



ON-SITE REVIEW FOR LEA'S AFTER SCHOOL AT RISK MEAL PROGRAM

Local education agencies must review each after school at risk meal program site two times per school year (7 CFR 210.9(c)(7)). The first review must be conducted during the first four weeks the site is in operation. These reviews must assess each site's compliance with counting and claiming procedures and the meal pattern. This form is provided for use in completing these reviews. Documentation of the completed reviews must be kept on file for audit/review.

SITE NAME	SITE ADDRESS
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FIRST REVIEW (within first four weeks of operation) <input type="checkbox"/> Supper <input type="checkbox"/> Snack	Yes	No	COMMENTS	SECOND REVIEW (before the end of school year) <input type="checkbox"/> Supper <input type="checkbox"/> Snack	Yes	No	COMMENTS
Are supper/snacks counted at the point of service?	<input type="checkbox"/>	<input type="checkbox"/>	# meals served today: _____	Are supper/snacks counted at the point of service?	<input type="checkbox"/>	<input type="checkbox"/>	# meals served today: _____
Are Attendance Records complete and available? Including drop-in attendance if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	# in attendance today: _____ <input type="checkbox"/> N/A	Are Attendance Records complete and available? Including drop-in attendance if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	# in attendance today: _____ <input type="checkbox"/> N/A
Do the meals and snacks claimed for reimbursement meet the minimum serving size for each component?	<input type="checkbox"/>	<input type="checkbox"/>	Meal Pattern followed: <input type="checkbox"/> NSLP or <input type="checkbox"/> CACFP	Do the meals and snacks claimed for reimbursement meet the minimum serving size for each component?	<input type="checkbox"/>	<input type="checkbox"/>	Meal Pattern followed: <input type="checkbox"/> NSLP or <input type="checkbox"/> CACFP
Are Production records available to support supper or snacks served meet the meal pattern requirements?	<input type="checkbox"/>	<input type="checkbox"/>		Are Production records available to support supper or snacks served meet the meal pattern requirements?	<input type="checkbox"/>	<input type="checkbox"/>	
Is offer versus serve utilized?	<input type="checkbox"/>	<input type="checkbox"/>		Is offer versus serve utilized?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all meals consumed on site?	<input type="checkbox"/>	<input type="checkbox"/>		Are all meals consumed on site?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the site staff received annual training?	<input type="checkbox"/>	<input type="checkbox"/>		Has the site staff received annual training?	<input type="checkbox"/>	<input type="checkbox"/>	
And Justice for All poster on display?	<input type="checkbox"/>	<input type="checkbox"/>		And Justice for All poster on display?	<input type="checkbox"/>	<input type="checkbox"/>	
Is Corrective Action required?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list below	Is Corrective Action required?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, list below
				Prior review findings were corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A

First Review - Corrective Action Assigned:	Second review - Corrective Action Assigned:
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REVIEWER'S SIGNATURE _____ First Review DATE _____ START TIME / END TIME _____	REVIEWER'S SIGNATURE _____ Second Review DATE _____ START TIME / END TIME _____
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