| Form Name | Section | Form subsection | Site Name | | Question # | Due Date | Status |
|---------------------------|---|---------------------------------------|---|---|---|---|---|
| Off-Site Assessment Tool | Off-Site Assessment Tool | Civil Rights | | | 803 | 09/03/2018 | CAP Accepted |
| | | | CAP Accepted Katie Hunter 08/30/2018 11:03 AM | CAP Acce | | | |
| | | | CAP Submitted CALLIE JOHNSON 08/17/2018 12:12 PM | A. All meal program documents will contain the CIVIL RIGHTS NOTICE p parents with specific information as to processing any allegations of disc B. DATE OF IMPLEMENTATION: SEPTEMBER 2018 | | | |
| Corrective Action History | | | Flagged Katie Hunter 08/02/2018 10:34 AM | discrimin The USD/ available www.nj.g to the Ne complain Services Agricultu Independ 7442; or will be co | ation in the school m A Program Discrimina on the Department of gov/agriculture/applic ew Jersey Division of t to the Civil Rights I Office. Complaints care by (1) mail: Office dence Avenue, SW, V (3) email: program. | neal programs. Con ation Complaint Fo Of Agriculture web c/forms/#5. Civil r Food and Nutrition Division of the Regi an also be sent dire of the Assistant S Vashington, D.C. 2 intake@usda.gov. sures taken to ens | rocessing complaints alleging nplaints can be verbal or written rm (#148) can be used and is site at: ights complaints can either be sent which is turn will forward the onal USDA Food and Nutrition ectly to the U.S. Department of ecretary for Civil Rights, 1400 0250-9410; (2) fax: (202) 690-Explain, in detail, how the finding our that it will not reoccur in the |
| Off-Site Assessment Tool | Off-Site Assessment Tool | Certification and Benefit Issuance | | | 121 | 09/03/2018 | CAP Accepted |
| | | | CAP Accepted Katie Hunter 08/30/2018 11:03 AM | CAP Acce | epted | | |
| Corrective Action History | | | CAP Submitted CALLIE JOHNSON 08/17/2018 12:08 PM | A. A seco | all meal applications B. DATE OF | | |
| | | | Flagged Katie Hunter 08/02/2018 10:34 AM | | | | |
| On-Site Assessment Tool | On-Site Assessment Tool | Certification and Benefit Issuance | | | 126 | 09/03/2018 | CAP Accepted |
| | | | CAP Accepted Katie Hunter 08/16/2018 09:49 AM | CAP Acce | epted | | |
| Corrective Action History | | | CAP Submitted CALLIE JOHNSON 08/14/2018 11:29 AM | N Correct was made to all incorrectly determined applications: 1. Application from reduced to Free. Household notified 7/18/2018. 2. Parent called for I digits of SSN, 3. Parent made a mistake on application when writing the ir received Correction made student remained Free. 4. Parent came in and four digits SSN to application 7/18/2018. 5. Application returned to paren in the correct box application remained Free | | | |
| | 10:34 AM Agency review of th Certification and Be | | | ete and/or incorrectly determined applications were found during the State review of the selected applications. Errors were recorded on the Eligibility tion and Benefit Issuance Worksheet (SFA-1.) The SFA must indicate the correction for all application errors. | | | |
| On-Site Assessment Tool | On-Site Assessment Tool | Verification | | | 209 | 09/03/2018 | CAP Accepted |

| Form Name | Section | Form subsection | Site Name | | Question # | Due Date | Status |
|--------------------------------|--------------------------------------|---|---|---|---------------------|----------------------|--|
| | | | CAP Accepted Katie Hunter 08/30/2018 11:04 AM | CAP Acce | epted | | |
| | | | CAP Submitted CALLIE JOHNSON 08/17/2018 12:45 PM | Staff will | veiw webinar on ver | ification process. S | SEPTEMBER 2018 |
| Corrective Action History | | | Flagged Katie Hunter 08/02/2018 10:35 AM | The SFA must complete the verification process according to guidelines of in The Eligibility Manual for School Meals. It is recommended that staff in for the verification process view the recorded Verification webinar availa the Training tab in SNEARS. Explain, in detail how the finding will be corthe measures taken to ensure that it will not reoccur in the future. Indication of implementation. | | | |
