

SCHOOL FOOD AUTHORITY  
PERFORMANCE STANDARD SUMMARY

1ST REVIEW  
 FOLLOW-UP #

1. Reviewer:	Date of Exit Conference:
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2. SFA Name	Agreement Number	Number of Schools		Review Period
		Total	Reviewed	

SFA LEVEL

3. Performance Standard 1	Yes	No	N/A	Performance Standard 2	
Adequate System for Consolidating Claims (From SFA-2, 104)	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>	Number of Incomplete Lunches Observed in Schools on Day of Review (From SFA-1, 4 B, Incomplete Total)	
* Response Results in PS 1 Violation and Exceeds Threshold				Total Number of Lunches Observed (From SFA-1, 4 A, Observed Total)	÷
				Percent Incomplete Lunches (10% or more exceeds threshold)	=

SCHOOL LEVEL

4. School Name	Performance Standard 1						Performance Standard 2	
	% F & RP Lunches Claimed Incorrectly (From S-6, 8)	Number of F & RP Lunches Claimed Incorrectly (From S-6, 6)	Adequate Counting and Claiming System				Lunches Observed on Day of Review	
			Day (From S-3, 301 or 302)		Review Period (From S-4, 401 thru 405)		A. (From S-1, 18 plus S-1, 19, Observed)	B. (From S-1, 18 plus S-1, 19, Incomplete)
			Yes	No	Yes	No	Total	Incomplete
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Subtotal (From SFA-A1, Continuation Sheet)								
TOTAL								

5. Number of schools with 1) 10% or more (but not less than 100) free and reduced price lunches claimed incorrectly or 2) a NO answer to Adequate Counting or Claiming System for Day or Review Period: 5. \_\_\_\_\_

6. Number of schools needed for this size SFA to exceed PS 1 threshold: 6. \_\_\_\_\_

7. PS 1 threshold is exceeded if No is checked in block 3, Performance Standard 1, Adequate System for Consolidating Claims, or line 5 is equal to or greater than line 6.

8. PS 2 threshold is exceeded if block 3, Performance Standard 2, Percent Incomplete Lunches, is 10% or more.

7. PS 1 Threshold Exceeded	Yes	No	8. PS 2 Threshold Exceeded	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

SFA:			DATE OF REVIEW:	
REVIEW AREAS	YES	NO	N/A	COMMENTS
<b>Performance Standard 1</b>				
<b>Eligibility Certification - Direct Certification</b>				
101a. Is direct certification utilized by the LEA/SFA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If YES, is required documentation maintained at the LEA/SFA level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. If documentation is available at the LEA/SFA, does it contain all the required information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Consolidating and Claiming</b>				
102a. Does the SFA consolidate the Claim for Reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>		
b. If YES, complete 103 and 104 (and 105 and 106, if applicable).				
<b>103. Review Period:</b>				
Eligibility Categories	SFA Claimed Lunch Counts	— Reviewer Validated Lunch Counts	= Difference + or —	
Free		—	=	
Reduced		—	=	
Paid		—	=	
REVIEW AREAS	YES	NO	N/A	COMMENTS
104a. Were the lunch counts for the review period correctly consolidated and claimed by the SFA?	<input type="checkbox"/>	<input type="checkbox"/>		
b. If NO, describe the problem in Comments and indicate why the problem was: <input type="checkbox"/> Nonsystemic <input type="checkbox"/> Systemic *				
<b>105. SFAs with Provision 2 Schools:</b>				
a. Does the SFA use: Group-wide claiming percentages? Individual School claiming percentages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If YES to group-wide, record the SFAs group-wide claiming percentages: F: R: P:				
c. If YES, were the group-wide percentages calculated correctly?	<input type="checkbox"/>	<input type="checkbox"/>		
d. Record the validated group-wide claiming percentages: F: R: P:				
<b>106. SFAs with Provision 3 Schools:</b>				
a. Does the SFA use a group-wide calculation to determine: the percent change in enrollment? the adjusted number of serving days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If YES, were the adjustments made correctly? If NO, record the correct adjustments on Provision 3 S-1, 4 and 6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\* Response results in PS 1 threshold exceeded. Record as NO on SFA-1, 3.  
SFA-2

CONTACT SHEET FOR LEA/SFA

LEA/SFA:		Date:
Address of Central Office:		
Superintendent/Administrator:		
Food Service Representative:		Telephone Number:
Check [ ✓ ] where each of the following activities occurs, if applicable:	LEA/SFA	School
Application Approval	<input type="checkbox"/>	<input type="checkbox"/>
Applications Maintained	<input type="checkbox"/>	<input type="checkbox"/>
Direct Certification	<input type="checkbox"/>	<input type="checkbox"/>
Direct Certification Records Maintained	<input type="checkbox"/>	<input type="checkbox"/>
Verification Conducted	<input type="checkbox"/>	<input type="checkbox"/>
Verification Summary Records Maintained	<input type="checkbox"/>	<input type="checkbox"/>
Menu Planning	<input type="checkbox"/>	<input type="checkbox"/>
Edit Checks	<input type="checkbox"/>	<input type="checkbox"/>
Claims Submitted to State Agency	<input type="checkbox"/>	<input type="checkbox"/>
Provision 2 and/or 3 Claim Calculation Information	<input type="checkbox"/>	<input type="checkbox"/>

Entrance Conference	Exit Conference
Date:	Date:
Location:	Location:
Names /Titles of Attendees:	Names/Titles of Attendees:
Comments:	Comments:





**COORDINATED REVIEW EFFORT**

**FNS 640 DATA SUMMARY**

<b>SFA Name:</b>		<b>Review Date:</b>	
<b>1. SFA Enrollment:</b>		<b>2. Type of Review: (SFA-1, header )</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> Follow-up	
<b>3. Number of schools in SFA (SFA-1, #2):</b>  Total:                      Reviewed		<b>4. Number selected and reviewed based on error prone criteria (School Selection Worksheet, O-2):</b>	
<b>5. Did the SFA have an adequate system for consolidating claims? (SFA-1, #3):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>6. Lunches observed on day of review in reviewed schools (SFA-1, #3):</b> Number incomplete lunches observed:  Total lunches observed:	
<b>7. How many schools had 10% or more (and at least 100) free and reduced price meals claimed incorrectly? (SFA-1, #4):</b>		<b>8. How many schools did NOT have an adequate counting and claiming system for the day of review or the review month? (SFA-1, #4):</b>	
<b>9. Did the SFA exceed the PS 1 Threshold? (SFA-1, #7)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>10. Did the SFA exceed the PS 2 Threshold? (SFA-1, #8)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>11. Total meals claimed by SFA in the review month (SFA-2, #103, "SFA Claimed Lunch Counts"):</b>			
Free		Reduced Price	Paid
<b>12. Total meals claimed in error due to SFA consolidation error for the review month (SFA-2, #103, "Difference"):</b>			
		Free	Reduced Price
			Paid
Over (+)			
Under (-)			
<b>13. Total meals claimed for reviewed schools in the review month (S-1, #15, "SFA Claim for this School for Review Period") - sum totals by category across all reviewed schools:</b>			
Free		Reduced Price	Paid
<b>14. Total meals claimed in error by reviewed schools in review month (S-1, #15, "Difference") – sum totals for over and under by category across all reviewed schools:</b>			
		Free	Reduced Price
			Paid
Over (+)			
Under (-)			
<b>15: Number of schools recalculated:</b>			
<b>16. # of meals claimed by SFA for recalculated schools (S-1, #15, "SFA Claim for this School for Review Period"), sum totals by category across all RECALCULATED SCHOOLS ONLY:</b>			
Free		Reduced Price	Paid
<b>17. # of meals in error for review period based on recalculation (FA 4, #6 and/or FA 5, #7 – REVIEW PERIOD ONLY) – sum totals by category across all RECALCULATED SCHOOLS ONLY</b>			
		Free	Reduced Price
			Paid
Over (+)			
Under (-)			
<b>18. Reviewers count of free and reduced price eligibles (S-1, #13, Free plus Reduced) – sum across all reviewed schools:</b>		<b>19. # of free AND reduced price meals claimed incorrectly due to cert./benefit iss. Errors (SFA-1, # 4, "Number of Lunches Claimed Incorrectly" – sum across all reviewed schools)</b>	
<b>20. Total meals missing item/components during review period for reviewed schools (S-7, # 11,12,13) – sum totals by category across all reviewed schools:</b>			
Free		Reduced Price	Paid

**COORDINATED REVIEW EFFORT  
FNS 640 DATA SUMMARY (CONTINUED)**

<b>Complete items 21 through 23 after Fiscal Action is completed:</b>		
21. a. Did the SFA have a net underclaim? <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES:		
b. \$ amount of net underclaim (FA-6, # 13, "B. Underclaims):		
c. Was part or all of the underclaim repaid to the SFA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
d. If yes, \$ amount that was repaid to the SFA:		
22. a. Did the SFA have a net overclaim? <input type="checkbox"/> Yes <input type="checkbox"/> No    If YES:		
b.\$ amount of net overclaim (FA-6, # 13, "A. Overclaims): :		
c. Was the overclaim disregarded? <input type="checkbox"/> Yes <input type="checkbox"/> No    If NO:		
d. What was the \$ value of the overclaims and underclaims for:		
	<b>Overclaims</b>	<b>Underclaims</b>
Certification and benefit issuance errors (FA-6, # 7)		N/A
Meal count and component errors (FA-6, # 8)		
SFA level claim consolidation errors (FA-6, # 9)		
Recalculations (FA-6, # 12)		
23. Were payments withheld from this SFA? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SFA:	Date of Review:
School:	
Address:	
Name/Title of Person(s) Interviewed:	
Reviewer(s):	

