WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

Note: The corrective action plan is required to correct any violation identified under the Administrative Review and must be applied to all schools in the SFA, as appropriate, to ensure that previously deficient practices and procedures are revised syste

Section	Form Subsection	Sponsor/Site Name	Question #	Due Date	Status
Certification and Benefit Issuance	Certification and Benefit Issuance (On-Site Assessment Tool) (124H)	WILDWOOD CREST BD OF ED-00905800	126	04/23/2026	CAP Accepted
Corrective Action History	Corrective Action Plan: Accepted by Lorena Paredes 04/24/2026 12:09 PM CAP Accepted				
	Corrective Action Plan: Submitted by Margaret Teeney 04/23/2026 01:19 PM On February 26th it was identified that a student was indicated as reduced, when the student should have indeed been Free. The correction was made in Mealtime and Genesis.				
	Corrective Action Plan: Rejected by Lorena Paredes 04/23/2026 01:18 PM Please correct date of correction.				
	Corrective Action Plan: Submitted by Margaret Teeney 03/24/2026 11:09 AM On February 24th it was identified that a student was indicated as reduced, when the student should have indeed been Free. The correction was made in Mealtime and Genesis.				
	Flagged by Lorena Paredes 03/22/2026 02:49 PM One Benefit Issuance Errors error was found during the State Agency review of the selected applications. Error was recorded on the Eligibility Certification and Benefit Issuance Worksheet (SFA-1). The SFA must indicate the date of correction for all application errors. Do not identify the students’ names when providing the documentation under the SFA comments.				
Certification and Benefit Issuance	Certification and Benefit Issuance (On-Site Assessment Tool) (124H)	WILDWOOD CREST BD OF ED-00905800	137	04/23/2026	CAP Accepted

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

Note: The corrective action plan is required to correct any violation identified under the Administrative Review and must be applied to all schools in the SFA, as appropriate, to ensure that previously deficient practices and procedures are revised syste

Section	Form Subsection	Sponsor/Site Name	Question #	Due Date	Status
Corrective Action History	Corrective Action Plan: Accepted by Lorena Paredes 04/23/2026 12:52 PM CAP Accepted				
	Corrective Action Plan: Submitted by Margaret Teeney 04/21/2026 11:54 AM The identified error has been corrected and the student's eligibility status in the benefit issuance system now accurately reflects the source documentation. The correction was made on 02/26/2026. Additionally, the SFA will conduct a full SFA-wide audit of all current eligibility records, comparing source documents (applications, direct certification documentation) against the benefit issuance system to identify and correct any additional transfer errors. The audit will be completed no later than 08/30/2026. **Measures to Prevent Recurrence (SFA-Wide):** • A dual-verification process will be implemented requiring a second staff member to review and confirm all eligibility transfers from source documents to the benefit issuance system before they are finalized. • Staff responsible for eligibility determinations and data entry will receive training on the proper transfer of benefits from source documents to the benefit issuance system. • Business Administrator will conduct a periodic spot-check audit comparing source documents to the benefit issuance system to identify and correct any discrepancies promptly. • Compliance will be incorporated into the SFA's annual self-assessment process. **Date of Correction:** 02/26/2026 **Date of Implementation:** 08/30/2026				
	Flagged by Lorena Paredes 03/22/2026 02:50 PM Eligibility determinations must be correctly transferred from the source document (applications, DC documentation) to the benefit issuance documents (e.g. tickets, master eligibility list, rosters, POS system). A test of the benefit issuance system compared to the benefit issuance documentation reviewed indicated certified eligibility for one student was transferred incorrectly. Discrepancy was recorded on the Eligibility Certification and Benefit Issuance Error Worksheet (SFA-1). **Correct the errors indicated and record the date of correction in the CA. Explain, in detail how the finding will be corrected and the measures taken to ensure that it will not reoccur in the future. Corrective Action must be applied SFA-wide. Indicate the date of implementation.**				
Verification	Verification (On-Site Assessment Tool) (207H)	WILDWOOD CREST BD OF ED-00905800	209	04/23/2026	CAP Accepted

