**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? |  |  |  |  |

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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: |