State of Alaska At-Risk Afterschool Meals Self-Monitoring Review Report FY25

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| **Facility Name & Address:** | **Date:** | **Arrival time:** | **Departure time:** | **[ ]  Announced****[ ]**  **Unannounced** |
| Meal observed: | Time: | Scheduled Time of Meal Service: | **Today’s meal count-**Kids: Adults: |
| **Today’s attendance** - Kids: Adults: |
| **Record meal counts for the previous 5 days of operations (must be an operating day with meal service) AND Record attendance for each of the previous 5 days**  |
| **5 day Reconciliation** | **1ST Day** | **2nd Day** | **3rd Day** | **4th Day** | **5th Day** | ***List issues found***  | Menu and specific foods used(record all food items served on day of monitoring visit) | Serving size |
| **Meal type claimed** | Date: | Date: | Date: | Date: | Date: |  |
| **Meal count by type** | **Breakfast** |  |  |  |  |  |  | **Milk:** |  |
| **A.M. Snack** |  |  |  |  |  |  | **Vegetable:** |  |
| **Lunch** |  |  |  |  |  |  | **Veg/fruit:** |  |
| **P.M. Snack** |  |  |  |  |  |  | **Grain:** |  |
| **Supper** |  |  |  |  |  |  | **Meat/alternate:** |  |
| **Evening Snack** |  |  |  |  |  |  | **Other/Extra:** |  |
| **Attendance** |  |  |  |  |  |  | **Note issues with menu:** |  |
|  | Yes | **No**  | **N/A** |
| 1. Does the menu as served meet CACFP requirements?
 |  |  |  |
| 1. Does the written menu match what was served today?
 |  |  |  |
| 1. Is enough food served or available to each child with required portions?
 |  |  |  |
| 1. If Offer Vs. Serve used, is it done correctly?
 |  |  |  |
| 1. If pre-plating service is used, does every child get full minimum serving size for all items?
 |  |  |  |
| 1. Are parent requests or medical statements on file for children requesting dietary accommodations?
 |  |  |  |
| 1. If non-dairy beverages are offered for non-disabled children, are they nutritionally equivalent to milk? (on state list) Note the milk substitutions used at this site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |  |
| 1. Are dietary accommodations for children with disabilities followed as prescribed in the medical statement?
 |  |  |  |
| 1. Is drinking water available to children throughout the afterschool program, including meal times (but not on the tables)?
 |  |  |  |
| 1. Is a working menu, menu production record or transport record completed for all meals prepared?
 |  |  |  |
| 1. Are all meals consumed within meal service area and under staff supervision?
 |  |  |  |
| 1. Are meal counts taken and recorded at the time of each meal service?
 |  |  |  |
| 1. Do the meal counts for the previous five days appear reasonable when compared to today’s counts? see above
 |  |  |  |
| 1. Do all children receive the same meal regardless of race, color, national origin, sex (including gender identity and sexual orientation), age, or disability?
 |  |  |  |
| 1. Is the “And Justice for All” and the “Build for the Future” posters placed in a prominent location at this facility?
 |  |  |  |
| 1. Is there a CFPM on site and staff with their Food Worker Cards as applicable?
 |  |  |  |
| 1. Is first in/first out system being used for food inventory (with documentation) & food at least 6” off the floor?
 |  |  |  |
| 1. Is there documentation of DEC or MUNI sanitation inspections on site? Date of last inspection: \_\_\_\_\_\_\_\_\_\_\_
 |  |  |  |
| 1. Is this facility safe and sanitary?
 |  |  |  |
| 1. Are sanitizing solutions mixed properly, clearly labeled and kept out of reach of children?
 |  |  |  |
| 1. Is the cook familiar with checking the food thermometer & calibrating as needed?
 |  |  |  |
| 1. Are handwashing facilities accessible?
 |  |  |  |
| 1. Did reviewer witness hands properly washed by children and staff?
 |  |  |  |
| 1. Did reviewer observe the prevention of bare hand contact with ready-to-eat foods?
 |  |  |  |
| 1. Has staff attended the training sessions on the CACFP for the current program year?
 |  |  |  |
| 1. Does this visit indicate that training is necessary at this facility?
 |  |  |  |
| 1. Were activities taking place as required for the At-Risk Afterschool Program requirements?
 |  |  |  |
| 1. Was meal served at scheduled time documented in the CNP Database?
 |  |  |  |
| 29a. Were there problems noted in the prior site review? |  |  |  |
| 29b. If yes, have problems noted in the prior review been corrected? If no, describe on page 2 the repeated findings and action to be taken (a follow-up review should be conducted within 60 days). |  |  |  |

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| Facility appears to be in compliance (any “No” response requires corrective action and follow-up within 60 days) |  |  |  |
| **Corrective actions required:** **Submit corrective action by:** |

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|  **Summary of Findings and Recommended Corrective Action:**  |
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| --- | --- |
| **Name and Signature of Monitor** | **Name and Signature of At-Risk Site Staff** |

**After visit documentation:**

**Corrective Action Taken and Date Completed:**

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**No Corrective Action completed or Unacceptable Corrective Action (provide details of actions taken by sponsor, additional Corrective Action if warranted, attach additional documentation as needed):**

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