After School Snack Program (ASSP)

On-Site Review Form

Complete two on-site reviews for each ASSP and keep on file at the School Nutrition Administrative office. The first review must be completed within the first 4 weeks of operation and the remaining annual review should be completed at any subsequent time during the program operation.

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| **School Food Authority:** |  | | |
| **ASSP Site Name:** |  | | |
| **ASSP Monitor Name:** |  | **Date:** |  |

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| 1. Describe the system for determining the eligibility status of children (non-area eligible sites only). | | | |
| 1. Describe the system for counting meals. Include statements regarding the identification, classification, and counting by category. | | | |
| 1. Describe the system for transmitting daily meal counts to the school nutrition administrative office. | | | |
| 1. Is a daily attendance roster maintained? | | | Yes  No |
| 1. Is a daily participation roster maintained? | | | Yes  No |
| 1. Does the site have menus and production records documenting that reimbursable snacks are served? | | | Yes  No |
| 1. Are snacks served as a unit? | | | Yes  No |
| 1. Are the meal count procedures prepared by the district and submitted to the North Carolina Department of Public Instruction School Nutrition Services Section being followed? | | | Yes  No |
| 1. Is the meal counting and claiming system adequate to provide accurate reimbursement claims? | | | Yes  No |
| 1. Comments: | | |  |
| 1. For any “No” answer above, please describe the corrective actions taken to resolve the non-compliance concern. | | | |
| Date corrective action completed: |  | Date of follow-up review: |  |

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| Monitor Signature |  | Site Supervisor Signature |