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.
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| 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.
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| Date corrective action completed: |  | Date of follow-up review: |  |

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|  |  |  |
| Monitor Signature |  | Site Supervisor Signature |