



New Mexico Public Education Department

Student Success & Wellness Bureau
Administrative Review Corrective Action Plan

Name of School Food Authority:	William W. and Josephine Dorn Community School
School Site(s) reviewed:	
Date of On-Site Review:	16, November, 2017
Date Corrective Action Plan Was provided to SFA:	N/A
Date your Corrective Action Plan Response is due to NMPED:	8, December, 2017

COMMENDATIONS

PERFORMANCE STANDARD 1
SFA is classified under Community Eligibility Provision and showed all documentation regarding the established percentages with regard to their Identified Student Percentages or ISP.
Edit Checks and Meal Counts are being performed as required
SA verified that the FNS-742 Report had been conducted in a timely manner
PERFORMANCE STANDARD 2
SFA is in compliance with required meal components and quantities as per NSLP regulations.
Production records continuously maintained as required
Two types of fluid milk offered at each meal service
GENERAL AREAS
SFA had menu posted in visible area for students
SFA in compliance with Civil Rights and Professional Standards training
Potable water available and free

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
SFA had no findings
Regulation / Citation Summary
N/A
SFA Suggested Guidance for Compliance
N/A
SFA Response



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Technical Assistance Provided

TA was provided to SFA with arrangement of meal service line and positioning of the POS.

Signature of Reviewer: _____ Date: _____

Signature of Nutritionist _____ Date: _____

Signature of SFA Representative: _____ Date: _____

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

**Name of Reviewer: Jerome Armijo, 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.