**PRE-REVIEW**

**OBTAIN FROM S-2 THROUGH S-7**

<p><b>1. Type of School: (check as many as apply)</b>  <input type="checkbox"/> Public    <input type="checkbox"/> Private    <input type="checkbox"/> Charter  <input type="checkbox"/> Regular    <input type="checkbox"/> Boarding    <input type="checkbox"/> RCCI  <input type="checkbox"/> Other  <input type="checkbox"/> Pricing    <input type="checkbox"/> Nonpricing  <input type="checkbox"/> Closed Campus    <input type="checkbox"/> Open Campus  <input type="checkbox"/> Traditional Schedule    Number Days per wk  <input type="checkbox"/> Year Round Schedule  <input type="checkbox"/> Single-track    <input type="checkbox"/> Multi-track    Number tracks  <input type="checkbox"/> Special Assistance Provision    <input type="checkbox"/> 1    <input type="checkbox"/> 2    <input type="checkbox"/> 3  <input type="checkbox"/> Base Year</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">13. Reviewer's Count of Eligible Students Based on the LEA's Determination</td> <td style="width:10%; padding: 5px;">Free</td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="padding: 5px;">Reduced</td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="padding: 5px;">Paid</td> <td colspan="2"></td> </tr> </table>	13. Reviewer's Count of Eligible Students Based on the LEA's Determination	Free				Reduced				Paid						
13. Reviewer's Count of Eligible Students Based on the LEA's Determination	Free																
	Reduced																
	Paid																
<p><b>2a. Type of Meal Service: (check as many as apply)</b>  <input type="checkbox"/> On Site Preparation    <input type="checkbox"/> Base/Central Kitchen  <input type="checkbox"/> Pre-packaged Satellite    <input type="checkbox"/> Bulk Satellite</p> <p><b>b. Menu Planning Approach: (check as many as apply)</b>  Food Based: <input type="checkbox"/> Traditional    <input type="checkbox"/> Enhanced    <input type="checkbox"/> Modified  Nutrient Based: <input type="checkbox"/> NSMP    <input type="checkbox"/> ANSMP    <input type="checkbox"/> Modified Alternate Approach [ ]</p> <p><b>c. Other Programs: ( check as many as apply)</b>  <input type="checkbox"/> SBP    <input type="checkbox"/> SMP    <input type="checkbox"/> SSO    <input type="checkbox"/> ASCP</p> <p><b>d. <input type="checkbox"/> Food Service Management Company    <input type="checkbox"/> Vended</b>  Name:</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">14. School's Combined Counts for the Day of Review</td> <td style="width:10%; padding: 5px;">— Reviewer's Counts for the Day of Review</td> <td style="width:10%; padding: 5px;">= Difference + / —</td> <td></td> </tr> <tr> <td style="padding: 5px;">F</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">=</td> <td></td> </tr> <tr> <td style="padding: 5px;">R</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">=</td> <td></td> </tr> <tr> <td style="padding: 5px;">P</td> <td style="padding: 5px;">—</td> <td style="padding: 5px;">=</td> <td></td> </tr> </table>	14. School's Combined Counts for the Day of Review	— Reviewer's Counts for the Day of Review	= Difference + / —		F	—	=		R	—	=		P	—	=	
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F	—	=															
R	—	=															
P	—	=															
<p><b>3. Grades Participating in NSLP:</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">F</td> <td style="width:10%;"></td> <td style="width:10%; padding: 5px;">—</td> <td style="width:10%; padding: 5px;">=</td> </tr> </table>	F		—	=												
F		—	=														
<p><b>4. Total Students with Access to NSLP:</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">R</td> <td style="width:10%;"></td> <td style="width:10%; padding: 5px;">—</td> <td style="width:10%; padding: 5px;">=</td> </tr> </table>	R		—	=												
R		—	=														
<p><b>5. Average Daily Attendance Factor:</b>  <input type="checkbox"/> L    <input type="checkbox"/> S    <input type="checkbox"/> N</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">P</td> <td style="width:10%;"></td> <td style="width:10%; padding: 5px;">—</td> <td style="width:10%; padding: 5px;">=</td> </tr> </table>	P		—	=												
P		—	=														
<p><b>6. Review Period:</b>                      <b>Number of Serving Days:</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">T</td> <td style="width:10%;"></td> <td style="width:10%; padding: 5px;">—</td> <td style="width:10%; padding: 5px;">=</td> </tr> </table>	T		—	=												
T		—	=														
<p><b>7. Offer Versus Serve: <input type="checkbox"/> Yes    <input type="checkbox"/> No</b>  If yes, Number of Items:</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">16. ADP Factor If Needed: Validated + Serving Days + Eligible Students</td> <td style="width:10%; padding: 5px;">Free</td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="padding: 5px;">Reduced</td> <td colspan="2"></td> </tr> <tr> <td></td> <td style="padding: 5px;">Paid</td> <td colspan="2"></td> </tr> </table>	16. ADP Factor If Needed: Validated + Serving Days + Eligible Students	Free				Reduced				Paid						
16. ADP Factor If Needed: Validated + Serving Days + Eligible Students	Free																
	Reduced																
	Paid																
<p><b>8. A La Carte Available: <input type="checkbox"/> Yes    <input type="checkbox"/> No</b></p>																	
<p><b>9. Serving Times:</b></p>																	
<p><b>10. Lunch Served: <input type="checkbox"/> Cafeteria    <input type="checkbox"/> Classroom  <input type="checkbox"/> Outdoors    <input type="checkbox"/> Other</b></p>	<p><b>17. Day of Review Number of Ineligible and/or Second Lunches Counted:</b></p>																
<p><b>11. Number of Points where Meal Counts are Taken:</b></p>	<p><b>18. Day of Review Total Lunches Missing Menu Item/Food Item:</b></p>																
<p><b>12. Comments:</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 5px;">19. Day of Review Lunches:</td> <td style="width:10%; padding: 5px;">Observed</td> <td style="width:10%; padding: 5px;">Incomplete</td> </tr> <tr> <td></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>	19. Day of Review Lunches:	Observed	Incomplete													
19. Day of Review Lunches:	Observed	Incomplete															

SCHOOL  
CRITICAL AREAS OF REVIEW

SFA:		School:		
REVIEW AREAS	YES	NO	N/A	COMMENTS
<b>Performance Standard 1</b> <b>Eligibility Certification</b> <b>Applications and Direct Certification</b> 201a. Review of applications included: <input type="checkbox"/> All applications; or <input type="checkbox"/> A statistically valid sample. b. Were all applications approved correctly for this school? <input type="checkbox"/> c. Were all direct certification, homeless, migrant, runaway youth, Head Start and Even Start eligibles correctly certified for this school? <input type="checkbox"/> If NO to b. or c., explain. in Comments  Record errors on the Certification and Benefit Issuance Error Worksheet, S-5.				
<b>Benefit Issuance</b> 202a. Did the review of 10% of the names on the benefit issuance document result in a 5% or greater error rate? <input type="checkbox"/> b. If YES, additional review included: <input type="checkbox"/> All names on the benefit issuance document; or <input type="checkbox"/> A statistically valid sample of names on the benefit issuance document. Record errors on the Certification and Benefit Issuance Error Worksheet, S-5.				_____ Names on Benefit Issuance Document X 10% (.10) = _____ Names to Review.  _____ Number of Names in Error ÷ _____ Number of Names Reviewed = _____ x 100 = _____ %.
<b>Updating Eligibility</b> 203. Were changes in eligibility status increased no later than 3 operating days and decreased no later than 10 operating days from the final decision? <input type="checkbox"/> Record errors on the Certification and Benefit Issuance Error Worksheet, S-5.				

SFA:		School:		
REVIEW AREAS	YES	NO	N/A	COMMENTS
<b>Day of Review</b> <b>Performance Standard 1</b> <b>Counting and Claiming</b>				
<b>301a. Does each type of food service line as observed on the day of review provide an accurate count by eligibility category at the point of service (or approved alternate)?</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>b. If NO, describe the problem and indicate why the problem was:</b>  <input type="checkbox"/> Non systemic  <input type="checkbox"/> Systemic *				
<b>302a. Were the lunch count totals by category correctly combined and recorded?</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>b. If NO, describe the problem and indicate why the problem was:</b>  <input type="checkbox"/> Non systemic  <input type="checkbox"/> Systemic *				
<b>303a. Is fiscal action needed for problems identified in 301. and/or 302?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>b. If NO, describe reasons in Comments.</b>				
<b>Performance Standard 2</b> <b>Menu(s)</b>				
<b>304a. Were all required items available to all students participating in NSLP based on the menu planning approach used?</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>b. If NO, explain in Comments.</b> <b>c. Record the number of meals missing items on School Data, S-1, 18 and School Worksheet for Missing Menu Item/Food Item, S-7.</b>				
<b>305a. Did all observed lunches claimed for reimbursement contain the number of items required by the menu planning approach used?</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>b. If NO, explain in Comments.</b> <b>c. Record number observed and incomplete on School Data, S-1, 19.</b>				

\* Response results in PS 1 Violation. Record NO on SFA-1, 4.

