

PLUMSTED TWP BD OF ED-02904190 - 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 svste

Section	Form Subsection	Sponsor/Site Name	Question #	Due Date	Status
Certification and Benefit Issuance	Certification and Benefit Issuance (On-Site Assessment Tool) (124H)	PLUMSTED TWP BD OF ED-02904190	126	05/14/2025	CAP Accepted
Corrective Action History	Corrective Action Plan: Accepted by Casey Miller 05/19/2025 11:19 AM CAP Accepted				
	Corrective Action Plan: Submitted by SEAN GATELY 05/15/2025 06:27 PM Verify that last four of SSN populated or "No SSN" box checked in SIS. The student record was updated on 4/11/2025.				
	Corrective Action Plan: Rejected by Casey Miller 05/05/2025 11:54 AM Please add date when missing information was obtained and application was corrected in the SIS. Please also go to Corrections--> Errors tab (click radio button SFA-1 and SFA-2) and indicate the date of correction for each application error, check off the completed box.				
	Corrective Action Plan: Submitted by SEAN GATELY 05/02/2025 03:54 PM Verify that last four of SSN populated or "No SSN" box checked in SIS.				
	Flagged by Casey Miller 04/14/2025 12:36 PM Incomplete and/or incorrectly determined applications were found during the State Agency review of the selected applications. Errors were recorded on the Eligibility Certification and Benefit Issuance Worksheet SFA-1 and SFA-2. Error: Application 1736 was missing information, thus considered incomplete and should have not been determined until missing information was obtained. SSN box was blank. Did not list last four digits or check the no SSN box.				
	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. Please also go to Corrections--> Errors tab (click radio button SFA-1 and SFA-2) and indicate the date of correction for each application error, check off the completed box, and explain how the error was corrected in the comment box. 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)	PLUMSTED TWP BD OF ED-02904190	141	05/14/2025	CAP Accepted
	Corrective Action Plan: Accepted by Casey Miller 05/19/2025 11:19 AM CAP Accepted				

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Corrective Action History	Corrective Action Plan: Submitted by SEAN GATELY 05/15/2025 06:31 PM
	The Business Office will notify the central registration the importance of utilizing family codes in SIS to identify students.
	Students processed by direct certification will check student family codes to ensure all household eligible students are processed.
	The eligibility record was updated on 5/6/2025.
	Corrective Action Plan: Rejected by Casey Miller 05/06/2025 01:28 PM
	Add date
	Corrective Action Plan: Submitted by SEAN GATELY 05/06/2025 09:30 AM
	Student lunch record updated to medicaid free.
Corrective Action History	Corrective Action Plan: Rejected by Casey Miller 05/05/2025 11:49 AM
	Please indicate the date when the eligibility status for the 3rd student from app 1017 was updated to free DC.
	Corrective Action Plan: Submitted by SEAN GATELY 05/02/2025 04:08 PM
	The Business Office will notify the central registration the importance of utilizing family codes in SIS to identify students.
	Students processed by direct certification will check student family codes to ensure all household eligible students are processed.
	Flagged by Casey Miller 04/14/2025 12:36 PM
	The SFA must extend free meal benefits to all students living in a household where any member has either been directly certified or has submitted an application with a SNAP or TANF case number.
	Error: DC benefits were not extended to one sibling in a household with 3 students. Originally, application 1017 for household was determined on 9/5 as free income. On 10/14, 2 students on this application came up in DC as DC Medicaid Free. These two students were updated to DC Medicaid Free in Genesis, but the 3rd remained categorized as free income, when the DC Medicaid Free benefits should have been extended and status also updated.
Corrective Action History	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.

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Verification	Verification (On-Site Assessment Tool) (207H)	PLUMSTED TWP BD OF ED-02904190	214	05/14/2025	CAP Accepted
Corrective Action History	Corrective Action Plan: Accepted by Casey Miller 05/05/2025 11:46 AM				
	CAP Accepted				
	Corrective Action Plan: Submitted by SEAN GATELY 05/02/2025 03:55 PM				
	The procedure below will be implemented and followed in subsequent years.				
	Flagged by Casey Miller 04/14/2025 12:36 PM				
	Households for whom benefits were to be reduced or terminated, due to verification, must be given 10 calendar days written advance notice of the change from when the Final Verification Results Letter is sent.				
	Error: Applications changed to paid due to no response to verification were given more than 10 calendar days. The Final Verification Letter was sent to households on 11/25 and eligibility benefits were updated in Genesis on 12/15.				
	<i>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.</i>				

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Verification	Verification (On-Site Assessment Tool) (207H)	PLUMSTED TWP BD OF ED-02904190	215	05/14/2025	CAP Accepted
Corrective Action History	Corrective Action Plan: Accepted by Casey Miller 05/05/2025 11:47 AM				
	CAP Accepted				
	Corrective Action Plan: Submitted by SEAN GATELY 05/02/2025 03:56 PM				
	The procedure below will be implemented and followed in subsequent years.				
	<p>Flagged by Casey Miller 04/14/2025 12:37 PM</p> <p>The SFA must complete the Verification Process which includes sending the "Verification Results Letter" (Form 244) by the November 15th deadline.</p> <p>Error: The verification process was completed after the deadline. The Final Verification Results Letter was sent to households on 11/25.</p> <p><i>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.</i></p>				
Meal Components and Quantities - Day of Review	Meal Components and Quantities - Day of Review (On-Site Assessment Tool - Site) (400H)	NEW EGYPT HIGH SCHOOL-3347	402	05/14/2025	CAP Accepted

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Section	Form Subsection	Sponsor/Site Name	Question #	Due Date	Status
Corrective Action History	Corrective Action Plan: Accepted by Casey Miller 05/05/2025 11:42 AM				
	CAP Accepted				
	Corrective Action Plan: Submitted by DEBBIE LACHAWIEC 04/15/2025 02:31 PM				
	As of day of review 4/9, Goldfish crackers were added to all Chef Salads to meet the needed additional 1 Oz Grain requirement. that the 1 oz. dinner roll did not meet alone.				
	Recipe# 1213 includes the 2 grain but day of service, it was forgotten. As of 4/9/2025, Director will double check staffs preparations to insure recipe is followed correctly.				
	Flagged by Casey Miller 04/14/2025 12:37 PM				
Corrective Action History	Portion sizes offered for each required lunch component must meet daily and weekly minimum requirements for the appropriate grade group (K-5, 6-8, K-8, 9-12). When planning menus, refer to the Lunch Meal Pattern Charts, available on the Department of Agriculture Forms web site for specific requirements. To determine the creditable amount for each menu item's contribution to the meal pattern, refer to the following resources: Child Nutrition (CN) Labels, Signed Manufacturers Product Formulation Statements, USDA Food Buying Guide, Whole Grain Rich (WGR) Resource, USDA Foods Information Sheets.				
	Error: Insufficient quantity of daily grain at lunch on day of review 4/9. A chef salad packaged with a dinner roll was offered as alternate lunch choice on the day of review. The roll credits as 1oz eq WGR and thus, this entree does not meet the minimum daily grain requirement of 2 oz eq for the 9-12 meal pattern.				
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