



Food and Nutrition Services
After School Care Snack Program On-Site Review Form
Area Eligible

Sponsor Name: Alachua County Public Schools

Site Name: _____

Monitor Name: _____ Date: _____

1. Describe the system for determining the eligibility status of children (non-area eligible sites only).

N/A

2. Describe the system for counting meals. Include statements regarding the identification, Classification, and counting by category.

The total number of snacks are derived from the checked-off attendance roster as the snacks are distributed. The after school coordinator gives the counts to the FS manager the following school day.

3. Describe the system for transmitting daily meal counts to the central office.

The FS manager will enter the actual number of snacks distributed into the Win-Snap system the day after the snack is served

4. Is a daily attendance roster maintained? Yes No

5. Does the site have Production Records that document that reimbursable snacks are served? Yes No

6. Are snacks served as a unit? Yes No

7. Are the meal count procedures prepared by the district and submitted to the Department of Education being followed? Yes No

8. Is the meal counting and claiming system adequate? Yes No

Comments:

Describe corrective action to be taken:

Date corrective action completed: _____ Date of follow-up review: _____

Monitor Signature: _____ Date: _____

Site Supervisor Signature: _____ Date: _____