After-school Meal Request Form

Fill out a form for each day's after-school meal request.

School *

Person Requesting Dinner/Snacks: *

First Name Last Name

Email Address: *

example@example.com

Phone Number: *

Area Code - Phone Number

Please tell us the name of your school/site and the club, if applicable: *

Ex: Beaufort Middle School - Project Unify

What type of meal are you requesting? (Check all that apply): *

- ☐ Dinner
- ☐ Super Snacks
- ☐ Snacks

Attendance Record

Center Name:

Month:

Student Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Total																																

Key: 1=Present
A=Absent

DINNER

DAILY MEAL COUNT FORM

Site Name: Meal Type (circle) : B L SN Dinner

Address: Telephone:

Supervisor's Name: *Delivery Time: *Date:

***Meals received/prepared _____ * + Meals available from previous day _____ * = _____ * (Total meals available) [1]**

First Meals Served to Children (cross off number as each child receives a meal):

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150										

***Total First Meals + [2]**

Second meals served to children:

1 2 3 4 5 6 7 8 9 10

***Total Second Meals +** 0 **[3]**

Meals served to Program adults:

1 2 3 4 5 6 7 8 9 10

Total Program Adult Meals + 0 **[4]**

Meals served to non-Program adults:

1 2 3 4 5 6 7 8 9 10

Total non-Program Adult Meals + **0** **[5]**

TOTAL MEALS SERVED = [6]

Total damaged/incomplete/other non-reimbursable meals + 0 [7]

Total leftover meals + [8]

Total of items: [6] □+ [7] + [8] □= [9]

(Item [9] should be equal to item [1])

Number of additional children requesting a meal after all available meals were served:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

By signing below, I certify that the above information is true and accurate:

_____ _____

Signature Date

South Carolina Department of Social Services
CACFP At-Risk Afterschool Meals Program/Outside School Hours Care Program
Sponsoring Organization Monitoring Review Form

Sponsor: _____ Facility Name: _____

Facility Address: _____ Telephone: _____

Date of Visit: _____ Monitor's Arrival Time: _____ Monitor's Departure Time: _____

Program Type: [ ] At-Risk Afterschool Meals Program [ ] Outside School Hours Care Program

Date of Last Eligibility Determination: _____ Name of School: _____

Type of Visit (Check all that apply): [ ] Announced Review [ ] Unannounced Review Visit #: _____ of _____

(Note: Visits must be conducted within the federal fiscal year – October 1 thru September 30.)

Meal Type Reviewed: [ ] Breakfast [ ] AM Snack [ ] Lunch [ ] PM Snack [ ] Supper Approved Meal Time: _____

Days of Operation: [] Mon. [] Tues. [] Wed. [] Thurs. [] Fri. [] Sat. [] Sun. Operating Hours: _____ to _____

Approved Level of Meal Service: _____ Today's Attendance: _____

Prior Visit:

A. If applicable, list any problem areas noted during the last review, and give date of review.

_____

B. Have these problems been corrected as of today's visit? Yes ☐ No ☐
If no, indicate what follow-up action is necessary and the timeframe required for correction. _____

_____

Meal Observation:

A. Meal Observed	Breakfast	AM Snack	Lunch	PM Snack	Supper	Serving Size
Meat/Meat Alternate						
Vegetable						
Fruit/Vegetable						
Bread/Bread Alternate						
Milk						
Is water made available for meal service? "yes" or "no"						

B. Day of Visit	Breakfast	AM Snack	Lunch	PM Snack	Supper
# Meals delivered (If applicable) Name of Vendor:_____					
Time meals delivered (If applicable)					
Time meals served					
# Meals served to children					
# Meals documented by facility staff *(If this number is different than meal count documented by Monitor, have staff explain the variance.)*					
# Meals served to Program adults *(Adult meals cannot be claimed for reimbursement.)*					
# Meals discarded (spoiled, incomplete, etc.)					
Note components or insufficient quantities of food observed in today's meal service:					

(Revised 09/20/17)

	Facility Review Questions	Yes	No	NA
Training				
1.	Has the facility personnel attended the sponsoring organization's annual training sessions?	☐	☐	☐
Food Service				
2.	Does the facility have sufficient food service supervision?	☐	☐	☐
3.	Is the menu posted?	☐	☐	☐
4.	Are the previous month menus retained on file?	☐	☐	☐
5.	Are all required components served for each snack/meal?	☐	☐	☐
6.	Does the facility personnel demonstrate familiarity with the types and quantities of food required for service of creditable snacks/meals?	☐	☐	☐
7.	Did the facility receive a delivery receipt/ticket/invoice with the snack/meal delivery?	☐	☐	☐
8.	Were meals counted/checked before signing delivery receipt/ticket/invoice?	☐	☐	☐
9.	If meal served family style, were the appropriate quantities of each food item placed on the table?	☐	☐	☐
10.	Was a Point of Service meal count conducted?	☐	☐	☐
11.	Are meals served within the approved time frames?	☐	☐	☐
12.	Are all meals served and consumed on-site?	☐	☐	☐
Space, Facilities, and Equipment				
13.	If needed, is there adequate space available for dry food items?	☐	☐	☐
14.	Is dining space adequate for the number of children attending?	☐	☐	☐
15.	If needed, is a working refrigerator-freezer available?	☐	☐	☐
16.	Is a sink with running hot and cold water available?	☐	☐	☐
Sanitation				
17.	Are sanitary procedures followed in all aspects of food service?	☐	☐	☐
18.	Is the kitchen area clean?	☐	☐	☐
20.	If self-prep, are frozen perishable foods thawed under refrigeration?	☐	☐	☐
21.	Is there evidence of insect or rodent infestation?	☐	☐	☐
22.	Are all insecticides, polishes, and cleaning compounds stored in an area separate from food and in an area that is not accessible to children?	☐	☐	☐
Food Safety				
23.	Are refrigeration units adequate for cold and frozen foods?	☐	☐	☐
24.	Is the cold storage 40 degrees F or below?	☐	☐	☐
25.	Is the freezer storage 0 degrees F or below?	☐	☐	☐
Recordkeeping				
26.	Are daily records kept of the number of snacks/meals served to children?	☐	☐	☐
27.	Are accurate attendance records maintained on children separate from meal count records?	☐	☐	☐
28.	Are records given to the sponsoring organization on a regular basis?	☐	☐	☐
29.	Is there documentation of children's income eligibility, if applicable?	☐	☐	☐
Civil Rights				
30.	Is there an "And Justice for All" poster, provided by the sponsor, on display in a prominent place?	☐	☐	☐
31.	Is there a "Building for the Future" poster, provided by the sponsor, on display in a prominent place?	☐	☐	☐
32.	Are meals served to all children regardless of the child's race, color, national origin, sex, age, or disability?	☐	☐	☐
33.	Is informational material concerning the availability and nutritional benefits of the Program available in appropriate languages and translations when accessing the Program?	☐	☐	☐
34.	Do publications and other forms of communication include the required nondiscrimination statement and procedure for filing a complaint? (NOTE: *"This is an equal opportunity program"* would be the phrase most often used.)	☐	☐	☐
35.	Are there reasonable modifications in policies and procedures to ensure individuals with disabilities have equal access and effective communication when accessing the Program?	☐	☐	☐