## Oklahoma State Department of Education (SDE) Child Nutrition Programs (CNP) ADMINISTRATIVE REVIEW (AR) SUMMARY

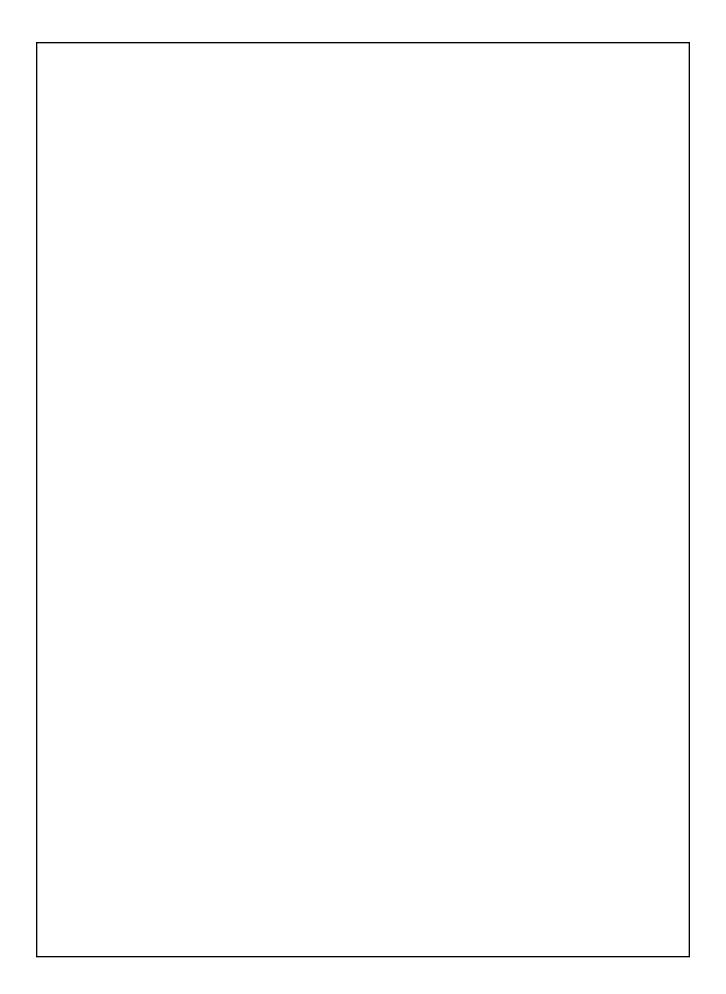
| Name of School Food Authority (SFA    | A):                           | County DistrictCode: |                        |               |  |  |
|---------------------------------------|-------------------------------|----------------------|------------------------|---------------|--|--|
| Superintendent:                       |                               |                      |                        |               |  |  |
| Address of SFA:                       |                               | City:                |                        | Zip Code:     |  |  |
| CN Specialist(s) Conducting Review:   |                               |                      |                        |               |  |  |
| An AR of your SFA's CNP operation     | has been completed. The S     | SFA was found in:    | Compliance             | Noncompliance |  |  |
| Review Month:                         | Date of Review: _             |                      | Date Review C          | losed:        |  |  |
| Number of Schoolsin SFA:              | _Number of Schools Review     | wed:Nun              | nber of Eating Sites R | eviewed:      |  |  |
| List schools reviewed for the follow  | ing CNP:                      |                      |                        |               |  |  |
| National School Lunch Program (NS     | LP):                          |                      |                        |               |  |  |
| School Breakfast Program (SBP):       |                               |                      |                        |               |  |  |
| After-School Snack Program (ASSP):    |                               |                      |                        |               |  |  |
| Special Milk Program (SMP):           |                               |                      |                        |               |  |  |
| Fresh Fruit and Vegetable Program     | (FFVP):                       |                      |                        |               |  |  |
| Seamless Summer Food Program (S.      | SFP):                         |                      |                        |               |  |  |
| Does the SFA operate under any sp     | ecial provisions: (Select an  | y that apply)        |                        |               |  |  |
| Provision 1                           |                               |                      |                        |               |  |  |
| Provision 2                           |                               |                      |                        |               |  |  |
| Provision 3                           |                               |                      |                        |               |  |  |
| Community Eligibility Pro             | vision (CEP)                  |                      |                        |               |  |  |
| This SFA had violations in the follow | ving areas:                   |                      |                        |               |  |  |
| PS-1 Violations                       |                               |                      |                        |               |  |  |
| PS-2 Violations                       |                               |                      |                        |               |  |  |
| Resource Management V                 | iolations (Indicate area of v | violation)           |                        |               |  |  |
| Maintenance of t                      | he Nonprofit Paid             | Lunch Equity         |                        |               |  |  |
| Revenue from No                       | onprogram Foods Indir         | rect Costs           |                        |               |  |  |
| General Area Violations               |                               |                      |                        |               |  |  |
| If applicable, mark appropriate box   | kes:                          |                      |                        |               |  |  |
| Recalculation required                |                               |                      |                        |               |  |  |