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

Note: The corrective action plan is required to correct any violation identified under the Administrative Review and must be applied to all schools in the SFA, as appropriate, to ensure that previously deficient practices and procedures are revised syste

<table>
<tr><th>Section</th><th>Form Subsection</th><th>Sponsor/Site Name</th><th>Question #</th><th>Due Date</th><th>Status</th></tr>
<tr><td rowspan="3">Corrective Action History</td><td colspan="5">Corrective Action Plan: Accepted by Lorena Paredes 04/24/2026 12:08 PM

CAP Accepted</td></tr>
<tr><td colspan="5">Corrective Action Plan: Submitted by James Lushok 04/23/2026 10:55 AM

The SFA will immediately implement the correct verification sample selection process. Going forward, the required sample will first be drawn randomly from error-prone applications. If there are insufficient error-prone applications to meet the required sample size, additional approved applications will be randomly selected to fulfill the remaining balance. The current verification cycle will be corrected using the proper selection methodology no later than 10/15/2026.

Measures to Prevent Recurrence:

• A written verification procedure will be developed outlining the step-by-step process for randomly selecting error-prone applications first, then supplementing with additional approved applications as needed to meet the required sample size.
• Staff responsible for verification will receive training on proper sample selection procedures prior to each verification cycle.
• The business administrator will oversee and approve the verification sample selection process annually to ensure compliance before confirmation letters are sent.
• Compliance will be verified during the SFA's annual self-assessment process.

Date of Implementation: Immediately</td></tr>
<tr><td colspan="5">Flagged by Lorena Paredes 03/22/2026 02:50 PM

Applications selected for verification must be chosen randomly from error prone applications. If there are not enough error prone applications to meet the required sample size, the SFA must randomly select additional approved applications to meet the required number.

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.</td></tr>
<tr><td>Verification</td><td>Verification (On-Site Assessment Tool) (207H)</td><td>WILDWOOD CREST BD OF ED-00905800</td><td>211</td><td>04/23/2026</td><td>CAP Accepted</td></tr>
</table>

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

Note: The corrective action plan is required to correct any violation identified under the Administrative Review and must be applied to all schools in the SFA, as appropriate, to ensure that previously deficient practices and procedures are revised syste

Section	Form Subsection	Sponsor/Site Name	Question #	Due Date	Status
Corrective Action History	Corrective Action Plan: Accepted by Lorena Paredes 04/24/2026 12:08 PM CAP Accepted Corrective Action Plan: Submitted by James Lushok 04/23/2026 10:56 AM The SFA will adopt the NJDOA "First Notice to Household" (Form 236) as its standard verification notification letter, ensuring all required information is included. Any previously issued incomplete notifications for the current verification cycle will be reissued using the correct form. The updated letter will be in use no later than 08/30/2026. **Measures to Prevent Recurrence:** • The SFA will use Form 236 as its standard template for all future verification notification letters, eliminating the risk of omitting required information. • If the SFA chooses to use a customized letter in the future, [Administrator name/title] will review it against Form 236 to confirm all required elements are included before distribution. • Staff responsible for the verification process will receive training on proper notification procedures and required letter content. • Verification notification compliance will be incorporated into the SFA's annual self-assessment process. **Date of Implementation:** 08/30/2026 Flagged by Lorena Paredes 03/22/2026 02:50 PM The SFA's verification notification letter must include all required information. It is highly suggested that the SFA use the "First Notice to Household" (Form 236). **Explain, in detail, the specific steps that will be taken to meet this verification requirement and measures taken to ensure that the finding will not reoccur in the future. Indicate the date of implementation.**				
Verification	Verification (On-Site Assessment Tool) (207H)	WILDWOOD CREST BD OF ED-00905800	212	04/23/2026	CAP Accepted

