Checklist for Qualifying an After School Snack Program

Anderson County Schools, School Nutrition

For SY2025-26, all schools are eligible for Afterschool

Sponsor must attend training session prior to implementation. Agreements and training are an annual requirement. Newly hired staff must also attend training prior to start.

School Name_____ **Club/Event/Activity Name**_____**Estimated # Students**_____

Sponsor (Your) Name_____**Contact # phone**_____**Email**_____

Program Start Date_____**Program End Date**_____**Days of Week Needed**_____

Time School Day Ends _____ **Time Snack Starts** _____

Checklist Item	Yes	No	If "No", document how the SFA will correct the matter to comply with Federal Regulations.
Is the Activity sponsored and/or operated by the Anderson County School District?	☐	☐	
Is the Activity organized, supervised, structured and regularly scheduled?	☐	☐	
Does the Activity include an educational or enrichment component?	☐	☐	Describe Educational/Enrichment Component
Does the Sponsor agree to accurately administer the serving of the snack and the meal counts?	☐	☐	Notation: this is a federal program and noncompliance by submitting contradictory meal counts will cause suspension of the program until corrections are implemented by Sponsor.
Does the Sponsor agree to provide refrigeration for the products once they leave the cafeteria and to keep the products at or below 40 degrees?	☐	☐	
Does the Sponsor agree to give the cafeteria a daily total by email or written record by 1 pm daily? No phone calls please.	☐	☐	
Are students participating in the Activity of school age/grade (PK-18)? Does the sponsor agree to determine if the students have any food allergies and to manage those allergies?	☐	☐	List ages/grades participating:
Does the sponsor agree to return the daily count sheet to the cafeteria by the end of the service day?	☐	☐	

Does the Sponsor understand that the food/beverage is only intended for the student and not adults. YES_____

Sponsor Signed_____Date_____

Principal Signed_____Date_____Approval SNP_____Date_____

If participation drops below a certain average, the program can be suspended.

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Steps:

1. Complete the above form.
2. Submit Sponsor and Principal Signed Form to School Nutrition Program or email to fsco@acs.ac.
3. Wait for approval.
4. Once approved, attend the scheduled training.