

New Mexico Public Education Department

Student Success & Wellness Bureau
Administrative Review Corrective Action Plan

Name of School Food Authority:	Jefferson Montessori Academy
School Site(s) reviewed:	Jefferson Montessori Academy
Date of On-Site Review:	Date: October 16, 2018
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Date Corrective Action Plan	Date:
Was provided to SFA:	
Date your Corrective Action Plan	Due Date:
Response is due to NMPED:	

COMMENDATIONS

PERFORMANCE STANDARD 1

SFA uses takes meal counts properly and correctly consolidates meal count for reimbursement.

PERFORMANCE STANDARD 2

SFA had all meal components offered on day of review.

SFA had production records for breakfast and lunch filled out correctly.

GENERAL AREAS

SFA had health inspection and food permits on site and up to date.

SFA had proper nondiscrimination statement posted at the serving area.

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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Other areas of Technical Assistance (NOT requiring Corrective Action)

- TA was provided to move scan system to the Cafeteria instead of scanning students who ate after lunch.
- The USDA Professional Standard tool was suggested to SFA to better track hours of training.
- Was suggested to SFA to request a HACCP plan to be onsite-serving area.
- TA was provided to make sure all food is dated even though food is not stored, but if there is any food in refrigerator needs to have a receiving date.
- TA was provided for the lunch and breakfast menu workbooks to re look at the calories because they are a little higher than the requirements.

Signature of Reviewer:	Angelica Ruelas	Date: 12/4/18
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: Angelica Ruelas

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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.