

AFTER SCHOOL MEAL PROGRAM SPONSOR PREAPPROVAL OF FACILITY REVIEW

(The intent of the preapproval is to see that all procedures are or will be in place to ensure Program compliance. Meals and meal counts should be observed, as well as the afterschool educational/enrichment activities.)

Sponsor Name		Name Of Reviewer			
Facility Name & Address:		Date Of Review:			
Person(s) Interviewed:		Review Period:			
Meals to be served: <input type="checkbox"/> snack <input type="checkbox"/> supper <input type="checkbox"/> other if during holiday or weekend during school year (one snack and one meal may be served)					
Afterschool Program		YES	NO	N/A	COMMENTS
1.	Is after school program:				
	a. Operating after school hours?				
	b. Adequately supervised?				
	c. Structured and organized?				
	d. Regularly scheduled?				
2. Describe the educational/enrichment activities being offered.					
Meal Preparation and Documentation					
3.	Type of meal preparation? <input type="checkbox"/> Central Kitchen <input type="checkbox"/> On-site (self-prep) <input type="checkbox"/> FSMC				
4.	If central kitchen or FSMC, are menus available? If yes, complete the following				
	a. Are transport sheets/ and detailed menu records in place containing components and portion sizes, number sent, number received, number of children served, number of adult served (if any) . (Recommend having a signature of receiving person).				
5.	Does staff have current food handler's permits?				
6.	If self prep., is facility currently serving meals or snacks? If yes, complete the following:				
	Are daily dated snack/ meal records kept with a. detailed menu showing components and portion sizes b. changes or substitutions noted c. number of planned servings d. number of children served d. number of adults served (if applicable) e. Are proper food handling procedures followed when preparing and serving food?				

MEAL OBSERVATION

Meal observed: **B A L P D E** Time of observed meal: _____ Approved time for meal: _____ 20(k)

(Only snack and dinner is allowable when school is in session; snack must be after school during after school program. A different meal or snack is allowed during holidays and weekends during the school year.)

Components	Food Items	1-2	3-5	6 years or older
Milk				
Meat/Meat Alternate				
Fruit/Vegetable				
Fruit/Vegetable				
Grain/Bread				
Other				
Comments:				

7.	Was meal served <input type="checkbox"/> pre-plated or <input type="checkbox"/> family style?				
8.	If family style, was enough food available at each table to offer the correct portion size to all participants?				

Civil Rights

9.	Have the “ <i>and Justice For All</i> ” poster been posted where the public can see them? (If not, post during pre-approval visit.)				
10.	Is there a written procedure in place to accept civil rights complaints? a. Has the facility ever had a civil rights complaint? b. If the facility received a complaint would they forward it to the sponsor (part of procedure)?				
11.	Have facility personnel received civil rights training during preapproval training?				

Additional Information

13.	Is license current and posted? Or if license exempt, is self-certification checklist been completed along with fire and health inspections?				
14.	Is facility in compliance with license or other (as per fire inspector) registered capacity?				

Training

15.	Has pre-approval training been given to all staff who will be participating in any way with the ASMP?				
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Claim

16.	Will the facility claim no more than one snack and one meal per child? (snack and/or supper on school days; may be a different meal on vacation or weekend days)				
17.	Will the facility serve snacks or meals only to children				

	ages 18 and under and to students turning 19 during the school year or mentally or physically disabled students 18 years of age or younger?				
18.	Does facility keep a daily attendance roster or sign in sheet of attending children?				
19.	Does the facility collect daily attendance separate from meal counts?				

If the answer is NO to any of the above questions, there is a problem that must be corrected prior to approving for the ASMP.

ADDITIONAL COMMENTS		
Name:	Signature of Reviewer/sponsor:	Date:
Name:	Signature of Site Manager:	Date: