



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

Name of School Food Authority:	<b>SFA</b>
School Site(s) reviewed:	Sites Reviewed San Ildefonso Day School
Date of On-Site Review:	<b>2/22/19</b>
Date Corrective Action Plan Was provided to SFA:	<b>4/1/19</b>
<b>Date your Corrective Action Plan Response is due to NMPED:</b>	<b>No Findings</b>

**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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- The finding, and details specific to the SFA regarding the finding
- SFA area for reply to state how, when and by whom corrections will be made
- The Code of Federal Regulations citation number or alternate resource citation

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

<b>Finding #1</b>
<b>Technical Assistance Provided</b>
<b>Regulation / Citation Summary</b>
<b>SFA Suggested Guidance for Compliance</b>
<b>SFA Response</b>

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

Date: \_\_\_\_\_



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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: Terence Mirabal  
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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.