

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 | District-wide | Partial | | |
| Provision 2 | District-wide | Partial | Breakfast | Lunch |
| Provision 3 | District-wide | Partial | | |
| Community Eligibility Provision (CEP) | | District-wide | Partial | |

This SFA had violations in the following areas:

General Area Violations

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 |

If applicable, mark appropriate boxes:

Recalculation required Full Partial

Fiscal Action Workbook completed

Contract with an FSMC:

Yes No

If yes, please indicate name of company:

| YES | NO | PS-1 Violations | | |
|-----|----|-------------------------------------|----|--|
| | | A. Program Access and Reimbursement | | |
| | | YES | NO | |
| | | | | Certification and Benefit Issuance - 7 CFR 246.6 |
| | | | | Verification - 7 CFR 245.6a |
| | | | | Meal Counting and Claiming- 7 CFR 210.7(c) |

Finding(s) Details:

| YES | NO | PS-2 Violations | | |
|-----|----|--|----|---|
| | | B. Meal Patterns and Nutritional Quality | | |
| | | YES | NO | |
| | | | | Meal Components and Quantities - 7 CFR 210.10 & 220.8 |
| | | | | Offer versus Serve - 7 CFR 210.10 & 220.8 |
| | | | | Dietary Specifications and Nutrient Analysis - 7 CFR 210.1(f) |

Finding(s) Details:

| YES | NO | General Area Violations | | |
|---------------------|----|-----------------------------------|----|---|
| | | C. School Nutrition Environment | | |
| | | YES | NO | |
| | | | | Food Safety - 7 CFR 210.13 |
| | | | | Local School Wellness Policy - 7 CFR 210.30 |
| | | | | Competitive Foods - 7 CFR 210.11 & 220.12 |
| | | | | Other |
| Finding(s) Details: | | | | |
| | | | | |
| | | D. Civil Rights - 7 CFR 210.23(b) | | |
| Finding(s) Details: | | | | |
| | | | | |

Comments/Recommendations:

CORRECTIVE ACTION REQUIRED TO BE COMPLETED BY (§210.18[j][2]): _____

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: _____