SFA:		School:			
REVIEW AREAS	YES	NO	N/A	COMMENTS	
<b>Review Period</b> <b>Performance Standard 1</b> <b>Counting and Claiming</b>				Day of Review  Free Reduced Paid	Review Period Lowest to Highest  F to R to P to
401a. Are lunch counts by category for the review period reasonable compared to lunch counts for the day of review?	<input type="checkbox"/>	<input type="checkbox"/>			
b. If NO, obtain the school's explanation and record in the Comments section.					
c. Does this explanation describe an acceptable meal count system?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>		
402a. Were there any days when the free lunch count exceeded the number of free eligible students?	<input type="checkbox"/>	<input type="checkbox"/>			
b. If YES, was an acceptable explanation available for each day?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>		
403a. Were there any days when the free lunch count exceeded the number of attendance adjusted eligible students?	<input type="checkbox"/>	<input type="checkbox"/>			
b. If YES, was it 50% or more of the serving days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. If YES, was there an acceptable explanation?	<input type="checkbox"/>	* <input type="checkbox"/>	<input type="checkbox"/>		
404a. Were there patterns in the free, reduced or paid lunch counts which appear questionable? If YES, obtain the school's explanation and record in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>			
b. After consideration of this explanation, do the patterns indicate questionable meal count practices?	* <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
405a. Were the lunch counts by category correctly used in the Claim for Reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>			
b. If NO, explain in Comments and indicate why the problem was:  <input type="checkbox"/> Nonsystemic <input type="checkbox"/> Systemic *					
406a. Is fiscal action needed for problems identified in 401 through 405?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
b. If NO, describe reasons in Comments.					
<b>Performance Standard 2</b> <b>Menus</b>					
407a. Did menu records, nutrient analysis and/or other supporting documentation for the review period indicate that all required items were offered based on the menu planning approach used?	<input type="checkbox"/>	<input type="checkbox"/>			
b. If NO, explain in Comments and record on the School Worksheet for Missing Menu Item/Food Item, S-7.					

\* Response results in PS 1 Violation. Record NO on SFA-1, 4



SFA:	School:
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Applications Reviewed: All [ ] Sample [ ]				
	Estimate		Actual	
	Free	Reduced	Free	Reduced
1. Total number of students with errors contributing to a PS 1 violation.	From S-5, 1	From S-5, 2		
2. Number of serving days in review period from S-1, 6.	X	X		
3. Maximum number of lunches for students with errors contributing to a PS 1 violation.	=	=	From S-5, 3+4	From S-5, 5+6
4. Average daily participation factor from S-1, 16.	X	X	X	X
5. Adjusted number of lunches incorrectly claimed.	=	=	=	=
6. Adjusted number of free <u>plus</u> reduced price lunches incorrectly claimed.				
7. Total number of free <u>plus</u> reduced price lunches validated for the review period from S-1, 15.	+		÷	
8. Percent of lunches claimed incorrectly for this school.	X 100 =		X 100 =	

SCHOOL WORKSHEET FOR MISSING MENU ITEM/FOOD ITEM

SFA:	School:
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Day of Review						NA <input type="checkbox"/>
		Number of Lunches Missing Item By Category				
1. Menu	2. Missing Item	3. Total	4. Free	5. Reduced	6. Paid	

Review Period							NA [ ]
			Number of Lunches Missing Item By Category				
7. Date	8. Menu	9. Missing Item	10. Total	11. Free	12. Reduced	13. Paid	
<b>TOTAL</b>							

SFA:	School:
------	---------

			Number of Lunches		
A. SFA or School	B. Claim Period	C. Describe Type of Error	D. SFA or School Data	E. — Reviewer's Data	F. = Difference + or -
			F	—	=
			R	—	=
			P	—	=
			F	—	=
			R	—	=
			P	—	=
			F	—	=
			R	—	=
			P	—	=
			F	—	=
			R	—	=
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			F	—	=
			R	—	=
			P	—	=

**POST AWARD  
CIVIL RIGHTS  
COMPLIANCE  
REVIEW**

**Coordinated Review Effort (CRE)  
General Areas of Review**

**SCHOOL FOOD AUTHORITY (SFA) REVIEW**

The Post Award Civil Rights Compliance Review form must be completed and signed prior to the Coordinated Review Effort (CRE). Do not mail the review form to the Michigan Department of Education (MDE). The School Nutrition Training and Programs Analyst will collect the review form during the CRE. If you have any questions regarding the attached review form, please contact a School Nutrition Training and Programs Analyst at 517-373-3347.

**FREQUENTLY ASKED QUESTIONS  
Post Award Civil Rights Compliance Review**

**Q. How do I compute the racial identity and ethnic identity data?**

A. The racial identity and ethnic identity data can be computed from actual information, visual observation, by applying a percentage from the 4<sup>th</sup> Friday count to the free and reduced applicants, or by a combination of two or more methods.

**Q. How do I get the percentages needed to complete the *Racial Identity and Ethnic Identity Data* in Part I for the free and reduced applications since its optional to fill out the back of the application?**

A. Many school districts use the Racial/Ethnic data compiled in the 4<sup>th</sup> Friday Count to arrive at a percentage for the district. For example, if the district has 2300 students and the Racial Identity determination is 45 American Indian, 200 Asian, 230 African American, 300 Native Hawaiian, and 1525 White; then the following percentages would result: 2% American Indian, 8.7% Asian, 10% African American, 13% Native Hawaiian, and 66.3% White. If the Ethnic Identity for those same 2300 students is determined as 230 Hispanic or Latino, then the following percentage would result: 10% Hispanic or Latino and 90% not Hispanic or Latino. Those percentages can then be applied to the number of free and reduced price applications and recorded on the form.

**Q. Do I have to determine the Racial and Ethnic Identity for all the school staff?**

A. No. Racial Identity and Ethnic Identity is to be recorded for food service staff only.

**Q. How do I get the figures for the section that refers to “Denied Applications?”**

A. This box refers to the free/reduced applications which were denied through the verification process only. You can use the percentages described above if the actual Racial/Ethnic Identity information is not available for the students on those applications.

**Q. Where do I get more “And Justice for All” posters?**

A. You may ask the School Nutrition Training and Programs Analyst during the review or call 517-373-3347 to request additional copies of the “And Justice for All” posters. They are also available to print off the internet at: <http://www.fns.usda.gov/cr/justice.htm>

**Q. Where do I get more information on the Civil Rights requirements?**

A. The United States Department of Agriculture, Food and Nutrition Service, Office of Civil Rights “Civil Rights Laws, Regulations, Executive Orders, and related Other Guidance” webpage: <http://www.fns.usda.gov/cr/crregulation.htm>

**G-6 USDA Foods**

Grants Coordination and School Support  
School Nutrition Training and Programs



**Coordinated Review Effort (CRE)  
General Areas of Review**

**SCHOOL FOOD AUTHORITY (SFA) REVIEW**

The USDA Foods form must be completed and signed prior to the Coordinated Review Effort (CRE). Do not mail the form to the Michigan Department of Education (MDE). The School Nutrition Training and Programs Analyst will collect the form during the CRE. If you have any questions regarding the attached form, please contact a School Nutrition Training and Programs Analyst at 517-373-3347.

**G-5  
FOOD SERVICE  
MANAGEMENT  
COMPANY/VENDOR**

Grants Coordination and School Support  
School Nutrition Training and Programs



**Coordinated Review Effort (CRE)  
General Areas of Review**

**SCHOOL FOOD AUTHORITY (SFA) REVIEW**

The Food Service Management Company form must be completed and signed prior to the Coordinated Review Effort (CRE). Do not mail the form to the Michigan Department of Education (MDE). The School Nutrition Training and Programs Analyst will collect the form during the CRE. If you have any questions regarding the attached form, please contact a School Nutrition Training and Programs Analyst at 517-373-3347.

**G-4  
PROCUREMENT**

Grants Coordination and School Support  
School Nutrition Training and Programs



**Coordinated Review Effort (CRE)  
General Areas of Review**

**SCHOOL FOOD AUTHORITY (SFA) REVIEW**

The Procurement form must be completed and signed prior to the Coordinated Review Effort (CRE). Do not mail the form to the Michigan Department of Education (MDE). The School Nutrition Training and Programs Analyst will collect the form during the CRE. If you have any questions regarding the attached form, please contact a School Nutrition Training and Programs Analyst at 517-373-3347.