| On-Site Assessment Tool | On-Site Assessment Tool | Food Safety, Storage and Buy American | | | 1400 | 09/03/2018 | CAP Accepted |
| | | | CAP Accepted Katie Hunter 08/30/2018 11:04 AM | CAP Acce | epted | | |
| | | | CAP Submitted CALLIE JOHNSON 08/17/2018 12:40 PM | N A. THE Food Safety Plan will include all HACCP – BASED SOPs (star procedures) and have been printed and are provided to all staff wo meal program B. In-service training on procedures and use of all diprovided two times during the school year C. DATE OF IMPLEMENT, SEPTEMBER 2018 | | | vided to all staff working with the res and use of all documents will be |
| Corrective Action History | | | Flagged Katie Hunter 08/02/2018 10:34 AM | The SFA must have a food safety plan in place that includes be operating procedures (SOP), as well as monitoring, corrective keeping procedures. Further guidance on required elements for be found in "HACCP Based Standard Operating Procedures" a website. Explain in detail, how the finding will be corrected at to ensure that it will not reoccur in the future. Indicate the day A copy of the written HACCP food safety plan must be available Explain in detail, how the finding will be corrected and the mensure that it will not reoccur in the future. Indicate the date | | | |
| On-Site Assessment Tool - Site | On-Site Assessment Tool - Site | Offer vs Serve - Day of Review | Catholic Charities, Mount Carmel Academy | Guild | 502 | 09/03/2018 | CAP Accepted |
| | | | CAP Accepted Katie Hunter 08/16/2018 09:50 AM | CAP Acce | epted | | |
| | | | CAP Submitted CALLIE JOHNSON 08/14/2018 11:46 AM | Signage has been posted identifying the components of a meal Each serving line/serving area must have signage posted at or near the be of the serving line (or in classrooms, if applicable) identifying what constit reimbursable meal. Schools using offer versus serve must identify what a must select, including the requirement to take at least ½ cup fruit or vege Note: Only posting a menu does not meet requirements. A sample sign (F is available on the Department of Agricultures Form website. Food service staff/cashiers must receive training on how to accurately recognize a reimmeal under offer versus serve. Explain in detail, how the finding will be co and the measures taken to ensure that it will not reoccur in the future. Inducte of implementation. | | | |
| Corrective Action History | | | Flagged Katie Hunter 08/02/2018 10:34 AM | | | | |
| On-Site Assessment Tool - Site | On-Site Assessment Tool - Site | Food Safety, Storage and Buy American | Catholic Charities, Mount Carmel Academy | Guild | 1403 | 09/03/2018 | CAP Accepted |

| Form Name | Section | Form subsection | Site Name | | Question # | Due Date | Status | |
|--------------------------------|--------------------------------------|--|--|---|---|--|---|--|
| | | | CAP Accepted Katie Hunter 08/30/2018 11:02 AM | CAP Acce | epted | | | |
| | | | CAP Submitted CALLIE JOHNSON 08/17/2018 11:52 AM | A. Food 9 2018 | Safety Plan to be dev | reloped B. DATE OF | FIMPLEMENTATION: SEPTEMBER | |
| Corrective Action History | | | Flagged Katie Hunter 08/02/2018 10:34 AM | Schools p food safe Hazard A finding w | participating in the se ety program for the p analysis Critical Contr | chool lunch and bre preparation and ser rol Point (HACCP) p the measures take | ety plan available on day of review. eakfast programs must implement a vice of meals that complies with principles. Explain in detail, how the in to ensure that it will not reoccur in | |
| On-Site Assessment Tool - Site | On-Site Assessment Tool - Site | Food Safety, Storage and Buy American | Catholic Charities, Mount Carmel (Academy | Guild | 1405 | 09/03/2018 | CAP Accepted | |
| | | | CAP Accepted Katie Hunter 08/30/2018 11:05 AM | CAP Acce | epted | | | |
| | | | CAP Submitted CALLIE JOHNSON 08/17/2018 12:56 PM | N A. All FOOD SAFETY NOTICES to be posted B. DATE OF IMPLEMENT SEPTEMBER 2018 | | ATE OF IMPLEMENTATION: | | |
