**Attachment A**

**Afterschool Snack Program On-Site Self-Review Form**

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| **Reviewer Name** |  |
| **School Reviewed** |  |
| **Date of First Review** (Within first 4 weeks of snack implementation) |  |
| **Date of Second Review** |  |
| **What time does school end?** |  |
| **When are snacks served?**  *(If approved for extended day snack, snacks can be served prior to the end of the school day)* |  |

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| **Question** | **Yes** | **No** |
| 1. Are the snacks claimed only in approved after-school programs?  * Specify the after school educational and/or enrichment programs provided: |  |  |
| 1. 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 for free, reduced or paid reimbursement? |  |  |
| 1. Is there an accurate point of service accountability for counting snacks when:  * Over 50% are free eligible? * Less than 50% are free eligible? |  |  |
| 1. 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? |  |  |
| 1. Does the site have an appropriate and accurate system to document daily attendance? |  |  |
| 1. Does the snack menu meet the snack meal pattern requirements? (students must be offered and must take two complete components) |  |  |
| 1. Do all snacks claimed for reimbursement on the day of visit meet meal pattern requirements? |  |  |
| 1. Are production records being completed daily? |  |  |
| 1. Is corrective action required?  * If yes, what must be changed? * When will it be corrected and by whom? |  |  |