**Checklist for Qualifying an After School Snack Program (ASSP)**

*This form is a self-assessment for School Food Authorities (SFA) to determine if program criteria are met prior to program approval. Complete one checklist for each ASSP and keep on file at the School Nutrition Administrative office.*

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| --- | --- |
| Supervising School Food Authority (SFA): | ASSP Site Name: |
| Program Start Date: | Program End Date: |
| Time School Day Ends: | Time ASSP Starts: |

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| --- | --- | --- | --- |
| **Required Program Criteria** | **Yes** | **No** | **If yes, include a description of procedures if indicated below.****If “No”, document how the SFA will make corrections to comply with ASSP Regulations.** |
| Is the ASSP sponsored and/or operated by the SFA? | [ ]  | [ ]  |  |
| Is the ASSP organized, supervised, structured and regularly scheduled? | [ ]  | [ ]  |  |
| Does the ASSP include an educational or enrichment component? | [ ]  | [ ]  | Describe educational/enrichment component: |
| Does the ASSP have a reliable, accurate collection procedure for snack counts and claims? | [ ]  | [ ]  | Describe collection procedure: |
| Does the ASSP have an accurate cash management procedure for non-area eligible sites? | [ ]  | [ ]  |  |
| Does the ASSP use the appropriate, approved production record and are they complete and up-to-date? | [ ]  | [ ]  |  |
| Are students participating in the ASSP of school age/grade PK-18?  | [ ]  | [ ]  | List ages/grades participating in ASSP: |
| Have School Nutrition personnel been assigned to conduct the required on-site reviews? | [ ]  | [ ]  |  |

**Please provide detailed responses to the following for this site:**

1. Describe the ASSP schedule (i.e. days of the week, hours of operation, etc.).
2. How is the ASSP organized?
3. Who supervises the ASSP?

**If the site is operated as area eligible, please provide the information below:**

1. Describe the process that was used to determine area eligibility for the ASSP.
2. List the F&R% as of most recent November: % Free & Reduced
3. Date used to determine eligibility:

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| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Site Applicant Signature |  | Site Applicant Printed Name |  | Date |
|  |  |  |  |  |
| Approving Official Signature |  | Approving Official Printed Name |  | Date |