**Coordinated Review Effort (CRE)  
General Areas of Review**

**SCHOOL FOOD AUTHORITY (SFA) REVIEW**

The Food Safety and Sanitation form must be completed and signed prior to the Coordinated Review Effort (CRE). Do not mail the form to the Michigan Department of Education (MDE). The School Nutrition Training and Programs Analyst will collect the form during the CRE. If you have any questions regarding the attached form, please contact a School Nutrition Training and Programs Analyst at 517-373-3347.

For Food Safety Resources, please refer to the following websites:

Education and Training Connection - classes for School Food Service personnel  
<http://www.etc-1.com/foodserv.htm>

USDA/FNS - "Guidance for School Food Authorities: Developing a School Food Safety Program Based on the Process Approach to HACCP Principles"  
<http://www.fns.usda.gov/cnd/CNLabeling/Food-Safety/HACCPGuidance.pdf>

National Food Service Management Institute (NFSMI):  
Developing a School Food Safety Program  
Template for Developing a School Food Safety Program  
[Template for Developing a School Food Safety Program in Word format](#)

National Food Service Management Institute (NFSMI)  
Developing a School Food Safety Program  
Food Safety Standard Operating Procedures  
[HACCP-Based Standard Operating Procedures \(SOPs\) in Word format](#)

Local (Michigan County) Health Departments  
<http://www.malph.org/page.cfm/18/>

Michigan Department of Agriculture – Food Safety  
[www.michigan.gov/mda](http://www.michigan.gov/mda)

National Food Service Management Institute (NFSMI)  
[www.nfsmi.org](http://www.nfsmi.org)



# POST AWARD CIVIL RIGHTS COMPLIANCE REVIEW

<b>Agreement #</b>	<b>SFA</b>	<b>Name of Building(s) Selected for Review:</b>			
		1)	2)	3)	4)

**Part I: RACIAL-ETHNIC DATA** *(Complete this section for the entire school organization.)*

	RACIAL IDENTITY						ETHNIC IDENTITY			
	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total <sup>1*</sup>	Hispanic or Latino	Not Hispanic or Latino	Total <sup>2*</sup>	
# of Free Students (Approved):							# of Free Students (Approved):			
# of Reduced Students (Approved):							# of Reduced Students (Approved):			
# of Staff (Food Service Only):							# of Staff (Food Service Only):			

\*Each approved free or reduced student and food service staff must be classified for both Racial Identity and Ethnic Identity. The numbers listed in the Total<sup>1</sup> Column must be the same as the Total<sup>2</sup> Column.

**DENIED APPLICATIONS (Based on Verification)** *Are they disproportionately composed of minorities?*     YES     NO

	RACIAL IDENTITY						ETHNIC IDENTITY			
	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total <sup>3*</sup>	Hispanic or Latino	Not Hispanic or Latino	Total <sup>4*</sup>	
# of Free Students (Denied):							# of Free Students (Denied):			
# of Reduced Students (Denied):							# of Reduced Students (Denied):			

\*Each denied free or reduced student must be classified for both Racial Identity and for Ethnic Identity. The numbers listed in the Total<sup>3</sup> Column must be the same as the Total<sup>4</sup> Column.

**Part II: CHECK APPLICABLE BOX**

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| A. School/Institution has sent out a public release for free and reduced price meals to the parents/guardians and community/local minority and grass roots organization. | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| B. School/Institution has a procedure in place to inform the constituents of all aspects of the program (availability, benefits, etc.).                                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| C. Program materials include the non-discrimination statement.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| D. Materials provide the provision that discrimination complaints may be filed directly with the Secretary of Agriculture.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| E. A USDA non-discrimination poster is displayed in a prominent place accessible to the students in each school.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| F. School/Institution completes an annual review of all buildings to ensure Civil Rights compliance.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| G. School/Institution provides training to new/current employees to ensure competency in civil rights compliance.  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| H. School/Institution provides bilingual personnel/materials if necessary.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| I. School/Institution admission procedures do not restrict enrollment by race, color, national origin, sex, age or disability.   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| J. School/Institution has an established procedure to accept complaints or grievances that are based upon race, color, national origin, sex, age or disability.          | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| J-1. Have there been any complaints?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| J-2. If "yes", how many? _____ "No" answer does NOT require explanation for # J -1.  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| J-3. Reported to the state agency?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

**PART III: EXPLAIN ALL "NO" OR "N/A" ANSWERS** *(Attach a separate sheet to this form.)*

**PART IV: CERTIFICATION**

I certify \_\_\_\_\_ will take any kind of action necessary to be in full civil rights compliance with: Title VI of the Civil Rights Act of 1964 - nondiscrimination based on race, color, national origin; Age Discrimination Act of 1975 – nondiscrimination based on age; Title IX of the Education Amendments of 1972 – nondiscrimination based on sex; Section 504 of the Rehabilitation Act of 1973 - nondiscrimination based on disability.

DATE: \_\_\_\_\_ SIGNATURE *(Superintendent/Principal/Administrator):* \_\_\_\_\_

**PART V: CORRECTIVE ACTION REQUIRED?**     YES     NO

If "Yes", was corrective action explained to SFA?

YES     NO     N/A

INSPECTION DATE: \_\_\_\_\_

SIGNATURE *(State Representative):* \_\_\_\_\_





**Coordinated Review Effort (CRE)  
 General Areas of Review  
 SITE REVIEW**



AGREEMENT #:		SITE:			DATE:
REVIEW AREAS		YES	NO	N/A	COMMENTS
<b>Accountability</b>					
520	Is pre-payment advertised?				
521	Does the system, as implemented, prevent overt identification of students receiving free and reduced price benefits at meal service or at any other time?				
522a	If site offers different priced meals, are all these variable priced meals available to students eligible for free or reduced price meals without additional charge?				
522b	Are the school meals program meals priced as a unit?				
523	Are adult meal priced according to the recommended guidelines?				
524	Is the reduced price charged to eligible students no more than \$.40/lunch, \$.30/breakfast, and \$.15/snack?				
<b>Meal Service</b>					
525	Was fluid milk available in at least two varieties of fat content throughout the serving period on all serving lines?				
526a	Do all production records document menu items and quantities prepared, served, and leftover for all school meal programs?				
526b	Are substitutions correctly recorded on the production records?				
527	If Food Based Menu Planning: 1) Were planned portion sizes appropriate for the grade group? 2) Were portion sizes served as planned? 3) Were all food items/components used to satisfy meal pattern requirements creditable?				
528	If Enhanced Food Based Menu Planning, was no more than one grains-breads dessert offered to meet the grain/bread component for the day?				
529	If Nutrient Standard Menu Planning, do the serving sizes correspond to the portion sizes analyzed?				
530	Is offer versus serve properly implemented based on the menu planning approach used?				

**Coordinated Review Effort (CRE)  
 General Areas of Review  
 SITE REVIEW**



AGREEMENT #:		SITE:			DATE:		
REVIEW AREAS				YES	NO	N/A	COMMENTS
<b>Food Safety and Sanitation</b>							
531a	Is a Food Safety Plan available at this site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
531b	Are there Standard Operating Procedures (SOPs) for:						
	1) Washing Hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	2) Cleaning and Sanitizing Food Contact Surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	3) Receiving Deliveries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	4) Cooking Potentially Hazardous Foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
531c	Are menu items categorized into the Process Approaches to HACCP?						
	1) Process 1 - No Cook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	2) Process 2 - Cook and Same Day Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	3) Process 3 - Complex Food Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
531d	Are there logs for:						
	1) Thermometer Calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	2) Food Temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	3) Refrigeration/Freezer Temperatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
532	Are there any potentially hazardous or unsanitary conditions at the site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
533	Is the most recent food safety inspection report posted in a publicly visible location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>School Breakfast Program</b>							
534a	Does menu meet all regulatory requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
534b	Is there an accurate point of service count?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>AfterSchool Snack Program</b>							
535a	Does SFA operate a structured, organized, and supervised snack program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
535b	If "YES," is the snack program operated on-site in district buildings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
535c	If "NO," is site run by another organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
535d	Name of organization running the site: _____ →						
535e	Is there an accurate point of service count?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
535f	Does the snack menu meet requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
535g	Do snack production records meet requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
535h	Have on-site reviews been conducted of snack programs twice per year as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

**Coordinated Review Effort (CRE)  
General Areas of Review  
SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:	
REVIEW AREAS		YES	NO	N/A	COMMENTS	
<b>USDA FOODS</b>						
519a	Does the SFA maintain facilities for handling, storage, and distribution of purchased and donated foods that properly safeguard against theft, spoilage, and other loss? 7 CFR 210.13(c)					
519b	Did SFA use its entire allocated commodity entitlement in the prior school year?					
519c	If "NO", what entitlement balance did the SFA have remaining as of June 30? 7 CFR 210.9(b)(15)				→	\$
519d	Has the SFA implemented a single inventory management system of its donated foods and purchased foods?					
519e	If "NO", does SFA separately identify donated foods and purchased foods in its storage facilities and inventory records?					
519f	Does SFA use donated foods in school lunch program? 7 CFR 250.60					
519g	Does SFA use donated foods in other nonprofit school food service activities?					
519h	If "YES", check what activities are applicable below:					
	1) Breakfast or other meals					
	2) A la carte					
	3) Adult meals sold to food service and other school staff.					
	4) Training – Instruction for students related to nutrition, health, food service, or general home economics.					
	5) Other Explain:				→	
519i	Does SFA use donated foods outside of the nonprofit school food service?					
519j	If "YES", does SFA ensure reimbursement to the nonprofit school food service account for the value of donated foods used in such activities and reimburse the account for other resources (commercial food and non-food supplies) utilized as well?					
519k	If SFA utilizes a single inventory management system and cannot reimburse the nonprofit school food service account on actual usage of donated foods outside of the school nonprofit food service, has the SFA established a method to include the current per-meal value of donated food reimbursement in the price charged for the food service activities?					

