

Improvement Plan for Certification and Verification School Year 2022-2023

School: _____ Agreement No.: _____

| Required Actions | Action in Place (Yes/No) | Date of Implementation | Employee Responsible |
|--|-----------------------------|------------------------|----------------------|
| Toll-free or local telephone number and e-mail address | | | |
| Confirmation reviewer | | | |
| Employee responsible for responding to verification assistance requests | | | |
| Formal follow-up and system of documentation | | | |
| Participation in direct certification | | | |
| Provide households with Limited English Proficiency (LEP) access to information in the primary language of the household | | | |
| Optional Activities | | | |
| Third party assistance with verification follow-up | | | |
| Exemption of up to 5% from verification sample | | | |
| Additional Actions | | | |
| | | | |
| | | | |

Verification Official's Signature: _____

Phone: _____ Date: _____

Due Date: November 15, 2022

Scan and email to Natalee Mickelson MickelsonN@michigan.gov or MDE-SchoolNutrition@michigan.gov

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| <i>MDE Office Use Only - Received:</i> |
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