

Administrative Review Report

LAKEHURST BD OF ED – 029-02500 – Ocean County

Findings and Corrective Action:

Site Name		
Form Name	On-Site Assessment Tool	
Question #	208	
Due Date	06/23/2017	
Corrective Action Status	Flagged	
Corrective Action History	Flagged Lorena Paredes 05/23/2017 04:04 PM	A Confirmation Review was not conducted. The Confirming Official must record on the Verification Tracker (form #242) the date of the confirmation review. 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.
Site Name		
Form Name	On-Site Assessment Tool	
Question #	214	
Due Date	06/23/2017	
Corrective Action Status	Flagged	
Corrective Action History	Flagged Lorena Paredes 05/23/2017 04:07 PM	Households for whom benefits were to reduced or terminated, due to verification, must be given 10 calendar days written advance notice of the change using the We Have Checked Your Application form (#244). 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.