

**Self Monitoring Form for On-Site Reviews of Afterschool Care Snack Program
(Completed form is to be filed with other Child Nutrition Program paperwork)**

- All claims for reimbursement must be based on accurate daily snack counts. A review to verify this procedure at each snack site must be made by the School Food Authority (SFA) two times per year. **The first review must occur during the first four weeks of snack service each year.** If problems with food components, snack counting or claiming are discovered, the SFA must develop a corrective action plan and conduct a follow-up on-site review within 45 days to determine that the problems have been corrected.
- First review completed by: _____ Name _____ Second review completed by: _____ Name _____

Building Name	First Review				Second Review					
	Does the collection procedure in this building yield an accurate count? (Total # of snacks in at-risk buildings with over 50% free/reduced and free, reduced, paid totals in buildings under 50% free and reduced)		Does each snack served meet the meal pattern component requirements?		Date review completed	Does the collection procedure in this building yield an accurate count? (Total # of snacks in at-risk buildings with over 50% free/reduced and free, reduced, paid totals in buildings under 50% free and reduced)		Does each snack served meet the meal pattern component requirements?		Date review completed
	Yes	No*	Yes	No*		Yes	No*	Yes	No*	
	Yes	No*	Yes	No*		Yes	No*	Yes	No*	
	Yes	No*	Yes	No*		Yes	No*	Yes	No*	
	Yes	No*	Yes	No*		Yes	No*	Yes	No*	
	Yes	No*	Yes	No*		Yes	No*	Yes	No*	
	Yes	No*	Yes	No*		Yes	No*	Yes	No*	
	Yes	No*	Yes	No*		Yes	No*	Yes	No*	
	Yes	No*	Yes	No*		Yes	No*	Yes	No*	
	Yes	No*	Yes	No*		Yes	No*	Yes	No*	
	Yes	No*	Yes	No*		Yes	No*	Yes	No*	

OVER

* CORRECTIVE ACTION PLAN

Building_____

Date of Revisit _____

Corrective Action Taken:

*CORRECTIVE ACTION PLAN

Building_____

Date of Revisit _____

Corrective Action Taken:

*CORRECTIVE ACTION PLAN

Building_____

Date of Revisit _____

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Date of Revisit _____

Corrective Action Taken: