

**Oklahoma State Department of Education (SDE)**  
**Child Nutrition Programs (CNP)**  
**ADMINISTRATIVE REVIEW (AR) SUMMARY**

Name of School Food Authority (SFA): \_\_\_\_\_ County District Code: \_\_\_\_\_

Superintendent: \_\_\_\_\_

Address of SFA: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Consultant(s) Conducting Review: \_\_\_\_\_

An AR of your SFA's CNP operation has been completed. The SFA was found in:      Compliance      Noncompliance

Review Month: \_\_\_\_\_ Date of Review: \_\_\_\_\_ Date Review Closed: \_\_\_\_\_

Number of Schools in SFA: \_\_\_\_\_ Number of Schools Reviewed: \_\_\_\_\_ Number of Eating Sites Reviewed: \_\_\_\_\_

List schools reviewed for the following CNP:

National School Lunch Program (NSLP): \_\_\_\_\_

School Breakfast Program (SBP): \_\_\_\_\_

After-School Snack Program (ASSP): \_\_\_\_\_

Special Milk Program (SMP): \_\_\_\_\_

Fresh Fruit and Vegetable Program (FFVP): \_\_\_\_\_

Seamless Summer Food Program (SSFP): \_\_\_\_\_

Does the SFA operate under any special provisions: (Select any that apply)

Provision 1

Provision 2

Provision 3

Community Eligibility Provision (CEP)

This SFA had violations in the following areas:

PS-1 Violations

PS-2 Violations

Resource Management Violations (Indicate area of violation)

Maintenance of the Nonprofit

Paid Lunch Equity

Revenue from Nonprogram Foods

Indirect Costs

General Area Violations

If applicable, mark appropriate boxes:

Recalculation required

Fiscal Action Workbook completed

| YES                 | NO | REVIEW FINDINGS                     |    |                                    |
|---------------------|----|-------------------------------------|----|------------------------------------|
|                     |    | A. Program Access and Reimbursement |    |                                    |
|                     |    | YES                                 | NO |                                    |
|                     |    |                                     |    | Certification and Benefit Issuance |
|                     |    |                                     |    | Verification                       |
|                     |    |                                     |    | Meal Counting and Claiming         |
| Finding(s) Details: |    |                                     |    |                                    |
|                     |    |                                     |    |                                    |

| YES | NO | REVIEW FINDINGS                          |    |  |
|-----|----|--|----|--|
|     |    | B. Meal Patterns and Nutritional Quality |    |  |
|     |    | YES                                      | NO |  |
|     |    |  |    | Meal Components and Quantities               |
|     |    |  |    | Offer versus Serve                           |
|     |    |  |    | Dietary Specifications and Nutrient Analysis |

Finding(s) Details:

| YES                 | NO | REVIEW FINDINGS                 |    |                              |
|---------------------|----|---------------------------------|----|------------------------------|
|                     |    | C. School Nutrition Environment |    |                              |
|                     |    | YES                             | NO |                              |
|                     |    |                                 |    | Food Safety                  |
|                     |    |                                 |    | Local School Wellness Policy |
|                     |    |                                 |    | Competitive Foods            |
|                     |    |                                 |    | Other                        |
| Finding(s) Details: |    |                                 |    |                              |
|                     |    |                                 |    |                              |
|                     |    | D. Civil Rights                 |    |                              |
| Finding(s) Details: |    |                                 |    |                              |
|                     |    |                                 |    |                              |

**Comments/Recommendations:**

**CORRECTIVE ACTION REQUIRED TO BE COMPLETED BY (§210.68[k]):** \_\_\_\_\_

**CORRECTIVE ACTION DOCUMENTATION REQUIRED IN STATE AGENCY BY (§210.18[K][1]):**

\_\_\_\_\_ **(30 days from the date the corrective action must be completed)**

An exit conference was conducted (§210.18[i]) discussing the AR Review findings on: \_\_\_\_\_

with \_\_\_\_\_ (Name and Title of School Representative)

CNP Consultant(s): \_\_\_\_\_

Section 207 of the HHFKA amended section 22 of the NSLA (42 U.S.C. 1769c) to require state agencies to report the final results of the AR to the public in an accessible, easily understood manner in accordance with the guidelines promulgated by the Secretary. Regulations at 7 CFR 210.18(m) require the State Agency to post a summary of the most recent final AR results for each SFA on the State Agency's publicly available Web site no later than 30 days after the State Agency provides the final results of the AR to the SFA. The State Agency must also make a copy of the final AR report available to the public upon request.

\_\_\_\_\_  
Signature of School Representative

\_\_\_\_\_  
Date

Date Review Summary Was Publicly Posted: \_\_\_\_\_