Local Educational Agency (LEA)  
Maryland State Department of Education  
After-School Care Snack On-Site Review

Directions: Local Educational Agencies (LEA) must review each after-school care snack site two times per year. The first review is to be conducted during the first four weeks of the snack program's operation. Use this form for documenting the completion of both the first and second review and maintain it on file for audit/review purposes.

Name of Local Educational Agency (LEA): _____________________________________________________

Name and Address of School/Site: ______________________________________________________

Name and Title of Person Interviewed: ______________________________________________________

Dates of Operation for Snack Program: ______________________________________________________

Indicate if Site is: Pricing □ or Nonpricing □  Indicate if Site is: Area Eligible □ or Not Area Eligible □

<table>
<thead>
<tr>
<th>1st Review Date</th>
<th>2nd Review Date</th>
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<tbody>
<tr>
<td>Y/N/N/A</td>
<td>Y/N/N/A</td>
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1. Is the program operating after school hours?  
2. Is an educational or enrichment activity included?  
3. a) Are attendance records being maintained?  
   b) Does the attendance support the claim?  
4. a) Are the snack counts taken at the point of service?  
   b) If the site is not "area eligible," does the system to record snacks provide an accurate count of snacks served by eligibility category?  
5. a) Is documentation of snack menus maintained?  
   b) Do menus for all snacks offered meet or exceed the minimum meal pattern requirements?  
6. Are only those snacks served that meet or exceed the meal pattern requirements counted for reimbursement?  
7. Do production records/delivery receipts support the number of snacks claimed?  
8. Is there overt identification of a student's eligibility category at any time during the snack process (i.e., serving, recording of counts, payment collection procedures, or ticket distribution in a non-area eligible site, especially if it is a pricing program)?

1st Review  
Compliance Determination: Yes □  No □  Comments:  

2nd Review  
Compliance Determination: Yes □  No □  Comments:  

Signature of Reviewer __________________________ Date ____________  

Signature of Reviewer __________________________ Date ____________