



New Mexico Public Education Department

Coordinated School Health & Wellness Bureau

Administrative Review Corrective Action Plan

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|---|---------------------------------|
| Name of School Food Authority: | Mora Independent Schools |
| School Site reviewed: | Mora Elementary School |
| Date of On-Site Review: | November 1, 2017 |
| Date Corrective Action Plan Was provided to SFA: | November 30, 2017 |
| Date your Corrective Action Plan Response is due to NMPED: | January 1, 2017 |

COMMENDATIONS

| PERFORMANCE STANDARD 1 |
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| CEP Report up to date and accurate |
| Edit checks performed |
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| PERFORMANCE STANDARD 2 |
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| Meal components available |
| Signage posted on reimbursable meal |
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| GENERAL AREAS |
|-------------------------|
| Potable water available |
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The following pages address the findings that were identified during your Administrative Review. For each finding you will be presented with the following:

- A summary of the regulation / requirement
- The finding, and details specific to the SFA regarding the finding
- The Code of Federal Regulations citation number or alternate resource citation
- Suggested guidance for the SFA in order to achieve compliance
- SFA area for reply to state how, when and by whom corrections will be made



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Please provide a detailed response to each finding in the spaces provided

| Finding #1 | |
|---|--|
| Only one type of milk was offered for Breakfast | |
| Regulation / Citation Summary | |
| 210.10 (d) <i>Fluid milk requirement</i> —(1) <i>Types of fluid milk.</i> (i) Schools must offer students a variety (at least two different options) of fluid milk. All milk must be fat-free or low-fat. Milk with higher fat content is not allowed. Fat-free fluid milk may be flavored or unflavored, and low-fat fluid milk must be unflavored. Low fat or fat-free lactose-free and reduced-lactose fluid milk may also be offered. | |
| SFA Suggested Guidance for Compliance | |
| Ensure two types of milk is offered for both Breakfast and Lunch | |
| SFA Response | |
| | |

| Technical Assistance Provided | |
|-------------------------------|--|
| | |

Signature of Reviewer:

Date: 11/30/17

Signature of SFA Representative:

Date: _____

If you have any questions, feel free to contact me at your convenience. Thank you.

Name of Reviewer: Marina Gomez, Health Educator
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Please insert your detailed responses, save, print, sign, and scan/email or mail the signed copy to your Reviewer at the address above by the due date indicated. Thank you.