

**AFTER SCHOOL CARE SNACK PROGRAM
SITE REVIEW**

Exhibit I

NOTE: To be completed twice per year. Once during the first four weeks of operation, and one other time during the school year.

Sponsor: Pinal County Juvenile Detention-HOPE School

Site Contact: Blanca Molina, DO-IV

Name and Title

Site Address: 1410 E. Diversion Dam Rd

Florence, Az 85132

Date of Review: 03/22/16

Today's attendance: 15

Average Daily Participation: 14

Total # of snacks served 14

Yes No N/A Explain any "NO" answers below

- | | | | |
|-------------|-------------|-------------|---|
| <u>X</u> | <u> </u> | <u> </u> | 1. For sites with greater than 50% NSLP free/reduced applications is there a head count of children receiving snacks? |
| <u> </u> | <u> </u> | <u>X</u> | 2. For sites with fewer than 50% NSLP free/reduced applications is there an accurate point of service? |
| <u>X</u> | <u> </u> | <u> </u> | 3. Do the snacks meet the meal pattern requirements? |
| <u>X</u> | <u> </u> | <u> </u> | 4. Are no more than two desserts offered per week? |
| <u>X</u> | <u> </u> | <u> </u> | 5. Are food production records maintained? |
| <u>X</u> | <u> </u> | <u> </u> | 6. Do the portion sizes meet the meal pattern requirements? |
| <u>X</u> | <u> </u> | <u> </u> | 7. Are only snacks that contain the required number of components recorded for reimbursement? |
| <u>X</u> | <u> </u> | <u> </u> | 8. Is no more than one snack per child/day counted and claimed? |
| <u>X</u> | <u> </u> | <u> </u> | 9. Are sanitary procedures used in handling food? |
| <u>X</u> | <u> </u> | <u> </u> | 10. Has staff training on proper food handling procedures been provided? |

CORRECTIVE ACTION PLAN (for above "NO" answers):

SPECIFY DATE CORRECTIVE ACTION(S) WILL BE IMPLEMENTED: N/A

BY WHOM: _____

SIGNATURE: **Blanca Molina** Digitally signed by Blanca Molina
DN: cn=Blanca Molina, o=Youth Justice Center, ou, email=blmolina@courts.az.gov, c=US
Date: 2016.03.23 08:39:44 -0700

(School Representative/Title) (Date)

(SFA Reviewer/Title) (Date)

FOLLOW-UP VISIT (must be conducted within 45 days if corrective action was required):
Observations of corrective action implementation:

SIGNATURE: _____
(School Representative/Title) (Date)

(SFA Reviewer/Title) (Date)