

## GIBBSBORO BD OF ED-00701720 - Corrective Action Report

Section	Form subsection	Site Name	Question #	Due Date	Status
On-Site Assessment Tool - Site	Meal Components and Quantities - Day of Review	GIBBSBORO	403	05/06/2019	CAP Accepted
<b>Corrective Action History</b>	CAP Accepted Amy Martin 05/15/2019 12:00 PM	CAP Accepted			
	CAP Submitted VALERIE CARMODY 05/15/2019 12:00 PM	As of 4/5/19 the students have been given a milk choice			
	CAP Rejected Amy Martin 05/15/2019 11:28 AM	please indicate date of correction			
	CAP Submitted VALERIE CARMODY 04/18/2019 01:15 PM	Students will be provided the milk choices at breakfast. Students not receiving milk due to allergies will have documentation on file and an acceptable alternate will be available per medical orders.			
	Flagged Amy Martin 04/05/2019 01:28 PM	<p>A minimum of two varieties of fluid milk must be offered throughout the breakfast meal service on all reimbursable meal service lines/serving areas. Allowable varieties are flavored or unflavored fat free milk, unflavored or flavored low fat (1%) milk, fat free or low fat lactose reduced/lactose free milk.</p> <p><b>Explain in detail, how the finding was corrected and the measures taken to ensure that it will not reoccur in the future. Indicate the date of implementation.</b></p>			
On-Site Assessment Tool	Certification and Benefit Issuance		126	05/06/2019	CAP Accepted
<b>Corrective Action History</b>	CAP Accepted Amy Martin 05/15/2019 11:54 AM	CAP Accepted			
	CAP Submitted VALERIE CARMODY 04/18/2019 01:13 PM	This was a clerical error. The confirming official will be certain to exercise careful reviews to confirm determinations.			
	Flagged Amy Martin 04/05/2019 01:27 PM	<p>Incomplete and/or incorrectly determined applications were found during the State Agency review of the selected applications. One application, with two students, was determined incorrectly. Application was determined as reduced, when it should have been free based on household size and income. Errors were recorded on the Eligibility Certification and Benefit Issuance Worksheet (SFA-1.)</p> <p><b>The SFA must indicate the date of correction for all application errors on the SFA-1.</b></p>			
On-Site Assessment Tool	Verification		214	05/06/2019	CAP Accepted

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Corrective Action History	CAP Accepted Amy Martin 05/15/2019 11:53 AM	CAP Accepted			
	CAP Submitted VALERIE CARMODY 04/18/2019 01:10 PM	This was a misunderstanding of the process. The future staff that will be managing verification in the future will attend training for free/reduced processes.			
	Flagged Amy Martin 04/05/2019 01:25 PM	Households for whom benefits were to be reduced or terminated, due to verification, must be given 10 calendar days written advance notice of the change. Only three calendar days notice provided to the household in which benefits were terminated due to no response.  <b>Explain, in detail, how the finding will be corrected and the measures taken to ensure that it will not reoccur in the future. Indicate the date of implementation.</b>			
On-Site Assessment Tool	Certification and Benefit Issuance		138	05/06/2019	CAP Accepted
Corrective Action History	CAP Accepted Amy Martin 05/15/2019 11:53 AM	CAP Accepted			
	CAP Submitted VALERIE CARMODY 04/18/2019 01:11 PM	Staff have been directed to communicate the status of all students as events occur, such as withdraw from school or an enrollment of a homeless pupil.			
	Flagged Amy Martin 04/05/2019 01:26 PM	The SFA must update the benefit issuance document(s) when there are changes in eligibility as a result of verification, resubmitted applications, new students, transferred or withdrawn students. Although the Point of Service Benefit Issuance Document (roster at breakfast and tickets at lunch) were correct, the Master Eligibility List (MEL) was not updated to include the date of withdraw for applicable students and did not include the student listed on the Homeless list.  <b>Explain, in detail how the finding was corrected and the measures taken to ensure that it will not reoccur in the future. Indicate the date of implementation.</b>			
On-Site Assessment Tool - Site	Meal Counting and Claiming - Review Period	GIBBSBORO	325	05/06/2019	CAP Accepted

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Corrective Action History	CAP Accepted Amy Martin 05/15/2019 11:27 AM				CAP Accepted
	CAP Submitted VALERIE CARMODY 04/18/2019 01:17 PM				Data will be checked and rechecked for accuracy. Implemented immediately.
	Flagged Amy Martin 04/05/2019 01:27 PM				<p>Breakfast counts by category (free, reduced and/or paid) must be correctly used in the claim for reimbursement. Meal counts for each school should be verified prior to submitting and certifying the claim. During the review period, the daily classroom breakfast rosters were calculated incorrectly, leading to an over claim of meals. SFA count: 86 F, 0R, 4 P</p> <p>SA count per rosters: 85F, 0R, 0P</p> <p><b>Explain in detail, how the finding was corrected and the measures taken to ensure that it will not reoccur in the future. Indicate the date of implementation.</b></p>