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| EED_logo_blk | National School Lunch Program **On Site Review**  **After School Snack Program** | *Finance & Support Services**Child Nutrition Program* *801 West 10th Street, Suite 200*  *P.O. Box 110500*  *Juneau, Alaska 99811-0500*  *(907) 465-8709*  *Fax (907) 465-8910* |

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| **School Districts or RCCI’s**must review the after school snack program ***two times*** per school year at each site.  The ***first review*** is to be conducted during the ***first four weeks*** of the snack program’s operation. The second review sometime during the remainder of the school year (7CFR.210.9 (7)).When both reviews are complete, record the information on the **Afterschool Snack Summary form** and submit it to the State Agency by the last day of the school year or ***June 1st***. Use this form for documenting both the first and second review and maintain on file for audit/review purposes.  ***Please keep this form on file for your records.*** *Do Not Submit* | | | | | | | | |
| Name of School/ Serving Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Address of School/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Title of Person Reviewing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Dates of Operation for Snack Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Indicate if site is  Pricing (free, reduced, paid) ***or***  Non-pricing (all free)  Indicate if site is  Not area eligible (less than 50% F & R) ***or***   Area Eligible (Greater than 50% F & R)  **Date of 1st Review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of 2nd Review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | |
|  | | First Review | | | Second Review | | | |
|  | | Yes | No | N/A | Yes | No | | N/A |
| * Is the program operating after school hours? | |  |  |  |  |  | |  |
| * Is an educational or enrichment activity included? | |  |  |  |  |  | |  |
| * Are attendance records being maintained? | |  |  |  |  |  | |  |
| * Do they support the claim? | |  |  |  |  |  | |  |
| * Are snack counts taken at the point of service? | |  |  |  |  |  | |  |
| * If the site is not “area eligible”, does the system to record snacks provide an accurate count of snacks served by eligibility category? | |  |  |  |  |  | |  |
| * Is documentation of snack menus maintained? | |  |  |  |  |  | |  |
| * Do menus for all snacks offered, meet or exceed the minimum meal pattern requirements? | |  |  |  |  |  | |  |
| * Are only those snacks served that meet or exceed the meal pattern requirements counted for reimbursement? | |  |  |  |  |  | |  |
| * Do production records/delivery receipts support the number of snacks claimed? | |  |  |  |  |  | |  |
|  | | First Review | | | Second Review | | | |
| Yes | No | N/A | Yes | No | N/A | |
| * Is there overt identification of a student’s eligibility category at any item during the snack process? *(e.g. Serving, recording of counts, payment collection procedures or ticket distribution in a non area eligible site, especially if a pricing program)* | |  |  |  |  |  | |  |
| * Is the “And Justice for All” poster posted in the eating area? * Does the site collect data by racial/ethnic group? * Is there any separation by race, color, age, sex national origin or disability?  1. In the eating area? 2. In the serving lines? 3. In the seating arrangements? 4. In the assignment of eating period?  * Is staff aware of the district/RCCI non-discrimination policy? * Is the non-discrimination statement on all informational materials, for example the menu?   Sponsors are required to report any civil rights complaints to USDA and to CNS and the resolutions that may have occurred.   * + Were there any complaints?   If yes please fill out the Civil Rights Complaint Record and send to CNS. | |  |  |  |  |  | |  |
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| **1ST Review**  Compliance Determination  Yes  No  Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **2ND Review**  Compliance Determination  Yes  No  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |

Print Name of Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

Print Name of Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_