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

Note: The corrective action plan is required to correct any violation identified under the Administrative Review and must be applied to all schools in the SFA, as appropriate, to ensure that previously deficient practices and procedures are revised syste

Section	Form Subsection	Sponsor/Site Name	Question #	Due Date	Status
Corrective Action History	Corrective Action Plan: Accepted by Lorena Paredes 04/23/2026 12:54 PM CAP Accepted				
	Corrective Action Plan: Submitted by James Lushok 04/23/2026 10:55 AM 1. All staff responsible for verification will be retrained on the requirement to issue a second notice — via phone call, email, or Form 21 — to any household that does not respond to the initial verification request. 2. A verification tracking log will be implemented to document the date and method of both the first and second household contacts, ensuring no case proceeds to adverse action without a second-notice attempt on record. 3. A supervisory review will be required before any adverse action is taken, confirming that the second-notice step is documented in the household file. 4. Going forward, a brief internal review of verification files will be conducted each verification period to confirm compliance with the two-contact requirement. **Anticipated Completion Date: August 30, 2026** **Responsible Party:** James Lushok				
	Flagged by Lorena Paredes 03/22/2026 02:49 PM A second notice to household was not provided after the first failed response to verification. When households fail to respond to the request for verification, a second attempt must be made. The SFA can either call, email, or use the "Second Notice to Household" (Form 21). **Explain, in detail, the specific steps that will be taken to meet the requirements and measures taken to ensure that the finding will not reoccur in the future. Indicate the date of implementation.**				
Professional Standards	Professional Standards (On-Site Assessment Tool)	WILDWOOD CREST BD OF ED-00905800	1213	04/23/2026	CAP Accepted

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

Note: The corrective action plan is required to correct any violation identified under the Administrative Review and must be applied to all schools in the SFA, as appropriate, to ensure that previously deficient practices and procedures are revised syste

Section	Form Subsection	Sponsor/Site Name	Question #	Due Date	Status
Corrective Action History	Corrective Action Plan: Accepted by Lorena Paredes 04/23/2026 01:00 PM CAP Accepted Corrective Action Plan: Submitted by James Lushok 04/23/2026 10:55 AM **Corrective Action:** The Food Service Director, Margaret Teeney, will complete the required 8 hours of food safety training by 8/30/2026 using the Institute of Child Nutrition's free online course, *Food Safety in Schools*, at https://theicn.org/. A copy of the completion certificate will be maintained on file and submitted to the State Agency as evidence of compliance. **Measures to Prevent Recurrence:** The SFA will establish a training tracking log to monitor completion and expiration dates, with calendar reminders set 12 months and 6 months prior to the 5-year renewal deadline. Food safety training will be incorporated as a mandatory onboarding requirement for any new Food Service Director, to be completed within 30 days of hire. Training compliance will be reviewed annually as part of the SFA's self-assessment, and all certificates will be kept in a centralized compliance file for future Administrative Reviews. **Anticipated Completion Date: August 30, 2026** **Responsible Party:** Margaret Teeney Flagged by Lorena Paredes 03/22/2026 02:49 PM The food service director is required to either have completed 8 hours of food safety training within the last 5 years prior to the on-site AR date or should have completed the training within 30 days of hire, if new. Food safety training must now be completed. A free Food Safety in Schools online training course is available from the Institute of Child Nutrition at https://theicn.org/ or the SFA can choose their own online or in person training resource to obtain the required food safety training. **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 when the food safety training will be completed.**				
Professional Standards	Professional Standards (On-Site Assessment Tool)	WILDWOOD CREST BD OF ED-00905800	1214	04/23/2026	CAP Accepted
	Corrective Action Plan: Accepted by Lorena Paredes 04/27/2026 08:36 AM CAP Accepted				

