

**SAMPLE PROTOTYPE
AFTER SCHOOL SNACKS
SITE REVIEW FORM**

_____ First Review (within first 4 weeks of school year or snack implementation)

_____ Second Review

Name of school building _____

What time does school end? _____

What are snack serving times? _____

1) Are the snacks claimed only in approved after-school programs/initiatives? Yes ___ No ___
Specify the after school programs/initiatives _____

2) If site has less than 50% free/reduced price eligibles, does the after-school program have the appropriate applications and rosters on file so all snacks are correctly claimed categorically? Yes ___ No ___

3) Is there an accurate point of service accountability for counting snacks when:
Over 50% are free eligible? Yes ___ No ___
Less than 50% are free eligible: Yes ___ No ___

4) What is the school's count of snacks on the day of visit? _____
What is the reviewer's count on the day of visit? _____
If there are significant differences in the counts, why is this occurring? _____

5) Does the site have an appropriate and accurate system to document daily attendance? Yes ___ No ___

6) Does the snack menu meet the snack meal pattern requirements? Yes ___ No ___

7) Do all snacks claimed for reimbursement on the day of visit meet meal pattern requirements? Yes ___ No ___

8) Is corrective action required? Yes ___ No ___

If yes, what must be changed? _____

When will it be corrected and by whom? _____

Name of Reviewer _____

Date of Review _____