## SNP

## AFTER SCHOOL SNACK PROGRAM

SITE MONITORING REVIEW

 $(Sponsor\ must\ complete\ 2\ site\ monitoring\ reviews\ for\ \textbf{each}\ site\ per\ program\ year,\ with\ intervals\ no\ greater\ than\ six\ months.)$ 

| AGE  | NCY:  |                       | REVIEW DATE:   |                 |                          |                       |                    |               |          |  |  |
|--|---|-----------------------|--|-----------------|--------------------------|-----------------------|--------------------|---------------|----------|--|--|
| SITE   | Ē:  |                       | ARRIVAL TIME:  |                 |                          |                       |                    |               |          |  |  |
| AREA ELIGIBLE ≥ 50 % ☐ YES ☐ NO  |   |                       |  |                 | DEPARTURE TIME:          |                       |                    |               |          |  |  |
| MEAL OBSERVATION   |   |                       |  |                 |                          |                       |                    |               |          |  |  |
| ATTENDANCE   |   | ATTENDANCE            | LICENSE/ROOM<br>CAPACITY   | NUMBEF          | R SERVED NON-AREA-ELIGIE |                       |                    | BIBLE S       | BLE SITE |  |  |
|  | SERVING TIME TODAY  |                       |  | Children        | Adults                   | APPR                  | ROVED APPLICATIONS | MEALS CLAIMED |          |  |  |
|  |   |                       |  |                 |                          | F                     |                    | F             |          |  |  |
|  |   |                       |  |                 |                          | R                     |                    | R             |          |  |  |
|  |   |                       |  |                 | Р                        |                       | P                  |               |          |  |  |
| MENU   |   |                       | SPECIFIC FOODS USED PLANNED (Select Two of the Four Components) SERVING SIZE |                 |                          | TOTAL AMOUNT PREPARED |                    |               |          |  |  |
|  |   |                       | MILK:  |                 |                          |                       |                    |               |          |  |  |
|  |   |                       | MEAT/ALTERNATE:  |                 |                          |                       |                    |               |          |  |  |
|  |   |                       | GRAIN/BREAD:   |                 |                          |                       |                    |               |          |  |  |
|  |   |                       | VEGETABLE/FRUIT:   |                 |                          |                       |                    |               |          |  |  |
| ADD  | DITIONAL INFOR  |                       |  |                 |                          |                       | YES                | NO            | N/A      |  |  |
| 1.   | Is the snack mea  | th required portion s | sizes availal  | ble at this sit | te?                      |                       |                    |               |          |  |  |
| 2.   | Does the menu as served meet the snack requirements?  |                       |  |                 |                          |                       |                    |               |          |  |  |
| 3.   | Is enough food available to provide each child with required portions?  |                       |  |                 |                          |                       |                    |               |          |  |  |
| 4.   | Does the written menu match what was served today?  |                       |  |                 |                          |                       |                    |               | T        |  |  |
| 5.   | Is a menu production record (MPR) completed for all snacks prepared? (on-site prep)   |                       |  |                 |                          |                       |                    |               |          |  |  |
| 6.   | 5. If meals are transported, was a food transport record completed? (satellite site)  |                       |  |                 |                          |                       |                    |               |          |  |  |
| 7.   | 7. Are all meals consumed on site/under staff supervision?  |                       |  |                 |                          |                       |                    |               |          |  |  |
| 8.   | Is the number of children in care within the state license capacity?  |                       |  |                 |                          |                       |                    |               |          |  |  |
| 9.   | Are daily roster/attendance records current and accurate?   |                       |  |                 |                          |                       |                    |               |          |  |  |
| 10.  | . Is an acceptable method used for collecting and recording accurate meal counts?   |                       |  |                 |                          |                       |                    |               |          |  |  |
| 11.  | . Are shifts being documented when or if meal counts exceed license capacity?   |                       |  |                 |                          |                       |                    |               |          |  |  |
|  | Are snacks served only to enrolled children?  |                       |  |                 |                          |                       |                    |               |          |  |  |
| 13.  | For non-area-eligible sites, is a complete and correct eligibility application on file for each child who is being claimed for free and reduced price snacks? |                       |  |                 |                          |                       |                    |               |          |  |  |
| 14.  | Is a structured education/enrichment program observed?  |                       |  |                 |                          |                       |                    |               |          |  |  |
| 15.  | Is a civil rights poster placed in a prominent location at this site?   |                       |  |                 |                          |                       |                    |               |          |  |  |
|  | •   |                       |  |                 |                          |                       |                    |               |          |  |  |
| 17.  | 17. Does this visit indicate that training is necessary at this site? If training is needed, how and when will it be provided?                                |                       |  |                 |                          |                       |                    |               |          |  |  |
| SITE APPEARS TO BE IN COMPLIANCE, NO CORRECTIVE ACTION IS NEEDED.  |   |                       |  |                 |                          |                       |                    |               |          |  |  |
| ANY "NO" RESPONSE REQUIRES SPONSOR CORRECTIVE ACTION AND FOLLOW-UP WITHIN 45 DAYS  CORRECTIVE ACTION REQUIRED: (Describe on Page 2 of the Site Monitoring Review) SUBMIT CORRECTIVE ACTION BY: |   |                       |  |                 |                          |                       |                    |               |          |  |  |
|  | nitor's Signature   |                       | Site Representative's Signature:   |                 |                          |                       |                    |               |          |  |  |

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## AFTER SCHOOL SNACK PROGRAM SITE MONITORING REVIEW

NOTE: MONITOR MUST COMPLETE AND LEAVE A COPY OF THE SITE MONITORING REVIEW.

| AGENCY:   | REVIEW DATE:                     |  |  |  |  |  |  |  |
|---|----------------------------------|--|--|--|--|--|--|--|
| SITE:   |                                  |  |  |  |  |  |  |  |
| Summary of Findings, Recommended Corrective Action, and Training: |                                  |  |  |  |  |  |  |  |
|   |                                  |  |  |  |  |  |  |  |
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|   |                                  |  |  |  |  |  |  |  |
|   |                                  |  |  |  |  |  |  |  |
| Corrective Action Teleon and Date Completed                       |                                  |  |  |  |  |  |  |  |
| Corrective Action Taken and Date Completed:                       |                                  |  |  |  |  |  |  |  |
|   |                                  |  |  |  |  |  |  |  |
|   |                                  |  |  |  |  |  |  |  |
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|   |                                  |  |  |  |  |  |  |  |
|   |                                  |  |  |  |  |  |  |  |
| Monitor's Signature:  | Site Representative's Signature: |  |  |  |  |  |  |  |