\_\_\_\_\_  
Signature of Superintendent/Business Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

**Coordinated Review Effort (CRE)  
General Areas of Review  
SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:		
REVIEW AREAS				YES	NO	N/A	COMMENTS
<b>FOOD SERVICE MANAGEMENT COMPANY (FSMC)</b>							
517a	Does the SFA operate its food service under a contract with a private management company?						
517b	If "YES," what is the legal name of the management company?	—————>					
517c	Does the SFA have a current copy of their contract on file for review by the MDE-Program Analyst?						
517d	The original contract was for the ____ - ____ School Year.						
517e	Has the yearly renewal, as required, been sent to MDE and approved?						
517f	Date renewal was signed and approved by MDE:	—————>					
517g	If "YES," is a copy available for the MDE-Program Analyst to review?						
	How is the FSMC billing the district?						
517h	The FSMC is billing for actual meals and actual costs, not the estimates from the Request for Proposal (RFP) or Invitation to Bid (ITB).						
517i	The district knows how the FSMC is billing for the administrative fee (overhead) and management fee (profit).						
517j	The FSMC is billing according to the price-per-meal and fees bid on the original contract unless the RFP/ITB included a renegotiation clause.						
517k	The FSMC is using products in accordance with the food specs outlined in the RFP/ITB.						
517l	The FSMC is identifying the amount of each discount, rebate, and other applicable credit on bills or invoices presented to the SFA for payment and individually identifies the amount as a discount, rebate, or in the case of other applicable credits, the nature of the credit.						
517m	The FSMC is designating its costs to the SFA as follows:						
	1) Each cost submitted for payment on bills or invoices is presented to the SFA, the amount of that cost that is allowable and unallowable (i.e., can and cannot be paid from the SFA's nonprofit school food service account.)						
	2) All unallowable costs are being excluded from billing documents and the FSMC is certifying that: (1) only allowable costs are submitted for payments; and (2) records have been established that maintain the visibility of unallowable costs, including directly associated costs, in a manner suitable for contract cost determination and						
517n	The SFA monitors the food service operation through periodic site visits to ensure the FSMC uses all donated ground beef, ground pork, all processed end products, and all other donated foods in its food service. 7 CFR 210.16(a)(3) and 250.51(d)						

Grants Coordination and School Support  
School Nutrition Training and Programs

REVIEW AREAS		YES	NO	N/A	COMMENTS
517o	The FSMC is crediting on bills or invoices presented to the SFA, the value of all donated foods (including both entitlement and bonus foods) received for use in SFA's meal service in the school year, including the value of donated				
517p	The SFA has conducted an annual reconciliation and has maintained records to ensure that FSMC has credited the SFA for the value of all donated foods received for use in the school food service, including the value of donated foods contained in processed end products. 7 CFR 250.54(a) and				
517q	Is an advisory board composed of students, parents, and teachers established and operational to assist in menu planning?				
517r	If "YES," is documentation of advisory board available on file?				
<b>VENDOR/CATERER</b>					
518a	Does the SFA purchase from an outside vendor/caterer?				
518b	If "YES," what is the legal name of the vendor/caterer? <span style="float: right;">—————→</span>				
518c	Does the SFA have a current Food Service Contract on file?				
518d	Does the SFA have a current Commodity Agreement on file?				
518e	Are commodities stored at an off-site facility?				
518f	If "YES," are those commodities inventoried?				

Please provide copies of student advisory board documentation.

\_\_\_\_\_  
Signature of Superintendent/Business Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

**Coordinated Review Effort (CRE)  
 General Areas of Review  
 SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:
REVIEW AREAS		YES	NO	N/A	COMMENTS
<b>PROCUREMENT</b>					
	What method of procurement is used to purchase the SFA food and non-food items?				
514a	<b>SMALL PURCHASE METHOD</b> Total food cost for the year or total food cost by category does not exceed the small purchase threshold, a small purchase procedure/RFQ (Request for Quotation) would be used to procure food and nonfood items.				
514b	If "YES," what is SFAs small purchase threshold? _____ →				\$
514c	If "YES," is there documentation of three requests for quotation for all items purchased using the small purchase method?				Please provide a copy of the local purchasing policy, signed by the school board, stating the small purchase threshold.
515	<b>LARGE PURCHASE METHOD</b> Total food cost for the year or total food cost by category exceeds the small purchase threshold, a sealed bid method/ITB (Invitation to Bid) or a competitive proposal method/RFP (Request for Proposal) would be used to procure food and non food items.				
516	<b>COMBINATION OF BOTH SMALL AND LARGE PURCHASE METHODS (Please describe below)</b>				

**Please have all procurement documentation available for review.**

_____ Signature of Superintendent/Business Manager	_____ Date	
_____ Telephone	_____ Fax	_____ E-mail



**Coordinated Review Effort (CRE)  
General Areas of Review  
SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:		
REVIEW AREAS				YES	NO	N/A	COMMENTS
<b>Reporting and Recordkeeping</b>							
500	Are records retained for 3 years after the final claim for reimbursement for the fiscal year or until resolution of any audits.						
501	Were reports submitted as required to MDE?						
502a	Is a mechanism in place to provide for student-parent input on a yearly basis?						N/A = RCCI
502b	If "YES," is input documented?						
503a	Is the most recent Nutrition Review Results packet available for review?						
503b	Are the documents submitted for the Nutrition Review consistent with SFA menus and production records.						
503c	If there were nutrition findings, was Corrective Action submitted?						
503d	If "YES," has the Plan of Action been implemented?						
<b>Monitoring Responsibilities</b>							
504a	Was the on-site review of the meal counting and claiming procedure completed and documented prior to February 1?						
504b	Was corrective action of the meal counting and claiming procedure required?						
504c	If "YES," was a follow-up review conducted within 45 days to ensure that the school implemented corrective action?						
504d	Does documentation indicate that corrective action was successful?						
505a	Prior to the submission of a claim, are attendance adjusted eligibles by category compared to daily meals counts for each school? (The system must check out each day, but it can be done weekly or monthly.						
505b	Have daily counts that exceed the attendance adjusted eligible edit check been evaluated prior to consolidation?						
<b>Wellness</b>							
506a	Has the SFA established a Local Wellness Policy (LWP)?						
506b	Is there a copy of the SFAs LWP on file?						
507a	Are FMNV (i.e., carbonated beverages, gum, certain candies, and water ices) being sold in the Food Service Area of any building in the SFA during the breakfast and/or lunch period?						
507b	Is the school food service account paying for the purchase of such FMNV (regardless of funding source)?						
507c	Do records document that costs of foods of minimal nutritional value are self-sustaining?						

**Coordinated Review Effort (CRE)  
 General Areas of Review  
 SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:	
REVIEW AREAS		YES	NO	N/A	COMMENTS	
508a	Are students with special dietary needs provided program benefits as prescribed by regulations?					
508b	Are meal substitutions documented with the proper documentation?					
<b>Free and Reduced Price Process</b>						
509	Is the policy statement implemented as approved?					
510a	Is the LEA required to conduct Verification?					
510b	Method used for Verification Process: (Check One)                      →		Basic			
			Focused			
			Random			
510c	Number of "paper" applications on file (approved as of October 1):	→				#Approved:
510d	Number of "paper" applications verified:	→				#Verified:
510e	Were no more/no less than the percentage/maximum number of applications for the sample size option used selected for verification?					
510f	If the LEA chose to replace applications selected for verification, was it done correctly and limited to 5% of the applications selected?					
510g	Were household informed that acceptable documentation could be for any point in time between the month prior to applications and the time the household is required to provide documentation?					
510h	If required, did the LEA conduct confirmation reviews?					
510i	Did the LEA follow the required procedures if the confirmation review did not validate the original determination?					
510j	Did the LEA meet the follow-up requirements if the household failed to respond to the request for verification?					
510k	Did the LEA attempt to directly verify selected applications?					
510l	If YES, were the requirements met?					
510m	Is the verification summary sheet properly completed?					
510n	Was the verification completed by the November 15 deadline?					
510o	If "NO," what date was it completed:	→			Date:	
510p	Was the verification process completed according to requirements?					

