



**Alabama Department of Education
Child Nutrition Program**



**AFTER SCHOOL SNACK PROGRAM
On-Site School Review for LEAs**

Site Name: _____

Reviewer's Name: _____ **Date:** _____

**This review form must be completed twice per school year for each after school snack program site.
The first review must be conducted within the first 4 weeks of program initiation.**

First Review **Second Review**

Area Eligible School Based on your observation, is valid documentation maintained for the following records?			Non-Area Eligible School Based on your observation, is valid documentation maintained for the following records?		
	YES	NO		YES	NO
1. Area Eligibility Data (based on most recent October)			1. Free and Reduced Priced Eligibility of Children		
2. Meal Counts (total by site)			2. Meal Counts (by category – free, reduced, paid)		
3. Attendance Records			3. Attendance Records		
4. Production Records			4. Production Records		
5. Meal Pattern Compliance			5. Meal Pattern Compliance		
6. Is reimbursement claimed for only one snack per student per day?			6. Is reimbursement claimed for only one snack per student per day?		
7. Does the meal count for the Day of Review follow the pattern for the previous 10 days?			7. Does the meal count for the Day of Review follow the pattern for the previous 10 days?		
8. Are educational and/or enrichment activities taking place?			8. Are educational and/or enrichment activities taking place?		
<p>For pricing program only, list the established price for paid and reduced snacks.</p> <p>PAID: _____ REDUCED: _____</p>					

For any "NO" answer above, please describe the corrective action taken to resolve the non-compliance concern.

Manager's Signature

Principal's Signature

Director's Signature

Date