**AFTER SCHOOL SNACK PROGRAM MONITORING FORM**

UTAH STATE BOARD OF EDUCATION, CHILD NUTRITION PROGRAMS

250 EAST 500 SOUTH, P.O. BOX 144200, SALT LAKE CITY, UTAH 84114-4200

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| SPONSOR/DISTRICT: *Click here to enter text.* | DATE OF REVIEW: *Click here to enter a date.* |
| AGREEMENT #: *Click here to enter text.* | MONTH REVIEWED: *Choose an item.* |
| SITE NAME: *Click here to enter text.* | PERSON(S) INTERVIEWED: *Click here to enter text.* |

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| *Complete questions below.* | **YES** | **NO** | **N/A** | **COMMENTS** |
| **1. Record Keeping** |  |  |  |  |
| a. Are annual training documents available? |[ ] [ ] [ ]   |
| b. Are monitoring forms showing compliance or corrective action as needed? |[ ] [ ] [ ]   |
| c. Are free and reduced price applications available? |[ ] [ ] [ ]  *Non Area-Eligible Sites* |
| d. Are records retained for three years plus the current year? |[ ] [ ] [ ]   |
| e. Daily dated snack menus, with noted changes and substitutions, showing compliance? |[ ] [ ] [ ]   |
| f. Are daily attendance records available? |[ ] [ ] [ ]   |
| g. Are daily point of service meal counts available (totals for area eligible sites; counts by child and claiming category for non-area eligible sites)? |[ ] [ ] [ ]   |
| h. Is water available to students? |[ ] [ ]   |  |
| **2. Compare the application/agreement to the actual program observation** |  |  |  |  |
| a. Is the after school snack program operating after school hours?  |[ ] [ ] [ ]   |
| **3. Describe educational or enrichment activities** |  |  |  |  |
| a. Is the program adequately supervised?  |[ ] [ ] [ ]   |
| b. Is the program structured and organized?  |[ ] [ ] [ ]   |
| **4. Civil Rights** |  |  |  |  |
| a. Civil Rights training for staff documented |[ ] [ ] [ ]   |
| b. Is the “…And Justice for All” poster displayed in all eating areas?  |[ ] [ ] [ ]   |
| c. Is there a procedure in place for accepting civil rights complaints?  |[ ] [ ] [ ]   |
| d. If the institution received a civil rights complaint, was it forwarded to USBE CNP? |[ ] [ ] [ ]   |

 PHONE: (801) 538-7680 FAX: (801) 538-7883

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| NSLP: Must review each site TWO times each year. Maintain completed form on file. (7 CFR 210.9(c)(7))First review must be made during the first four weeks of snack service each year. |

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| 5. **Claiming** | **YES** | **NO** | **N/A** | **COMMENTS** |
| a. Is the site claiming one snack per child per day? |[ ] [ ] [ ]   |
| b. Snacks served to children ages 18 and under and to students turning 19 during the school year or mentally or physically disabled students? |[ ] [ ] [ ]   |
| c. Snacks served to enrolled children? |[ ] [ ] [ ]   |
| d. Do the daily counts support the monthly claim? |[ ] [ ] [ ]   |
| **6. Menu Production** |  |  |  |  |
| a. Ensure planned snack meets the snack pattern requirements. Must provide 2 of 4 components | 1-5 yrs. | 6-12 yrs. | >12 yrs. | *Note age of children being served.*  |
| 1. Fluid Milk  | 1/2 cup | 1 cup | > 1 cup | Write snack menu and portion sizes. *Click here to enter text.* |
| 2. Fruit or Vegetable  | 1/2 cup | 3/4 cup | > 3/4 cup | Write snack menu and portion sizes. *Click here to enter text.* |
| 3. Meat or Meat Alternate | 1/2 oz. | 1 oz. | > 1 oz. | Write snack menu and portion sizes. *Click here to enter text.* |
| 4. Bread, Bread Alternate or Cereal | 1/2 slice or 1/4-1/3 cup | 1 slice or 1/2 - 3/4 cup | > 1 slice or > 1/2 - 3/4 cup | Write snack menu and portion sizes. *Click here to enter text.* |
|  b. Does observed snack as served meet the snack pattern requirements, including portion sizes? |[ ] [ ] [ ]   |
| c. Do all snack menus and production records for the reviewed month meet the snack program requirements? |[ ] [ ] [ ]   |
| d. Does the sponsor have a HACCP plan? |[ ] [ ] [ ]   |
| e. Are the HACCP processes being implemented according to the plan?  |[ ] [ ] [ ]   |

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| Today’s Participation: *Click here to enter text.* Last Month’s Average Daily Participation: *Click here to enter text.* If this number is much higher or lower, does the LEA have a reasonable explanation? [ ]  YES [ ]  NO |

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| If you answered NO to any of the above questions, there is a problem that must be corrected. |
| Commendations:*Click here to enter text.*Suggestions:*Click here to enter text.*Corrective Action:*Click here to enter text.*Corrective Action to be completed by (date): Date Completed: |

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| --- | --- |
| LEA/SFA representative signature | Date:  |