity:</b> _____
<b>Date of Review:</b> _____ <b>Today's Attendance:</b> _____
<b>Average Daily Snack Participation:</b> _____
<b>Total Number of Snacks Served on Review Day:</b> _____

<b>Yes   No   N/A</b>	<b>Answer the following questions during the on-site review.</b>
_____	1. Is there a head count of children receiving snacks?
_____	2. Do the snacks meet meal pattern requirements?
_____	3. If the NSLP snack meal pattern is being followed, are no more than two desserts offered per week?
_____	4. If the CACFP snack meal pattern is being followed, are zero 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 corrective action was required. What were the observations after the corrective action was implemented?**

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\_\_\_\_\_  
*School Representative & Title*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*SFA Reviewer & Title*

\_\_\_\_\_  
*Date*