

## **New Mexico Public Education Department**

Student Success & Wellness Bureau
Administrative Review Corrective Action Plan

Name of School Food Authority: SFA

School Site(s) reviewed: Sites Reviewed

Albuquerque Collegiate Charter

Date of On-Site Review: 1/15/19

Date Corrective Action Plan 2/18/19

Was provided to SFA:

Date your Corrective Action Plan Response is due to NMPED:

No Findings

#### **COMMENDATIONS**

#### PERFORMANCE STANDARD 1

SA verified that the FNS-742 Report had been conducted in a timely manner SFA is classified as Community Eligibility Provision (CEP) and showed all documentation regarding the established percentages with regard to their Identified Student Percentage or (ISP)

#### PERFORMANCE STANDARD 2

Production records continuously maintained as required

Two types of fluid milk offered at each meal service

SFA is in compliance with required meal components and quantities as per NSLP regulations.

#### **GENERAL AREAS**

SFA had proper signage up in food service areas to include proper nondiscrimination statement.

SFA in compliance with Civil Rights

Potable water available and free

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

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

■ Suggested guidance for the SFA in order to achieve compliance



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Administrative Confession Figure 1			
	Technical Assistance Provided		
	Regulation / Citation Summary		
	Regulation / Citation Summaly	Secretary States	
	SFA Suggested Guidance for Compli	ance	
W. He against the letter of the	CEA Dogwood		
	SFA Response		
	Finding #	-	
	Finding #		
	Technical Assistance Provided		
		W-13-11-11-11-11-11-11-11-11-11-11-11-11-	
	Regulation / Citation Summary	A	
SFA Suggested Guidance for Compliance			
	SFA Response		
			3
Signature of Reviewer:	7.5	Datos	2/18/19
MENICAAGI.		Date:	210/19
Signature of Nutritionist		Dato	
Signature of		Date	
SFA			
Representative:		Date:	
If you have any questions, feel free to contact me at your convenience. Thank you.			

Name of Reviewer:

**Terence Mirabal** 

**Student Success & Wellness Bureau** 

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