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

Note: The corrective action plan is required to correct any violation identified under the Administrative Review and must be applied to all schools in the SFA, as appropriate, to ensure that previously deficient practices and procedures are revised syste

Corrective Action History	Corrective Action Plan: Submitted by James Lushok 04/24/2026 01:55 PM The School Nutrition Program Director, will complete 12 hours of annual training through a combination of online courses, webinars, workshops, and conferences, including resources available at https://theicn.org/. All hours will be completed no later than **06/30/2026** with documentation submitted to the USDA and maintained on file. In the future, this training will be completed by the School Nutrition Program Director no later than November 1st of all subsequent years. **Measures to Prevent Recurrence:** • A training log will be maintained to track hours throughout the year, with quarterly check-ins to ensure steady progress toward the 12-hour requirement. • The SFA will subscribe to training notifications from the Institute of Child Nutrition, the State Agency, and other professional organizations to stay informed of available opportunities. • The Business Administrator will be responsible for verifying annual training compliance and maintaining documentation on file. **Date of Implementation:** by 06/30/2026
	Corrective Action Plan: Rejected by Lorena Paredes 04/24/2026 01:42 PM Annual training requirements apply to the 12 months between July 1 and June 30th. Please ensure that all 12 hours of Professional Training will be completed per school year. School Nutrition Program directors are required to complete at least 12 hours of annual training. Training can be obtained in a variety of formats, including online courses, live or recorded webinars, in-person trainings/workshops, conferences, meetings etc. Training resources are also available at: https://theicn.org/. Explain in detail, how the annual training requirements will be met and the measures taken to ensure this finding will not reoccur in the future. Indicate the date of implementation.

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

Note: The corrective action plan is required to correct any violation identified under the Administrative Review and must be applied to all schools in the SFA, as appropriate, to ensure that previously deficient practices and procedures are revised syste

	Corrective Action Plan: Submitted by James Lushok 04/23/2026 10:55 AM The School Nutrition Program Director, will complete 12 hours of annual training through a combination of online courses, webinars, workshops, and conferences, including resources available at https://theicn.org/. All hours will be completed no later than **08/30/2026** with documentation submitted to the USDA and maintained on file. **Measures to Prevent Recurrence:** • A training log will be maintained to track hours throughout the year, with quarterly check-ins to ensure steady progress toward the 12-hour requirement. • The SFA will subscribe to training notifications from the Institute of Child Nutrition, the State Agency, and other professional organizations to stay informed of available opportunities. • The Business Administrator will be responsible for verifying annual training compliance and maintaining documentation on file. **Date of Implementation:** 08/30/2026 Flagged by Lorena Paredes 03/22/2026 02:49 PM School Nutrition Program directors are required to complete at least 12 hours of annual training. Training can be obtained in a variety of formats, including online courses, live or recorded webinars, in-person trainings/workshops, conferences, meetings etc. Training resources are also available at: https://theicn.org/. **Explain in detail, how the annual training requirements will be met and the measures taken to ensure this finding will not reoccur in the future. Indicate the date of implementation.**				
Professional Standards	Professional Standards (On-Site Assessment Tool)	WILDWOOD CREST BD OF ED-00905800	1217	04/23/2026	CAP Accepted