**Mail Corrective Action To:**

School Nutrition Training and Programs  
Grants Coordination and School Support  
Michigan Department of Education  
P.O. Box 30008  
Lansing, MI 48909  
Attn: Corrective Action

# CRITICAL AREA FINDINGS AND CORRECTIVE ACTION PLAN



## No General Area Findings

Date of Review: \_\_\_\_\_

Agreement No.: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

School Food Authority: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

## CORRECTIVE ACTION REQUIRED

**DUE DATE:** \_\_\_\_\_

### PERFORMANCE STANDARD #1

#### A. Certification

- Application Error(s) - Missing Information (see Page S-5)
- Application Error(s) - Miscategorized (see Page S-5)
- Application Error(s) - Incorrect Direct Certification Process (see SFA-2)

Corrective Action Required: \_\_\_\_\_

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Corrective Action Taken (include date): \_\_\_\_\_

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#### B. Benefit Issuance

- Ineligible Recipients (see Page S-5)
- Eligible(s) not Receiving Benefits (see Page S-5)

Corrective Action Required: \_\_\_\_\_

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Corrective Action Taken (include date): \_\_\_\_\_

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● **Documentation (proof) must be included with corrective action.**

## CRITICAL AREAS (cont.)

- C. Consolidating Claims**       Inadequate System for Consolidating School Counts (see SFA-2)
- D. Counting & Claiming**       Inadequate Counting/Claiming at Point of Service (see Page S-3)
- E. Updating Eligibility**       Inadequate in Eligibility Status--Over Time Frame (see Page S-2)

Corrective Action Required: \_\_\_\_\_

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Corrective Action Taken (include date): \_\_\_\_\_

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## PERFORMANCE STANDARD #2

### Meal Components

- A. Missing a Meal Component(s) (see Page S-3)
- B. Menu Does Not Meet Requirements (see Page S-4)

Corrective Action Required: \_\_\_\_\_

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Corrective Action Taken (include date): \_\_\_\_\_

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## SUMMARY

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Threshold Exceeded?    Yes                  No

Technical Assistance?    Yes                  No  
 Requested By:                  SFA                  SA

\_\_\_\_\_  
*Signature of Program Analyst*

\_\_\_\_\_  
*Signature of Food Authority Representative*

● **Documentation (proof) must be included with corrective action.**

**G-4  
PROCUREMENT**

Grants Coordination and School Support  
School Nutrition Training and Programs



**Coordinated Review Effort (CRE)  
General Areas of Review**

**SCHOOL FOOD AUTHORITY (SFA) REVIEW**

The Procurement form must be completed and signed prior to the Coordinated Review Effort (CRE). Do not mail the form to the Michigan Department of Education (MDE). The School Nutrition Training and Programs Analyst will collect the form during the CRE. If you have any questions regarding the attached form, please contact a School Nutrition Training and Programs Analyst at 517-373-3347.

**Coordinated Review Effort (CRE)  
General Areas of Review**

**SCHOOL FOOD AUTHORITY (SFA) REVIEW**

The Food Safety and Sanitation form must be completed and signed prior to the Coordinated Review Effort (CRE). Do not mail the form to the Michigan Department of Education (MDE). The School Nutrition Training and Programs Analyst will collect the form during the CRE. If you have any questions regarding the attached form, please contact a School Nutrition Training and Programs Analyst at 517-373-3347.

For Food Safety Resources, please refer to the following websites:

Education and Training Connection - classes for School Food Service personnel  
<http://www.etc-1.com/foodserv.htm>

USDA/FNS - "Guidance for School Food Authorities: Developing a School Food Safety Program Based on the Process Approach to HACCP Principles"  
<http://www.fns.usda.gov/cnd/CNlabeling/Food-Safety/HACCPGuidance.pdf>

National Food Service Management Institute (NFSMI):  
Developing a School Food Safety Program  
Template for Developing a School Food Safety Program  
[Template for Developing a School Food Safety Program in Word format](#)

National Food Service Management Institute (NFSMI)  
Developing a School Food Safety Program  
Food Safety Standard Operating Procedures  
[HACCP-Based Standard Operating Procedures \(SOPs\) in Word format](#)

Local (Michigan County) Health Departments  
<http://www.malph.org/page.cfm/18/>

Michigan Department of Agriculture – Food Safety  
[www.michigan.gov/mda](http://www.michigan.gov/mda)

National Food Service Management Institute (NFSMI)  
[www.nfsmi.org](http://www.nfsmi.org)



# POST AWARD CIVIL RIGHTS COMPLIANCE REVIEW

<b>Agreement #</b>	<b>SFA</b>	<b>Name of Building(s) Selected for Review:</b>			
		1)	2)	3)	4)

**Part I: RACIAL-ETHNIC DATA** *(Complete this section for the entire school organization.)*

	RACIAL IDENTITY						ETHNIC IDENTITY			
	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total <sup>1*</sup>	Hispanic or Latino	Not Hispanic or Latino	Total <sup>2*</sup>	
# of Free Students (Approved):							# of Free Students (Approved):			
# of Reduced Students (Approved):							# of Reduced Students (Approved):			
# of Staff (Food Service Only):							# of Staff (Food Service Only):			

\*Each approved free or reduced student and food service staff must be classified for both Racial Identity and Ethnic Identity. The numbers listed in the Total<sup>1</sup> Column must be the same as the Total<sup>2</sup> Column.

**DENIED APPLICATIONS (Based on Verification)** *Are they disproportionately composed of minorities?*     YES     NO

	RACIAL IDENTITY						ETHNIC IDENTITY			
	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Total <sup>3*</sup>	Hispanic or Latino	Not Hispanic or Latino	Total <sup>4*</sup>	
# of Free Students (Denied):							# of Free Students (Denied):			
# of Reduced Students (Denied):							# of Reduced Students (Denied):			

\*Each denied free or reduced student must be classified for both Racial Identity and for Ethnic Identity. The numbers listed in the Total<sup>3</sup> Column must be the same as the Total<sup>4</sup> Column.

**Part II: CHECK APPLICABLE BOX**

- |  |                          |            |                          |           |                          |            |
|--|--------------------------|------------|--------------------------|-----------|--------------------------|------------|
| A. School/Institution has sent out a public release for free and reduced price meals to the parents/guardians and community/local minority and grass roots organization. | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |
| B. School/Institution has a procedure in place to inform the constituents of all aspects of the program (availability, benefits, etc.).                                  | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |
| C. Program materials include the non-discrimination statement.   | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |
| D. Materials provide the provision that discrimination complaints may be filed directly with the Secretary of Agriculture.   | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |
| E. A USDA non-discrimination poster is displayed in a prominent place accessible to the students in each school.   | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |
| F. School/Institution completes an annual review of all buildings to ensure Civil Rights compliance.   | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |
| G. School/Institution provides training to new/current employees to ensure competency in civil rights compliance.  | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |
| H. School/Institution provides bilingual personnel/materials if necessary.   | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |
| I. School/Institution admission procedures do not restrict enrollment by race, color, national origin, sex, age or disability.   | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |
| J. School/Institution has an established procedure to accept complaints or grievances that are based upon race, color, national origin, sex, age or disability.          | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |
| J-1. Have there been any complaints?   | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |
| J-2. If "yes", how many? _____ "No" answer does NOT require explanation for # J -1.  | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |
| J-3. Reported to the state agency?   | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> | <input type="checkbox"/> | <b>N/A</b> |

**PART III: EXPLAIN ALL "NO" OR "N/A" ANSWERS** *(Attach a separate sheet to this form.)*

**PART IV: CERTIFICATION**

I certify \_\_\_\_\_ will take any kind of action necessary to be in full civil rights compliance with: Title VI of the Civil Rights Act of 1964 - nondiscrimination based on race, color, national origin; Age Discrimination Act of 1975 – nondiscrimination based on age; Title IX of the Education Amendments of 1972 – nondiscrimination based on sex; Section 504 of the Rehabilitation Act of 1973 - nondiscrimination based on disability.

DATE: \_\_\_\_\_ SIGNATURE *(Superintendent/Principal/Administrator):* \_\_\_\_\_

**PART V: CORRECTIVE ACTION REQUIRED?**     YES     NO

If "Yes", was corrective action explained to SFA?

YES     NO     N/A

INSPECTION DATE: \_\_\_\_\_

SIGNATURE *(State Representative):* \_\_\_\_\_





**Coordinated Review Effort (CRE)  
 General Areas of Review  
 SITE REVIEW**



AGREEMENT #:		SITE:			DATE:
REVIEW AREAS		YES	NO	N/A	COMMENTS
<b>Accountability</b>					
520	Is pre-payment advertised?				
521	Does the system, as implemented, prevent overt identification of students receiving free and reduced price benefits at meal service or at any other time?				
522a	If site offers different priced meals, are all these variable priced meals available to students eligible for free or reduced price meals without additional charge?				
522b	Are the school meals program meals priced as a unit?				
523	Are adult meal priced according to the recommended guidelines?				
524	Is the reduced price charged to eligible students no more than \$.40/lunch, \$.30/breakfast, and \$.15/snack?				
<b>Meal Service</b>					
525	Was fluid milk available in at least two varieties of fat content throughout the serving period on all serving lines?				
526a	Do all production records document menu items and quantities prepared, served, and leftover for all school meal programs?				
526b	Are substitutions correctly recorded on the production records?				
527	If Food Based Menu Planning: 1) Were planned portion sizes appropriate for the grade group? 2) Were portion sizes served as planned? 3) Were all food items/components used to satisfy meal pattern requirements creditable?				
528	If Enhanced Food Based Menu Planning, was no more than one grains-breads dessert offered to meet the grain/bread component for the day?				
529	If Nutrient Standard Menu Planning, do the serving sizes correspond to the portion sizes analyzed?				
530	Is offer versus serve properly implemented based on the menu planning approach used?				