Fiscal Action Workbook completed

| YES                 | NO | REVIEW FINDINGS                     |    |                                    |
|---------------------|----|-------------------------------------|----|------------------------------------|
|                     |    | A. Program Access and Reimbursement |    |                                    |
|                     |    | YES                                 | NO |                                    |
|                     |    |                                     |    | Certification and Benefit Issuance |
|                     |    |                                     |    | Verification                       |
|                     |    |                                     |    | Meal Counting and Claiming         |
| Finding(s) Details: |    |                                     |    |                                    |
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| YES                 | NO | REVIEW FINDINGS                          |    |  |
|---------------------|----|--|----|--|
|                     |    | B. Meal Patterns and Nutritional Quality |    |  |
|                     |    | YES                                      | NO |  |
|                     |    |  |    | Meal Components and Quantities               |
|                     |    |  |    | Offer versus Serve                           |
|                     |    |  |    | Dietary Specifications and Nutrient Analysis |
| Finding(s) Details: |    |  |    |  |
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| YES                 | NO | REVIEW FINDINGS |          |                              |
|---------------------|----|-----------------|----------|------------------------------|
|                     |    | C. Sch          | ool Nu   | trition Environment          |
|                     |    | YES             | NO       |                              |
|                     |    |                 |          | Food Safety                  |
|                     |    |                 |          | Local School Wellness Policy |
|                     |    |                 |          | Competitive Foods            |
|                     |    |                 |          | Other                        |
| Finding(s) Details: |    |                 |          |                              |
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|                     |    | D. Civ          | il Right | s                            |
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| Finding(s) Details: |    |                 |          |                              |
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| Comments/Recommendations:   |
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| CORRECTIVE ACTION REQUIRED TO BE COMPLETED BY(§210.18[i][2]):   |
| CORRECTIVE ACTION DOCUMENTATION REQUIRED IN STATE AGENCY BY (§210.18[j][2]):  |
| (30 days from the date the corrective action must be completed)   |
| An exit conference was conducted (§210.18[i][2]) discussing the AR Reviewfindings on:   |
| with(Name and Title of School Representative)   |
| CNP Specialist(s):  |
| Section 207 of the HHFKA amended section 22 of the NSLA (42 U.S.C. 1769c) to require state agencies to report the final results of the AR to the public in an accessible, easily understood manner in accordance with the guidelines promulgated by the Secretary. Regulations at 7 CFR 210.18(m) require the State Agency to post a summary of the most recent final AR results for each SFA on the State Agency's publicly available Web site no later than 30 days after the State Agency provides the final results of the AR to the SFA. The State Agency must also make a copy of the final AR report available to the public upon request. |
| Signature of School Representative Date   |
| Date Review Summary Was PubliclyPosted:   |