

**DC Healthy Schools Act Title II  
 School Nutrition**

<b>Contact Type:</b>	Site Visit <input type="checkbox"/>	Corrective Action <input type="checkbox"/>	Penalty (Sec. 206) <input type="checkbox"/>
<b>Date:</b>			
<b>Facility/School:</b>			
<b>School Contact:</b>			

**COMPLIANCE DETERMINATION**

Based on the Healthy Schools Act LWP Implementation TA Site Visit, are program operations in compliance with the requirements set forth in Title II?

**Yes No N/A**

- Schools offer free breakfast to all students?
- Schools do not charge students for meals if the students qualify for reduced-price meals?
- Schools provide at least 30 minutes for students to eat lunch and sufficient time during the lunch period for every student to pass through the line?
- Schools participate in federal nutritional and commodity foods programs whenever possible?
- Schools provide food service provider information (i.e. menu, nutritional content, ingredients, and location) to parents and legal guardians upon request?
- Schools comply with Sec. 206 Healthy vending, fundraising, and prizes in public schools (See attached Sec. 206 Compliance Determination Form)?

**Standard:** Any "No" answers require a corrective action plan. Use the attached Corrective Action Plan Form to describe the problem and the action to be taken. A follow-up review must be conducted with 45 calendar days. Anticipated date of follow-up review: \_\_\_\_\_

Other Notes:

Follow-Up Needed:  Yes  No

Dates of Follow-Up: On-Site \_\_\_\_\_ Email \_\_\_\_\_ Letter \_\_\_\_\_

DC-OSSE Contact (Name & Title): \_\_\_\_\_ Date Completed: \_\_\_\_\_

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**CORRECTIVE ACTION PLAN**

Name of School: \_\_\_\_\_ Date of First Review: \_\_\_\_\_

Columns 1 and 2 are to be completed by the person conducting the review. Acknowledgement statement must be signed by the school representative and a copy sent to him/her at the close of the first review. Column 3 is to be completed by the responsible school/site representative.

Problem(s)	Corrective Action Plan and Timeframe	Date Corrective Action Completed

**Acknowledgement: I acknowledge that the reviewer has discussed this Corrective Action Plan with me and I understand that all corrective action must be completed:**

\_\_\_\_\_  
 School/Site Representative (Name & Title)

\_\_\_\_\_  
 DC-OSSE Reviewer (Name & Title)

\_\_\_\_\_  
 Date

**To Be Completed By Reviewer During Follow-up Review:**

Date Follow-up conducted: \_\_\_\_\_

Corrective Action Plan has been fully implemented?     Yes                       No

\_\_\_\_\_  
 School/Site Representative (Name & Title)

\_\_\_\_\_  
 DC-OSSE Reviewer (Name & Title)

\_\_\_\_\_  
 Date