

## STATE AGENCY ADMINISTRATIVE REVIEW SUMMARY

**School Food Authority Name:** St. Patrick Academy

**Date of Administrative Review:** 1/29/19

**Date review results were provided to the School Food Authority:** 1/30/19

### General Program Participation

1. 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
  
2. Does the School Food Authority operate under any Special Provisions? (Select all that apply)
  - Community Eligibility Provision
  - Special Provision 1
  - Special Provision 2
  - Special Provision 3

### Review Findings

3. Were any findings identified during the review of this School Food Authority?
  - Yes
  - No

If yes, please indicate the areas and what issues were identified in the table below.

| YES                                 | NO                       | REVIEW FINDINGS                            |                          |                                    |
|-------------------------------------|--------------------------|--|--------------------------|------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <b>A. Program Access and Reimbursement</b> |                          |                                    |
|                                     |                          | <b>YES</b>                                 | <b>NO</b>                |                                    |
|                                     |                          | <input checked="" type="checkbox"/>        | <input type="checkbox"/> | Certification and Benefit Issuance |
|                                     |                          | <input checked="" type="checkbox"/>        | <input type="checkbox"/> | Verification                       |

|                                     |                                     |  |                                     |  |
|-------------------------------------|-------------------------------------|--|-------------------------------------|--|
|                                     |                                     | <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | <b>Meal Counting and Claiming</b>            |
|                                     |                                     | <b>Finding(s) Details:</b><br>1) Households were not notified of eligibility determinations.<br>2) Meals are not counted at the point of service and are not combined and recorded correctly for claiming purposes.<br>3) Households were not notified timely during verification process. |                                     |  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <b>B. Meal Patterns and Nutritional Quality</b>  |                                     |  |
|                                     |                                     | <b>YES</b>   | <b>NO</b>                           |  |
|                                     |                                     | <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Meal Components and Quantities               |
|                                     |                                     | <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Offer versus Serve                           |
|                                     |                                     | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Dietary Specifications and Nutrient Analysis |
|                                     |                                     | 1) Signage indicating composition of reimbursable meal was not posted.<br>2) Signage describing OVS was not posted.  |                                     |  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>C. School Nutrition Environment</b>   |                                     |  |
|                                     |                                     | <b>YES</b>   | <b>NO</b>                           |  |
|                                     |                                     | <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Food Safety                                  |
|                                     |                                     | <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Local School Wellness Policy                 |
|                                     |                                     | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Competitive Foods                            |
|                                     |                                     | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Other  |
|                                     |                                     | <b>Finding(s) Details:</b><br>1) The most recent health inspection was not posted in a publicly visible place.<br>2) Local Wellness Policy requirements have not been met.   |                                     |  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <b>D. Civil Rights</b>   |                                     |  |
|                                     |                                     | <b>Finding(s) Details:</b><br>1) Nutrition program staff involved in the administration of the program have not received the required annual civil rights training.<br>2) The USDA Non-Discrimination Statement was not included on all program materials.                                 |                                     |  |