

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.**

National School Lunch Program		
Reviewer Name		
School Reviewed		
Date of Review		
Findings	<input type="checkbox"/> In Compliance*	<input type="checkbox"/> 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	<input type="checkbox"/> In Compliance*	<input type="checkbox"/> 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	<input type="checkbox"/> In Compliance*	<input type="checkbox"/> 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.