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

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Section	**Form Subsection**	**Sponsor/Site Name**	**Question #**	**Due Date**	**Status**
Corrective Action History	Corrective Action Plan: Accepted by Lorena Paredes 04/24/2026 12:04 PM CAP Accepted Corrective Action Plan: Submitted by James Lushok 04/23/2026 10:55 AM **The SFA will immediately implement the [USDA Training Tracking Tool / SOARS Team Work Tracker / other tool] to document all training hours completed by every school nutrition employee. All required fields, including employee name, training topic, date, format, and hours completed, will be captured. Any previously completed training that can be verified through certificates or attendance records will be retroactively documented. Full implementation will be completed no later than 08/30/2026.** **Measures to Prevent Recurrence:** • **The designated tracking tool will be updated within 5 business days of any employee completing training, ensuring records remain current throughout the year.** • **The business administrator will be responsible for maintaining the tracking tool and conducting quarterly reviews to verify that all employee training is properly documented.** • **All new employees will be added to the tracking system during the onboarding process.** • **Training documentation compliance will be included in the SFA's annual self-assessment process.** **Date of Implementation: 08/30/2026** Flagged by Lorena Paredes 03/22/2026 02:49 PM Training documentation has not been completed by SFA. Documentation of training hours completed by all employees must be kept. The USDA Training Tracking Tool or the SOARS Team Work tracker can be used to document training hours. Both tools contain all required fields for documenting compliance with professional standard training requirements. If the SFA is using a different tracking tool, it must include all required fields. **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.**				
Food Safety, Storage and Buy American	Food Safety, Storage and Buy American (On-Site Assessment Tool) (1400H)	WILDWOOD CREST BD OF ED-00905800	1400	04/23/2026	CAP Accepted

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

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<tr><td rowspan="3">Corrective Action History</td><td colspan="5">Corrective Action Plan: Accepted by Lorena Paredes 04/23/2026 01:10 PM

CAP Accepted</td></tr>
<tr><td colspan="5">Corrective Action Plan: Submitted by James Lushok 04/23/2026 10:55 AM

The SFA will develop a comprehensive HACCP-based food safety plan using guidance from the NJDOA website, including all required SOPs, monitoring, corrective action, and record keeping procedures. A written copy will be distributed to every school site, and all staff will review and sign the plan acknowledging implementation. Full SFA-wide implementation will be completed no later than 08/30/2026.

Measures to Prevent Recurrence:
• Signed copies of the plan will be maintained on-site at each school and at the central office.
• The plan will be reviewed and updated annually, with all staff re-signing at the beginning of each school year and new employees signing during onboarding.
• The business administrator will conduct periodic site visits to verify the plan is accessible and procedures are being followed at all locations.

Date of Implementation: 08/30/2026</td></tr>
<tr><td colspan="5">Flagged by Lorena Paredes 03/22/2026 02:49 PM

The SFA must have a food safety plan in place that includes HACCP standard operating procedures (SOP), as well as monitoring, corrective action, and record keeping procedures. Further guidance on required elements for the HACCP plan can be found in "HACCP Based Standard Operating Procedures" available on the NJDOA website. In addition, a copy of the written HACCP food safety plan must be available at each school and must be signed when reviewed and implemented.

Explain in detail, how the finding will be corrected and the measures taken to ensure that it will not reoccur in the future. Corrective Action must be applied SFA-wide. Indicate the date of implementation.</td></tr>
<tr><td>Infant and Pre-K Meal Pattern</td><td>Infant and Pre-K Meal Pattern (Other Programs)</td><td>CREST MEMORIAL-537</td><td>2</td><td>04/23/2026</td><td>CAP Accepted</td></tr>
</table>

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

Note: The corrective action plan is required to correct any violation identified under the Administrative Review and must be applied to all schools in the SFA, as appropriate, to ensure that previously deficient practices and procedures are revised syste

