

**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: _____

CN Specialist(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			
<p>Finding(s) Details:</p> <p>Certification and Benefit Issuance - 7 CFR 245.6 Requirement: #126 Selected applications correctly approved. Finding: There were students who were not properly approved based on documentation. See SFA-1. Corrective Action Required: Adverse action letters and Direct Certification Notifications sent to affected households. Corrected while on-site; no further action required.</p> <p>Requirement: #133 All direct certifications correctly certified. Finding: There were students on Direct Certification list who were not receiving proper benefit. Corrective Action Required: Direct Certification Notification sent to affected households. Corrected while on-site; no further action required.</p> <p>Requirement: #137 SFA accurately transfer the correct benefit from the eligibility determination document to the Point of Service benefit issuance document. Finding: Students who did not have correct benefit based on eligibility documentation transferred to POS. Corrective Action Required: Adverse action letter and Direct Certification Notification sent to households. Corrected while on-site. Submit roster to Program Specialist identifying updated benefits of students identified.</p> <p>Requirement: #140 SFA update benefit issuance document accurately and in a timely manner upon receipt of direct certification. Finding: Students were not accurately updated upon receipt of direct certification. Corrective Action Required: Direct Certification Notification sent to households. Corrected while on-site; no further action required.</p> <p>Requirement: #141 SFA accounts for benefits that have been extended to students living in a household that is receiving SNAP, TANF, Medicaid, or FDPIR benefits. Finding: There were students within the same household whom did not have benefits extended. Corrective Action Required: Direct Certification Notification sent to households. Corrected while on-site; no further action required.</p> <p>Verification - 7 CFR 245.6(a) Requirement: #209 (a) Applications subject to verification properly selected Finding: SFA selected 3 applications whereas only 2 were required based on number of applications. Corrective Action Required: Ensure only 3% of total household applications are selected for verification. Manually calculate the number to be selected; do not rely on the software system.</p> <p>Requirement #209(c) All applications selected for review verified correctly. Finding: Not all supporting documentation was received to accurately verify application. Corrective Action Required: Household to be contacted requesting additional documentation. If applicable, eligibility status will be updated and roster and/or documentation submitted to Program Specialist.</p> <p>Requirement: #214 (c) Students eligibility changed due to verification for whom benefits were reduced or terminated given 10 calendar days' written advance notice of the change. Finding: Benefits were changed prior to 10 days. Corrective Action Required: Ensure 10 day notice is provided before changing benefits. Complete Verification training next fiscal year.</p>					

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	
<p>Finding(s) Details:</p> <p>Competitive Foods 7 CFR 210.11 & 220.12 Requirement: #1104-1105 Students are able to purchase foods during the school day and products must meet requirements. Finding: There are products in vending machine that do not meet the Smart Snack standards and beverages do not meet requirements for all ages. Corrective Action Required: SFA must submit documentation on meeting requirements for the beverages for different age groups; or written statement as to how vending machines will not be operational during meal service times (including breakfast).</p> <p>Professional Standards - 7 CFR 210.31 Requirement: #1213 Food safety certification was obtained in the last 5 years. Finding: Documentation was not available for completion of food safety training for SFA Director. A brief food handler course had been completed. Corrective Action Required: Director must complete food safety certification and submit documentation to OSDE Program Specialist.</p> <p>Resource Management - Non Profit SFA Account Requirement: #11 Equipment purchased included on State Agency equipment list or secure approval before purchasing equipment. Finding; A water dispenser has been purchased exceeding the \$5,000 amount and has not been approved by the State Agency, Corrective Action Required: General Fund must pay an invoice in the amount of \$6,765.00 to recover the cost to the SFA account. Documentation of payment must be submitted to Program Specialist.</p>					
		D. Civil Rights			
<p>Finding(s) Details:</p>					

Comments/Recommendations:

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

CORRECTIVE ACTION DOCUMENTATION REQUIRED IN STATE AGENCY BY (§210.18[j][2]):

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

An exit conference was conducted (§210.18[i][2]) discussing the AR Review findings on: _____

with _____ (Name and Title of School Representative)

CNP Specialist(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: _____