| Corrective Action History | ction History | | | Either only one, none or an outdated food safety inspection report was posted in a publicly visible location. SFA is responsible for obtaining two food safety inspections during the current school year and if current inspections are not already scheduled, SFA should request an inspection in writing from the Board of Health. Describe in the CAP how this will be corrected. | | | | |
| On-Site Assessment Tool - Site | On-Site Assessment Tool - Site | Food Safety, Storage and Buy American | Catholic Charities, Mount Carmel (Academy | Guild | 1406 | 09/03/2018 | CAP Accepted | |
| | | | CAP Accepted Katie Hunter 08/30/2018 11:02 AM | CAP Acce | epted | | | |
| | | | CAP Submitted CALLIE JOHNSON 08/17/2018 12:01 PM | A. Food 9 2018 | Safety Plan to be dev | veloped B. DATE OF | IMPLEMENTATION: SEPTEMBER | |
| Corrective Action History | | | Flagged Katie Hunter 08/02/2018 10:34 AM | SFA did not have a food safety plan implemented. Schools participating i school lunch and breakfast programs must implement a food safety prog preparation and service of meals that complies with Hazard Analysis Crit Point (HACCP) principles. Explain in detail, how the finding will be correc measures taken to ensure that it will not reoccur in the future. Indicate t implementation. | | | ement a food safety program for the with Hazard Analysis Critical Control the finding will be corrected and the | |
| On-Site Assessment Tool - Site | On-Site Assessment Tool - Site | Meal Components and Quantities - Day of Review | Catholic Charities, Mount Carmel (Academy | Guild | 402 | 09/03/2018 | CAP Accepted | |

| Form Name | Section | Form subsection | Site Name | | Question # | Due Date | Status | |
|--------------------------------|--------------------------------------|--|---|---|--|---|--|--|
| | | | CAP Accepted Katie Hunter 08/30/2018 11:02 AM | CAP Acce | CAP Accepted | | | |
| | | | CAP Submitted CALLIE JOHNSON 08/17/2018 11:48 AM A. Using Breakfast and Lunch meal pattern chart, all food items measured to ensure that the quantity served meets the daily / required. B. To ensure that all items served will meet the mining the vendor will verify by providing the following for each food it MANUFACTURERS PRODUCT FORMULATION STATEMENT / WGF FOOD INFORMATION SHEET. C. DATE OF IMPLEMENTATION: S | | | | meet the daily / weekly amounts meet the minimal credible amount, for each food item: CN LABEL / ITEMENT / WGR RESOURSE / USDA | |
| Corrective Action History | | | Flagged Katie Hunter 08/02/2018 10:34 AM | daily and K-8, 9-12 on the De determine pattern, r Manufact Grain Ric the findin | & lunch component must meet appropriate grade group (K-5, 6-8, Lunch Meal Pattern Charts, available e for specific requirements. To item's contribution to the meal lutrition (CN) Labels, Signed USDA Food Buying Guide, Whole nation Sheets. Explain, in detail how aken to ensure that it will not mentation. | | | |
| On-Site Assessment Tool - Site | On-Site Assessment Tool - Site | Meal Components and Quantities - Day of Review | Catholic Charities, Mount Carmel (Academy | Guild | 404 | 09/03/2018 | CAP Accepted | |
| | | | CAP Accepted Katie Hunter 08/30/2018 11:06 AM | CAP Acce | epted | | | |
| Corrective Action History | | | CAP Submitted CALLIE JOHNSON 08/17/2018 01:08 PM | ON A. Appropriate signage to be posted at the start of the serving line indicat What constitutes a healthy reimbursable breakfast and lunch b. Encouragi appropriate beverage selections: i. Water / juice / milk B. DATE OF IMPLEMENTATION: SEPTEMBER 2018 | | | | |
| | | | Flagged Katie Hunter 08/02/2018 Signage must be posted at or near the beginning of (including classrooms, if applicable) identifying the breakfast and lunch. Posting only a menu does not in detail, how the finding will be corrected and the will not reoccur in the future. Indicate the date of | | | the components of the reimbursable not meet this requirement. Explain he measures taken to ensure that it | | |