Section	Form Subsection	Sponsor/Site Name	Question #	Due Date	Status
Corrective Action History	Corrective Action Plan: Accepted by Lorena Paredes 04/23/2026 01:11 PM CAP Accepted Corrective Action Plan: Submitted by James Lushok 04/23/2026 10:55 AM Corrective Action: Effective, March 2, 2026, the SFA will implement separate production records for all preschool meals served in the classroom. These records will reflect the Preschool meal pattern requirements and accurately document all menu items, portion sizes, and quantities prepared and served for pre-K students. A corresponding separate preschool menu cycle will also be maintained. Measures to Prevent Recurrence: The Food Service Director will train all kitchen staff and classroom personnel involved in preschool meal service on the requirement for separate production records and Preschool meal pattern standards. Production record templates specific to the Preschool meal pattern will be created and made readily available to staff. The Food Service Director will review preschool production records weekly to verify accuracy and proper separation from older grade records. Preschool production record compliance will also be included as a checkpoint during the SFA's annual self-assessment. Date of Implementation: 3/02/2026 Responsible Party: Margaret Teeney Flagged by Lorena Paredes 03/22/2026 02:50 PM SFA has preschool students that eat in the classroom for lunch only. Since these students eat separately from the older grades and are not co-mingled at lunch, a separate menu using the Preschool meal pattern and separate production records for pre-K must be kept. Although meal pattern requirements were met, the meals for the preschool students served in the classroom were not recorded on separate production records. **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.**				
Meal Components and Quantities - Review Period	Meal Components and Quantities - Review Period (On-Site Assessment Tool - Site) (409H)	CREST MEMORIAL-537	410	04/23/2026	CAP Accepted

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

Note: The corrective action plan is required to correct any violation identified under the Administrative Review and must be applied to all schools in the SFA, as appropriate, to ensure that previously deficient practices and procedures are revised syste

Corrective Action History	Corrective Action Plan: Accepted by Lorena Paredes 04/27/2026 08:36 AM CAP Accepted
	Corrective Action Plan: Submitted by James Lushok 04/24/2026 01:50 PM Effective 4/20/2026 the following corrective actions were applied SFA-wide: The SFA will revise the PB&J alternate meal bundle to include a rotating vegetable schedule that ensures all weekly subgroup categories are offered in required quantities. Production records for the alternate meal line will document daily and weekly vegetable subgroup contributions. The SFA will revise all preschool menus to ensure 1.5 oz. eq. M/MA is offered daily. The Swedish meatball meal will be corrected through increased portion size or addition of a supplemental M/MA item. All menu items will be verified using the USDA Food Buying Guide, CN labels, product formulation statements, and standardized recipes, with supporting documentation maintained on file. **Measures to Prevent Recurrence (SFA-Wide):** Prior to implementing any new or revised menu cycle, the Food Service Director will verify all daily and weekly meal pattern requirements are met for every grade group and meal line, including alternates, using approved crediting documentation. Production records at all sites will be reviewed weekly to confirm component quantities and vegetable subgroup tracking are accurately documented. A centralized crediting documentation file will be maintained, and no new menu item will be added without first establishing its crediting support. All food service staff SFA-wide will be trained on meal pattern requirements, proper crediting, and accurate production record completion. Compliance will be incorporated as a critical checkpoint in the SFA's annual self-assessment to prevent repeat violations and future fiscal action. **Date of Implementation:** 4/20/2026 **Responsible Party:** Margaret Teeney
	Corrective Action Plan: Rejected by Lorena Paredes 04/24/2026 12:07 PM Please kindly indicate a date of implementation.

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

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Corrective Action Plan: Submitted by James Lushok 04/23/2026 10:55 AM

Effective Immediately the following corrective actions were applied SFA-wide:

The SFA will revise the PB&J alternate meal bundle to include a rotating vegetable schedule that ensures all weekly subgroup categories are offered in required quantities. Production records for the alternate meal line will document daily and weekly vegetable subgroup contributions.

The SFA will revise all preschool menus to ensure 1.5 oz. eq. M/MA is offered daily. The Swedish meatball meal will be corrected through increased portion size or addition of a supplemental M/MA item. All menu items will be verified using the USDA Food Buying Guide, CN labels, product formulation statements, and standardized recipes, with supporting documentation maintained on file.

Measures to Prevent Recurrence (SFA-Wide):

Prior to implementing any new or revised menu cycle, the Food Service Director will verify all daily and weekly meal pattern requirements are met for every grade group and meal line, including alternates, using approved crediting documentation. Production records at all sites will be reviewed weekly to confirm component quantities and vegetable subgroup tracking are accurately documented. A centralized crediting documentation file will be maintained, and no new menu item will be added without first establishing its crediting support. All food service staff SFA-wide will be trained on meal pattern requirements, proper crediting, and accurate production record completion. Compliance will be incorporated as a critical checkpoint in the SFA's annual self-assessment to prevent repeat violations and future fiscal action.