**Coordinated Review Effort (CRE)  
 General Areas of Review  
 SITE REVIEW**



AGREEMENT #:		SITE:			DATE:
REVIEW AREAS		YES	NO	N/A	COMMENTS
<b>Food Safety and Sanitation</b>					
531a	Is a Food Safety Plan available at this site?				
531b	Are there Standard Operating Procedures (SOPs) for:				
	1) Washing Hands				
	2) Cleaning and Sanitizing Food Contact Surfaces				
	3) Receiving Deliveries				
	4) Cooking Potentially Hazardous Foods				
531c	Are menu items categorized into the Process Approaches to HACCP?				
	1) Process 1 - No Cook				
	2) Process 2 - Cook and Same Day Service				
	3) Process 3 - Complex Food Preparation				
531d	Are there logs for:				
	1) Thermometer Calibration				
	2) Food Temperatures				
	3) Refrigeration/Freezer Temperatures				
532	Are there any potentially hazardous or unsanitary conditions at the site?				
533	Is the most recent food safety inspection report posted in a publicly visible location?				
<b>School Breakfast Program</b>					
534a	Does menu meet all regulatory requirements?				
534b	Is there an accurate point of service count?				
<b>AfterSchool Snack Program</b>					
535a	Does SFA operate a structured, organized, and supervised snack program?				
535b	If "YES," is the snack program operated on-site in district buildings?				
535c	If "NO," is site run by another organization?				
535d	Name of organization running the site: _____ →				
535e	Is there an accurate point of service count?				
535f	Does the snack menu meet requirements?				
535g	Do snack production records meet requirements?				
535h	Have on-site reviews been conducted of snack programs twice per year as required?				

**Coordinated Review Effort (CRE)  
General Areas of Review  
SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:	
REVIEW AREAS		YES	NO	N/A	COMMENTS	
<b>USDA FOODS</b>						
519a	Does the SFA maintain facilities for handling, storage, and distribution of purchased and donated foods that properly safeguard against theft, spoilage, and other loss? 7 CFR 210.13(c)					
519b	Did SFA use its entire allocated commodity entitlement in the prior school year?					
519c	If "NO", what entitlement balance did the SFA have remaining as of June 30? 7 CFR 210.9(b)(15)				→	\$
519d	Has the SFA implemented a single inventory management system of its donated foods and purchased foods?					
519e	If "NO", does SFA separately identify donated foods and purchased foods in its storage facilities and inventory records?					
519f	Does SFA use donated foods in school lunch program? 7 CFR 250.60					
519g	Does SFA use donated foods in other nonprofit school food service activities?					
519h	If "YES", check what activities are applicable below:					
	1) Breakfast or other meals					
	2) A la carte					
	3) Adult meals sold to food service and other school staff.					
	4) Training – Instruction for students related to nutrition, health, food service, or general home economics.					
	5) Other Explain:				→	
519i	Does SFA use donated foods outside of the nonprofit school food service?					
519j	If "YES", does SFA ensure reimbursement to the nonprofit school food service account for the value of donated foods used in such activities and reimburse the account for other resources (commercial food and non-food supplies) utilized as well?					
519k	If SFA utilizes a single inventory management system and cannot reimburse the nonprofit school food service account on actual usage of donated foods outside of the school nonprofit food service, has the SFA established a method to include the current per-meal value of donated food reimbursement in the price charged for the food service activities?					

\_\_\_\_\_  
Signature of Superintendent/Business Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

**Coordinated Review Effort (CRE)  
General Areas of Review  
SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:		
REVIEW AREAS				YES	NO	N/A	COMMENTS
<b>FOOD SERVICE MANAGEMENT COMPANY (FSMC)</b>							
517a	Does the SFA operate its food service under a contract with a private management company?						
517b	If "YES," what is the legal name of the management company?	—————→					
517c	Does the SFA have a current copy of their contract on file for review by the MDE-Program Analyst?						
517d	The original contract was for the ____ - ____ School Year.						
517e	Has the yearly renewal, as required, been sent to MDE and approved?						
517f	Date renewal was signed and approved by MDE:	—————→					
517g	If "YES," is a copy available for the MDE-Program Analyst to review?						
	How is the FSMC billing the district?						
517h	The FSMC is billing for actual meals and actual costs, not the estimates from the Request for Proposal (RFP) or Invitation to Bid (ITB).						
517i	The district knows how the FSMC is billing for the administrative fee (overhead) and management fee (profit).						
517j	The FSMC is billing according to the price-per-meal and fees bid on the original contract unless the RFP/ITB included a renegotiation clause.						
517k	The FSMC is using products in accordance with the food specs outlined in the RFP/ITB.						
517l	The FSMC is identifying the amount of each discount, rebate, and other applicable credit on bills or invoices presented to the SFA for payment and individually identifies the amount as a discount, rebate, or in the case of other applicable credits, the nature of the credit.						
517m	The FSMC is designating its costs to the SFA as follows:						
	1) Each cost submitted for payment on bills or invoices is presented to the SFA, the amount of that cost that is allowable and unallowable (i.e., can and cannot be paid from the SFA's nonprofit school food service account.)						
	2) All unallowable costs are being excluded from billing documents and the FSMC is certifying that: (1) only allowable costs are submitted for payments; and (2) records have been established that maintain the visibility of unallowable costs, including directly associated costs, in a manner suitable for contract cost determination and						
517n	The SFA monitors the food service operation through periodic site visits to ensure the FSMC uses all donated ground beef, ground pork, all processed end products, and all other donated foods in its food service. 7 CFR 210.16(a)(3) and 250.51(d)						

Grants Coordination and School Support  
School Nutrition Training and Programs

REVIEW AREAS		YES	NO	N/A	COMMENTS
517o	The FSMC is crediting on bills or invoices presented to the SFA, the value of all donated foods (including both entitlement and bonus foods) received for use in SFA's meal service in the school year, including the value of donated				
517p	The SFA has conducted an annual reconciliation and has maintained records to ensure that FSMC has credited the SFA for the value of all donated foods received for use in the school food service, including the value of donated foods contained in processed end products. 7 CFR 250.54(a) and				
517q	Is an advisory board composed of students, parents, and teachers established and operational to assist in menu planning?				
517r	If "YES," is documentation of advisory board available on file?				
<b>VENDOR/CATERER</b>					
518a	Does the SFA purchase from an outside vendor/caterer?				
518b	If "YES," what is the legal name of the vendor/caterer? _____ →				
518c	Does the SFA have a current Food Service Contract on file?				
518d	Does the SFA have a current Commodity Agreement on file?				
518e	Are commodities stored at an off-site facility?				
518f	If "YES," are those commodities inventoried?				

Please provide copies of student advisory board documentation.

\_\_\_\_\_  
Signature of Superintendent/Business Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

**Coordinated Review Effort (CRE)  
General Areas of Review  
SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:
REVIEW AREAS		YES	NO	N/A	COMMENTS
<b>PROCUREMENT</b>					
	What method of procurement is used to purchase the SFA food and non-food items?				
514a	<b>SMALL PURCHASE METHOD</b> Total food cost for the year or total food cost by category does not exceed the small purchase threshold, a small purchase procedure/RFQ (Request for Quotation) would be used to procure food and nonfood items.				
514b	If "YES," what is SFAs small purchase threshold? _____ →				\$
514c	If "YES," is there documentation of three requests for quotation for all items purchased using the small purchase method?				Please provide a copy of the local purchasing policy, signed by the school board, stating the small purchase threshold.
515	<b>LARGE PURCHASE METHOD</b> Total food cost for the year or total food cost by category exceeds the small purchase threshold, a sealed bid method/ITB (Invitation to Bid) or a competitive proposal method/RFP (Request for Proposal) would be used to procure food and non food items.				
516	<b>COMBINATION OF BOTH SMALL AND LARGE PURCHASE METHODS (Please describe below)</b>				

**Please have all procurement documentation available for review.**

_____ Signature of Superintendent/Business Manager	_____ Date	
_____ Telephone	_____ Fax	_____ E-mail

**Coordinated Review Effort (CRE)  
General Areas of Review  
SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:		
REVIEW AREAS				YES	NO	N/A	COMMENTS
<b>FOOD SAFETY AND SANITATION</b>							
511a	Does the district have a master Food Safety Plan?						
511b	Does the Food Safety Plan include: Documented Standard Operating Procedures (SOPs) applicable for each site.						
511c	Menu items are categorized according to the Process Approach to Hazard Analysis Critical Control Points (HACCP).						
511d	Documentation of critical limits on temperature logs and/or production records.						
511e	A plan for establishing and documenting corrective action.						
511f	Is the Food Safety Plan reviewed and revised yearly?						
511g	Are all Food Safety Plan records kept for 3 years plus the current year?						
512a	Have SFA employees had food safety training?						
512b	Does the Food Safety Training documentation/records include current certificates on file from a food safety certification course.						
512c	Are yearly inservices on food safety offered to district employees?						
513a	Did each school receive two food safety inspections this school year? Please provide documentation.						
513b	Are the most current food safety inspections posted in a publicly visible location at each site?						

