

**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			

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		
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Finding(s) Details:

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: _____