Date of Implementation: Immediate

Responsible Party: Margaret Teeney

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

Note: The corrective action plan is required to correct any violation identified under the Administrative Review and must be applied to all schools in the SFA, as appropriate, to ensure that previously deficient practices and procedures are revised syste

	Flagged by Lorena Paredes 03/22/2026 02:50 PM <u>LUNCH</u> K-8 meal pattern: Weekly vegetable subgroups requirement for the PB&J bundle were not met. PB&J bundle is served daily. PreK meal pattern: Swedish meatballs served on 1/12/26 credit as 1 M/MA. Pre-K meal pattern requires 1.5 oz. equivalent MMA daily. A total of 5 Swedish meatball lunch meals were served. At lunch, production records must document that both daily and weekly minimum quantities for each component are offered, including the requirement to serve the weekly vegetable subgroups (dark green, red/orange, beans/peas/lentils, starchy, other and additional to reach total). Because PB&J is served with carrot sticks and offered daily as an alternate meal, the "alternate" meal line does not meet the vegetable subgroups. In addition, the preschool meal pattern requires that 1.5 oz equivalent of meat or meat alternate be served daily. This meal component did not meet meal pattern requirements as the meatballs credited as 1 M/MA. Supporting documentation (including but not limited to the USDA Food Buying Guide, food labels, CN labels, manufacturers product formulation statements, standardized recipes, etc.) must be used to determine the creditable amount each menu item contributes to the meal pattern to assure that required minimum quantities are offered. This is first time violation for not meeting vegetable subgroups. Failure to fix identified issues may also lead to fiscal action/repeat violations in subsequent reviews as these are Performance Standard 2 (PS2) violations. A repeat violation of insufficient quantity has occurred for the five (5) Swedish meatball meals served to preschoolers during the week of review. Fiscal action will be assessed. **Explain in detail, how the finding will be corrected and the measures taken to ensure that it will not reoccur in the future. Corrective Action must be applied SFA-wide. Indicate the date of implementation.**				
Food Safety, Storage and Buy American	Food Safety, Storage and Buy American (On-Site Assessment Tool - Site) (1404H)	CREST MEMORIAL-537	1407	04/23/2026	CAP Accepted

WILDWOOD CREST BD OF ED-00905800 - Corrective Action Report (Detail)

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Section	Form Subsection	Sponsor/Site Name	Question #	Due Date	Status
Corrective Action History	Corrective Action Plan: Accepted by Lorena Paredes 04/24/2026 12:04 PM CAP Accepted				
	Corrective Action Plan: Submitted by James Lushok 04/23/2026 10:55 AM **All school nutrition staff will immediately review the existing food safety plan and sign the SOPs to confirm their review and implementation of the procedures. Signed documentation will be collected and maintained on file at the school location. All signatures will be obtained no later than 08/30/2026** **Measures to Prevent Recurrence:** • **All staff will be required to re-sign the SOPs at the beginning of each school year confirming their review and implementation of the food safety plan.** • **New employees will review and sign the SOPs as part of the onboarding process.** • **The Business Administrator will maintain a log tracking signature compliance across all sites and conduct periodic checks to ensure signed copies are current and accessible.** **Date of Implementation:8/30/2026**				
	Flagged by Lorena Paredes 03/22/2026 02:49 PM SFA has a written food safety plan but standard operating procedures (SOPs) were not signed to indicate the food safety plan was reviewed and implemented. **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.**				

Report Selections

Flagged, CAP Submitted, CAP Rejected, CAP Accepted, CAP Removed, Problem resolved, Re-Flagged