On-Site Review Summary for After School Care Snack Program

Each site operating an After School Snack Program must be reviewed by the school district or residential child care facility (RCCI) two times per year under 7CFR 210.9(c)(7). The first review must be completed by the school district or RCCI during the first four weeks the snack program is in operation. The second review can be any time during the remainder of the school year. If the school district or RCCI has more than one after school care snack program each site must be reviewed twice. The completed reviews should be kept on file at the school district or RCCI with other records pertaining to the After School Care Snack Program.

School District____________________________________________ Review Date: _________________

Feeding Site: __________________________________________________________________________

Check type of review completed:

_____ Conducted within the first four weeks of snack operation.
   Date site started serving snack for this school year: ____________________

_____ Second review of the school year.

1. Describe the educational and/or enrichment element of this site’s after school snack program:
______________________________________________________________________________
________________________________________________________________________________

2. What method best describes the counting method used for the after school snacks?
   Check one:
   _____ 1. Roster/Check off
   _____ 2. Ticket/Tally
   _____ 3. Electronic Device
   _____ 4. Other (describe): ____________________________________________________

3. What method is used for taking attendance?
   Check one:
   _____ 1. Roster/Check off
   _____ 2. Ticket/Tally
   _____ 3. Electronic Devices
   _____ 4. Other (describe): ____________________________________________________

3. Are production records maintained daily?
   _____ Yes           _____ No

4. Do production records indicate snacks meet meal pattern requirements for both components and quantities?
   _____ Yes           _____ No

   If no, identify problems and document corrective action:
_________________________________________________________________________________

___________________________________               ________________________________
Signature of Person Conducting Review                      Date Review Completed