| On-Site Assessment Tool - Site | On-Site Assessment Tool - Site | Meal Components and Quantities - Review Period | Catholic Charities, Mount Carmel (Academy | Guild | 409 | 09/03/2018 | CAP Accepted | |

| Form Name | Section | Form subsection | Site Name | | Question # | Due Date | Status | | |
|--------------------------------|---|--|---|---|---|------------|--------------|--|--|
| | | | CAP Accepted Katie Hunter 08/30/2018 11:05 AM | CAP Acce | AP Accepted | | | | |
| | | | CAP Submitted CALLIE JOHNSON 08/17/2018 12:59 PM | 2:59 PM Iunch will comply with quantity requirements to meet daily / weekly requirements. Production sheets to indicate serving quantity C. Breakfast and lunch mean pattern chart to be reviewed with vendor D. DATE OF IMPLEMENTATION: SEPTEMBER 2018 Hunter 08/02/2018 | | | | | |
| Corrective Action History | | | Flagged Katie Hunter 08/02/2018 10:35 AM | | | | | | |
| On-Site Assessment Tool - Site | On-Site Assessment Tool - Site | Meal Components and Quantities - Review Period | Catholic Charities, Mount Carmel Academy | Guild | 410 | 09/03/2018 | CAP Accepted | | |
| | | | CAP Accepted Katie Hunter 08/30/2018 11:04 AM | CAP Acce | epted | | | | |
| | | | CAP Submitted CALLIE JOHNSON 08/17/2018 12:30 PM | measure required. | rt, all food items served will be eets the daily / weekly amounts to ensure that correct quantities are art to be reviewed with vendor. C. | | | | |
| Corrective Action History | Flagged Katie Hunter 08/02/2018 10:34 AM At breakfast and lunch, portion sidaily and weekly minimum requirplanning menus, refer to the Breathe Department of Agricultures Foundative requirements. Explain in measures taken to ensure that it implementation. At breakfast and both daily and weekly minimum of supporting documentation (including Guide, food labels, CN labels, mastandardized recipes, etc.) must menu item contributes to the mequantities are offered. Explain in | | | ion sizes planned for each component must meet both equirements for each appropriate grade group. When a Breakfast and Lunch Meal Pattern Charts, available on res Form web site for specific component and minimum ain in detail, how the finding will be corrected and the nat it will not reoccur in the future. Indicate the date of at and lunch, production records must document that num quantities for each component are offered. Other including but not limited to the USDA Food Buying sometiment, and product formulation statements, must be used to determine the creditable amount each amount each e meal pattern to assure that required minimum in in detail, how the finding will be corrected and the nat it will not reoccur in the future. Indicate the date of | | | | | |
| On-Site Assessment Tool | On-Site Assessment Tool | Civil Rights | | | 810 | 09/03/2018 | CAP Accepted | | |

| Form Name | Section | Form subsection | Site Name | | Question # | Due Date | Status |
|---------------------------|---------|-----------------|--|--|------------|----------|-----------------------------------|
| | | | CAP Accepted Katie Hunter 08/30/2018 11:05 AM | CAP Acce | pted | | |
| | | | CAP Submitted CALLIE JOHNSON 08/17/2018 12:53 PM | ON A. All meal program documents and notices will include Civil Rights DATE OF IMPLEMENTATION: SEPTEMBER 2018 | | | include Civil Rights statement B. |
| Corrective Action History | | | Flagged Katie Hunter 08/02/2018 10:35 AM | The current USDA non-discrimination statement must be included on all progrimaterials/documents distributed to households or posted on the SFA's website current statements [regular and shortened version for limited space (Form #2 are available on the Department of Agriculture Forms web site or at the follow link: http://www.fns.usda.gov/fns-nondiscrimination-statement. Explain in del how the finding will be corrected and the measures taken to ensure that it will reoccur in the future. Indicate the date of implementation. | | | |