**Please have your district Food Safety Plan and all food safety  
inspections available for review.**

\_\_\_\_\_ Signature of Food Service Director \_\_\_\_\_ Date

\_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email

\_\_\_\_\_ MDE Signature \_\_\_\_\_ Date

**Coordinated Review Effort (CRE)  
General Areas of Review  
SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:
REVIEW AREAS		YES	NO	N/A	COMMENTS
<b>Reporting and Recordkeeping</b>					
500	Are records retained for 3 years after the final claim for reimbursement for the fiscal year or until resolution of any audits.				
501	Were reports submitted as required to MDE?				
502a	Is a mechanism in place to provide for student-parent input on a yearly basis?				N/A = RCCI
502b	If "YES," is input documented?				
503a	Is the most recent Nutrition Review Results packet available for review?				
503b	Are the documents submitted for the Nutrition Review consistent with SFA menus and production records.				
503c	If there were nutrition findings, was Corrective Action submitted?				
503d	If "YES," has the Plan of Action been implemented?				
<b>Monitoring Responsibilities</b>					
504a	Was the on-site review of the meal counting and claiming procedure completed and documented prior to February 1?				
504b	Was corrective action of the meal counting and claiming procedure required?				
504c	If "YES," was a follow-up review conducted within 45 days to ensure that the school implemented corrective action?				
504d	Does documentation indicate that corrective action was successful?				
505a	Prior to the submission of a claim, are attendance adjusted eligibles by category compared to daily meals counts for each school? (The system must check out each day, but it can be done weekly or monthly.				
505b	Have daily counts that exceed the attendance adjusted eligible edit check been evaluated prior to consolidation?				
<b>Wellness</b>					
506a	Has the SFA established a Local Wellness Policy (LWP)?				
506b	Is there a copy of the SFAs LWP on file?				
507a	Are FMNV (i.e., carbonated beverages, gum, certain candies, and water ices) being sold in the Food Service Area of any building in the SFA during the breakfast and/or lunch period?				
507b	Is the school food service account paying for the purchase of such FMNV (regardless of funding source)?				
507c	Do records document that costs of foods of minimal nutritional value are self-sustaining?				

**Coordinated Review Effort (CRE)  
General Areas of Review  
SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:
REVIEW AREAS		YES	NO	N/A	COMMENTS
508a	Are students with special dietary needs provided program benefits as prescribed by regulations?				
508b	Are meal substitutions documented with the proper documentation?				
<b>Free and Reduced Price Process</b>					
509	Is the policy statement implemented as approved?				
510a	Is the LEA required to conduct Verification?				
510b	Method used for Verification Process: (Check One)                      →				
			Basic		
			Focused		
			Random		
510c	Number of "paper" applications on file (approved as of October 1):	→			#Approved:
510d	Number of "paper" applications verified:	→			#Verified:
510e	Were no more/no less than the percentage/maximum number of applications for the sample size option used selected for verification?				
510f	If the LEA chose to replace applications selected for verification, was it done correctly and limited to 5% of the applications selected?				
510g	Were household informed that acceptable documentation could be for any point in time between the month prior to applications and the time the household is required to provide documentation?				
510h	If required, did the LEA conduct confirmation reviews?				
510i	Did the LEA follow the required procedures if the confirmation review did not validate the original determination?				
510j	Did the LEA meet the follow-up requirements if the household failed to respond to the request for verification?				
510k	Did the LEA attempt to directly verify selected applications?				
510l	If YES, were the requirements met?				
510m	Is the verification summary sheet properly completed?				
510n	Was the verification completed by the November 15 deadline?				
510o	If "NO," what date was it completed:	→			Date:
510p	Was the verification process completed according to requirements?				

**Mail Corrective Action To:**

School Nutrition Training and Programs  
Grants Coordination and School Support  
Michigan Department of Education  
P.O. Box 30008  
Lansing, MI 48909  
Attn: Corrective Action

**CRITICAL AREA FINDINGS  
AND CORRECTIVE ACTION  
PLAN**



**No General Area Findings**

Date of Review: \_\_\_\_\_

Agreement No.: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

School Food Authority: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**CORRECTIVE ACTION REQUIRED**

**DUE DATE:** \_\_\_\_\_

**PERFORMANCE STANDARD #1**

**A. Certification**

- Application Error(s) - Missing Information (see Page S-5)
- Application Error(s) - Miscategorized (see Page S-5)
- Application Error(s) - Incorrect Direct Certification Process (see SFA-2)

Corrective Action Required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action Taken (include date): \_\_\_\_\_

\_\_\_\_\_

**B. Benefit Issuance**

- Ineligible Recipients (see Page S-5)
- Eligible(s) not Receiving Benefits (see Page S-5)

Corrective Action Required: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective Action Taken (include date): \_\_\_\_\_

\_\_\_\_\_

● **Documentation (proof) must be included with corrective action.**

## CRITICAL AREAS (cont.)

- C. Consolidating Claims**       Inadequate System for Consolidating School Counts (see SFA-2)
- D. Counting & Claiming**       Inadequate Counting/Claiming at Point of Service (see Page S-3)
- E. Updating Eligibility**       Inadequate in Eligibility Status--Over Time Frame (see Page S-2)

Corrective Action Required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrective Action Taken (include date): \_\_\_\_\_

\_\_\_\_\_

## PERFORMANCE STANDARD #2

### Meal Components

- A. Missing a Meal Component(s) (see Page S-3)
- B. Menu Does Not Meet Requirements (see Page S-4)

Corrective Action Required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Corrective Action Taken (include date): \_\_\_\_\_

\_\_\_\_\_

## SUMMARY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Threshold Exceeded?    Yes                  No

Technical Assistance?    Yes                  No  
 Requested By:                  SFA                  SA

\_\_\_\_\_  
*Signature of Program Analyst*

\_\_\_\_\_  
*Signature of Food Authority Representative*

● **Documentation (proof) must be included with corrective action.**

**Additional Administrative Review (AAR)  
 General Areas of Review  
 SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:		
REVIEW AREAS				YES	NO	N/A	COMMENTS
<b>Verification</b>							
510a	Is the LEA required to conduct Verification?						
510b	Method used for Verification Process: (Check One)                      →				Basic		
					Focused		
					Random		
510c	Number of "paper" applications on file (approved as of October 1):			→			
510d	Number of "paper" applications verified:			→ #Verified:			
510e	Were no more/no less than the percentage/maximum number of applications for the sample size option used selected for verification?						
510f	If the LEA chose to replace applications selected for verification, was it done correctly and limited to 5% of the applications selected?						
510g	Were household informed that acceptable documentation could be for any point in time between the month prior to applications and the time the household is required to provide documentation?						
510h	If required, did the LEA conduct confirmation reviews?						
510i	Did the LEA follow the required procedures if the confirmation review did not validate the original determination?						
510j	Did the LEA meet the follow-up requirements if the household failed to respond to the request for verification?						
510k	Did the LEA attempt to directly verify selected applications?						
510l	If YES, were the requirements met?						
510m	Is the verification summary sheet properly completed?						
510n	Was the verification completed by the November 15 deadline?						
510o	If "NO," what date was it completed:			→ Date:			
510p	Was the verification process completed according to requirements?						

**Additional Administrative Review (AAR)  
General Areas of Review  
SCHOOL FOOD AUTHORITY (SFA) REVIEW**



AGREEMENT #:		SFA:			DATE:
REVIEW AREAS		YES	NO	N/A	COMMENTS
<b>Verification</b>					
510a	Is the LEA required to conduct Verification?				
510b	Method used for Verification Process: (Check One)                      →		Basic		
			Focused		
			Random		
510c	Number of "paper" applications on file (approved as of October 1):	→			
510d	Number of "paper" applications verified:	→ #Verified:			
510e	Were no more/no less than the percentage/maximum number of applications for the sample size option used selected for verification?				
510f	If the LEA chose to replace applications selected for verification, was it done correctly and limited to 5% of the applications selected?				
510g	Were household informed that acceptable documentation could be for any point in time between the month prior to applications and the time the household is required to provide documentation?				
510h	If required, did the LEA conduct confirmation reviews?				
510i	Did the LEA follow the required procedures if the confirmation review did not validate the original determination?				
510j	Did the LEA meet the follow-up requirements if the household failed to respond to the request for verification?				
510k	Did the LEA attempt to directly verify selected applications?				
510l	If YES, were the requirements met?				
510m	Is the verification summary sheet properly completed?				
510n	Was the verification completed by the November 15 deadline?				
510o	If "NO," what date was it completed:	→ Date:			
510p	Was the verification process completed according to requirements?				