

**West Virginia Department of Education
Office of Child Nutrition
Afterschool Snack Program Monitoring Form**

School Food Authorities participating in the Afterschool Snack Program are required to conduct on-site monitoring twice a year – once within the first four weeks of operation and one other time during the school year.

Sponsor _____ Date _____ First Review
Second Review

Name and Address of Site _____

Program Start Date _____ At-Risk Traditional

1. Is the site providing afterschool care and including educational or enrichment activities that are structured and supervised? Yes No
2. What afterschool enrichment or educational activities are conducted at this site during the week of review?
3. Meal counts by category for the day of review: Free _____ Reduced _____ Paid _____
4. What method was used to obtain meal counts? _____

5. Did this method yield accurate meal counts by category? Yes No
6. Were meal counts available for the previous week? Yes No
7. If so, did they appear reasonable compared to the meal counts on the day of review? Yes No
8. Were attendance records maintained for the afterschool program? Yes No
9. Are meal counts taken when the snack is served? Yes No
10. Did meal counts exceed attendance on any day of the previous week? Yes No
11. Did meal counts exceed attendance on the day of review? Yes No
(If yes, corrective action and a second review are required.)

MEAL SUPPLEMENT CHART FOR CHILDREN

<u>Snack</u>	<u>Children 1-2 Years</u>	<u>Children 3-5 Years</u>	<u>Children 6-18 Years</u>
<i>Select 2 different components of the 4 listed below:</i>			
1. Milk	1/2 cup	1/2 cup	1 cup
2. Juice/Fruit/Vegetable	1/2 cup	1/2 cup	3/4 cup
3. Meat/Meat/Alternate	1/2 ounce	1/2 ounce	1 ounce
4. Bread/Bread Alternate	1/2 slice/serving	1/2 slice/serving	1 slice/serving
Cereal: Cold	1/4 cup	1/3 cup	3/4 cup
Hot/Cooked	1/4 cup	1/4 cup	1/2 cup

12. List the specific snack components offered on the day of review:

- a) meat/meat alternate _____
- b) milk _____
- c) bread/grain _____
- d) fruit/vegetable _____

13. Does the snack, as observed, meet the above requirements, including portion sizes? Yes No

14. Did menus and production records for the previous week support reimbursable snack service? Yes No

Today's Attendance _____ Time of Meal Service _____

Is Corrective Action required? Yes No

Notes:

Print Name and Title of Reviewer _____

Signature of Reviewer _____

Date of Review _____