

**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

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

General Area Violations

Recalculation required

| YES | NO | REVIEW FINDINGS | | | |
|--------------------------|--------------------------|--|--------------------------|------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Program Access and Reimbursement | | | |
| | | YES | NO | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | Certification and Benefit Issuance | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | Verification | |
| <input type="checkbox"/> | <input type="checkbox"/> | Meal Counting and Claiming | | | |

Finding(s) Details:

| YES | NO | REVIEW FINDINGS | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | B. Meal Patterns and Nutritional Quality | | | |
| | | YES | NO | | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | Meal Components and Quantities | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | Offer versus Serve | |
| <input type="checkbox"/> | <input type="checkbox"/> | Dietary Specifications and Nutrient Analysis | | | |

Finding(s) Details:

| YES | NO | REVIEW FINDINGS | | |
|--------------------------|--------------------------|--|--------------------------|------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | C. School Nutrition Environment | | |
| | | YES | NO | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | Food Safety |
| | | <input type="checkbox"/> | <input type="checkbox"/> | Local School Wellness Policy |
| | | <input type="checkbox"/> | <input type="checkbox"/> | Competitive Foods |
| <input type="checkbox"/> | <input type="checkbox"/> | Other | | |
| Finding(s) Details: | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 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: _____