**On-Site School Self-Review Form 1**

**To be used for required self-review—NOT to be submitted to SED**

**Review must be completed annually for each school prior to February 1.**

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| **National School Lunch Program** | | |
| **Reviewer Name** |  | |
| **School Reviewed** |  | |
| **Date of Review** |  | |
| **Findings** | **In Compliance\*** | **Not In Compliance\*\*** |
| **Problems noted during the review that require a corrective action plan.** |  | |
| **School Breakfast Program** | | |
| **Reviewer Name** |  | |
| **School Reviewed** |  | |
| **Date of Review** |  | |
| **Findings** | **In Compliance\*** | **Not In Compliance\*\*** |
| **Problems noted during the review that require a corrective action plan.** |  | |
| **After School Snack Program** | | |
| **Reviewer Name** |  | |
| **School Reviewed** |  | |
| **Date of Review** |  | |
| **Findings** | **In Compliance\*** | **Not In Compliance\*\*** |
| **Problems noted during the review that require a corrective action plan.** |  | |

\*The school reviewed was found to be **IN COMPLIANCE** with 7 CFR 210.7 and/or 220.11. All meal counts were found to be accurate by category and to yield correct claims for reimbursement.

\*\* The school reviewed was found **NOT IN COMPLIANCE** with 7 CFR 210.7 and/or 220.11.  **NOTE:**  A follow-up visit MUST be conducted within 45 days of the corrective action plan. This follow-up must be documented and continued technical assistance or corrective action must be provided until the resolution of all findings.