



New Mexico Public Education Department  
Student Success & Wellness Bureau  
Administrative Review Corrective Action Plan

Name of School Food Authority: **South Valley Charter High School**  
School Site(s) reviewed: **South Valley Charter High School**

Date of On-Site Review: **3, May, 2018**

Date Corrective Action Plan Was provided to SFA: **4, June, 2018**

**Date your Corrective Action Plan Response is due to NMPED: 5, July, 2018**

**COMMENDATIONS**

PERFORMANCE STANDARD 1
SFA is classified under Provision 2. SFA showed all documentation regarding the established percentages with regard to their Identified Student Percentages or ISP.
SFA had proper documentation of their Public Release
SA verified that the FNS-742 Report had been conducted in a timely manner

PERFORMANCE STANDARD 2
SFA accommodated students with Special Dietary Needs
Production records continuously maintained as required
Two types of fluid milk offered at each meal service

GENERAL AREAS
SFA Wellness Policy in compliance with USDA regulations
SFA in compliance with Civil Rights and Professional Standards training
Potable water available and free

**Other areas of Technical Assistance (NOT requiring Corrective Action)**

**SFA did not require any Technical Assistance.**



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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

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

<b>Finding #1</b>
SFA had no findings
<b>Technical Assistance Provided</b>
<b>Regulation / Citation Summary</b>
<b>SFA Suggested Guidance for Compliance</b>
<b>SFA Response</b>



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Signature of Reviewer: \_\_\_\_\_ 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.