STATE AGENCY ADMINISTRATIVE REVIEW SUMMARY

| School Food Authority Name: Glocester Public Schools | | | | | | | | | |
|---|---|--|--------|------------------------------------|--|--|--|--|--|
| Date of Administrative Review: 5/7/19 | | | | | | | | | |
| Date review results were provided to the School Food Authority: 5/8/19 | | | | | | | | | |
| Genera | al Program | Partic | ipatio | n | | | | | |
| | . What Child Nutrition Programs does the School Food Authority participate in? (Select all that apply) | | | | | | | | |
| | ☑ School Breakfast Program ☑ National School Lunch Program □ Fresh Fruit and Vegetable Program □ Afterschool Snack □ Special Milk Program □ Seamless Summer Option | | | | | | | | |
| | Does the So that apply) | oes the School Food Authority operate under any Special Provisions? (Select all nat apply) | | | | | | | |
| | □ Community Eligibility Provision □ Special Provision 1 □ Special Provision 2 □ Special Provision 3 | | | | | | | | |
| Review | Findings | | | | | | | | |
| | ☑ Yes □ No | | | | | | | | |
| If yes, please indicate the areas and what issues were identified in the table below. | | | | | | | | | |
| YES | NO | REVIEW FINDINGS | | | | | | | |
| $\overline{\checkmark}$ | | A. Program Access and Reimbursement | | | | | | | |
| | | YES | NO | | | | | | |
| | | V | | Certification and Benefit Issuance | | | | | |
| | | $\overline{\mathbf{A}}$ | | Verification | | | | | |

| | | | \checkmark | Meal Counting and Claiming | | | |
|-------------------------|---|---|-------------------------|--|--|--|--|
| | | Finding(s) Details: | | | | | |
| | | 1) Program notification letters contained outdated, missing, or | | | | | |
| | | incomplete information. | | | | | |
| | $\overline{\checkmark}$ | B. Meal Patterns and Nutritional Quality | | | | | |
| | | YES | NO | | | | |
| | | | $\overline{\checkmark}$ | Meal Components and Quantities | | | |
| | | | $\overline{\checkmark}$ | Offer versus Serve | | | |
| | | | $\overline{\checkmark}$ | Dietary Specifications and Nutrient Analysis | | | |
| | | | | · | | | |
| | $\overline{\checkmark}$ | C. School Nutrition Environment | | | | | |
| | | YES | NO | | | | |
| | | | V | Food Safety | | | |
| | | | $\overline{\checkmark}$ | Local School Wellness Policy | | | |
| | | | V | Competitive Foods | | | |
| | | $\overline{\mathbf{A}}$ | | Other | | | |
| | 1) Local Wellness Policy requirements have not be | | | | | | |
| $\overline{\mathbf{A}}$ | | D. Civil Rights | | | | | |
| | | Finding(s) Details: | | | | | |
| | | 1) Staff involved in the administration of the program have not | | | | | |
| | | received the required annual civil rights training. | | | | | |
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