

Office of the State Superintendent of Education
 District of Columbia
AFTERSCHOOL SNACK PROGRAM REVIEW FORM

SFA=School Food Authority

Instructions:

- **Sponsors of snack programs must review sites two (2) times a year**, both visits must be **unannounced**, and must include a meal observation. At least one review must be made during the first four (4) weeks program operation and the second review must be within six months of the first review.

I. SITE INFORMATION			
Date:		Type of Visit:	<input type="checkbox"/> Unannounced
SFA Name:			
Name of Site:			
Address of Site:			
Telephone Number		Food Service:	<input type="checkbox"/> Self -Preparation <input type="checkbox"/> Vended

II. MEAL COMPONENTS	Site Must Serve 2 of the 4 Food Components Below	Snack Menu		
Fluid milk				
Fruit/Vegetable (2 or more)				
Bread/Bread Alternate				
Meat/Meat Alternate				
			YES	NO
A. Does the observed snack meet meal pattern requirements for meal type and age group?				
B. Is there a posted dated menu for snack with changes noted if applicable?				
C. Are proper food safety and handling procedures followed in the preparation and service of snack meals?				
D. On the day of review, does snack menu correspond to meal observed?				
D. Are medical statements on file for children with special dietary needs?				

III. LICENSING			YES	NO
A. Does the site have a current Certificate of Occupancy?				
B. Does the site have a current Basic Business License?				
C. Has the site received a health inspection in the past 6 months?				
D. Is a person physically at school with a valid Food Handlers Certificate?				

IV. ANNUAL STAFF TRAINING			YES	NO
A. Is new staff provided adequate training to ensure regulations are followed?				

V. POINT OF SERVICE/MEAL COUNTS			YES	NO
A. Are daily point of service meal counts:				
1. Recorded only for a reimbursable snack?				
2. Distinct from attendance records?				
3. Recorded only for those actively participating in the meal/snack service?				
B. Is a participant's reimbursement category identified using a code <u>other than</u> Free, Reduced, or Paid or F, R, P? Note: Overt identification is prohibited.				

VI. MEAL RECORDS	YES	NO
A. Are the following records on file:		
1. Current enrollment information for each student?		
2. Point of service meal counts recorded for previous days?		
3. Are meal counts taken at the point of service?		
4. Food Production Records/Delivery Tickets for Snack?		

VII. CIVIL RIGHTS	YES	NO
A. Is the “And Justice for All” nondiscrimination poster displayed in a prominent location?		

VIII. MEAL COUNT		
Enrollment _____		
Attendance on Day of Review _____		
Snack Meals Claimed _____		

IX. Comments/Recommendations

Compliance Determination

Based on this review, are program operations in compliance with requirements?

Yes **No**

Note: Any “**No**” answers require a follow-up review within 45 days.

Date of follow-up review: _____

Signature and Title of School Site Representative

Date

Signature and Title of SFA Reviewer

Date