

NSLP/AFTER SCHOOL SNACK PROGRAM SPONSOR MONITOR REVIEW FORM

Each Afterschool Snack Program must be reviewed by the Sponsor two times a year. The first review must be conducted during the first four weeks of each school year. The second should be completed before the end of the year.

Sponsor	LA #
School/Site	Date of Review

Program Requirements:	Y	N	N/A	Comments
1. Accountability				
• Are snack counts recorded at the time they are served?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are daily attendance rosters maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is only one snack per child per day recorded/claimed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are all snacks claimed served to eligible students only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Reimbursement is NOT claimed for snacks served on holidays or weekends? <i>Exception: RCCI's may claim snacks served on holidays or weekends with an educational activity.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>If the program is eligible for At-Risk reimbursement:</i>				
• What system is used to account for meals?				
<i>If the program is not eligible for At-Risk reimbursement:</i>				
• Are appropriate free and reduced-price applications on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are meals claimed based on individual student eligibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are students claimed in the correct eligibility category?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Is the "And Justice for All" poster prominently displayed and visible for all program participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Does the system prevent the overt identification of students' eligibility status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Total # of children in attendance on the day of the review:		Total # of snacks observed being served on the day of the review:		
Total # of snacks claimed for reimbursement on the day of the review:		Total # of Free snacks claimed on the day of the review:		
Total # of snacks served to adults on the day of the review:		Total # of Reduced snacks claimed on the day of the review:		
		Total # of Paid snacks claimed on the day of the review:		
2. Menus, Production Records:				
Menu Served on Day of Review (<i>List the two food items from two different food components served</i>)			Portion Size for each item served:	
	Y	N	N/A	Comments
• Does today's menu meet meal component requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are production records completed each day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Are production records being maintained for a 3-year period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do daily records reflect menus meeting component and serving size requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Safety and Sanitation:				
• Are snacks being held, served, and stored with proper food safety practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Do personnel observe good hygiene and sanitation practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Educational/Enrichment Component:				
• Is there an educational/enrichment component during after-school care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Describe the Educational/Enrichment component:				
A "NO" response to any previous statements indicates an area requiring Corrective Action: (<i>Identify the problem and the corrective action to be taken. Attach a blank sheet of paper for the plan.</i>)				
Signature of After School Snack Staff at Site			Title	
Signature of Person Conducting On-site Monitoring			Title	