



## SNP Administrative Review Findings

Laupāhoehoe Community PCS (2418-0)

Program Year 2020

### Laupāhoehoe Community PCS (2418-0)

35-2065 Old Mamalahoa Hwy  
Laupāhoehoe, HI 96764-0189

No. of Sites / Reviewed: 1 / 1

Month of Review: January 2020

Dates of Review: February 20-21, 2020

Exit Conference Date: February 21, 2020

Due Date for Corrective Action: **June 24, 2025**

### Commendations

\* Summary: Organization

Documentation was well organized. Thank you for using the AROT and MDOT.

\* Summary: Appealing Meals

Meals looked appealing.

\* Summary: FFVP

It was nice to see local fruit (longan) served for FFVP.

\* Summary: Staff

Staff work well together.

### Technical Assistance

\* General Program Compliance: Professional Standards

Include the times and number of hours of training completed on sign in sheets, training agendas, and training logs.

\* General Program Compliance: Recordkeeping

Remember to sign and date all forms after they are reviewed. Also, ensure that all forms are completed in its entirety. This includes the Edit Check Worksheet and Civil Rights Ethnic Data Report.

\* Resource Management: Fiscal Reports

Please ensure that all required Fiscal reports including the Annual Financial Report (AFR) and Nonprogram Revenue Calculator (NPR) are submitted to HCNP by the due date.

### General Program Compliance - Laupāhoehoe Community PCS (2418-0)

808. On-site observation validate Off-Site Assessment Tool responses to Civil Rights questions?

**Finding 9008: Civil Rights information on the Off-site Assessment Tool not validated, or deficiencies found.**

The SFA does not accommodate meal pattern changes that a medical provider has determined to be a disability and/or the Medical Statement for Students with Unique Mealtime Needs has not been completed by the medical authority for meal modifications outside of the meal pattern. A form is available on the HCNP website at [https://hcnp.hawaii.gov/wp-content/uploads/2019/06/copy\\_of\\_medstatement\\_june2019-FILLABLE.pdf](https://hcnp.hawaii.gov/wp-content/uploads/2019/06/copy_of_medstatement_june2019-FILLABLE.pdf).

**Corrective Action:**

1. Maintain on file complete medical statements.
2. Create a standard operating procedure (SOP) on how the SFA will ensure all medical statements are reviewed by the SFA,

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signed by the SFA, and are completed fully.

3. Train all appropriate staff on the SOP.

4. Keep training documentation (sign-in sheet, date of training, agenda) to confirm that training was completed with appropriate staff.

5. Complete and submit the Attestation Report by selecting the checkbox next to each identified finding and corresponding requirement area.

NOTE: This will be reviewed during the next Administrative Review to ensure corrective actions have been implemented by the SFA. Therefore, at this time, for this finding, acknowledge to HCNP that the SFA understands the corrective actions that must be implemented to resolve the findings and provide assurance to HCNP that the corrective actions will be implemented.

**Technical Assistance:**

Technical assistance was provided to the manager on medical statements and implementing special diets. Ensure that the information that is written on the medical statement is being implemented during meal service. If the information that is listed on the current medical statement is incorrect or outdated, the SFA must contact the family to obtain clarification and/or updated documentation. Be sure to document any communication and follow up with the family.

**808. On-site observation validate Off-Site Assessment Tool responses to Civil Rights questions?****Finding 9000: Other Finding**

SFA did not have a Civil Rights Complaint Form for the current school year. The SFA must maintain and use the most current version of the Complaint Form.

**Corrective Action**

This was corrected on-site. No further corrective action is required.

**1007. On-site observation validate Off-Site Assessment Tool responses to Local School Wellness Policy questions?****Finding 9000: Other Finding**

It was found that the LEA has not assessed the implementation of the Local School Wellness Policy. LEAs must conduct an assessment of the wellness policy every 3 years, at a minimum. This assessment will determine: compliance with the wellness policy, how the wellness policy compares to model wellness policies, and progress made in attaining the goals of the wellness policy. The LEA has not made the results of the most recent assessment of the Local School Wellness Policy available to the public.

**Corrective Action:**

1. Complete the assessment of the wellness policy and make the assessment available to the public.

2. Keep documentation on file to show the public requirement was met.

3. Complete and submit the Attestation Report by selecting the checkbox next to each identified finding and corresponding requirement area.

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**1212. Validate OFS #1202 - Were hiring requirements met when hiring new Director?****Finding 9000: Other Finding**

The LEA did not provide documentation to substantiate hiring requirements. The new director(s) hired on or after July 1, 2015 did not meet the hiring standard requirements because documentation was not provided.

**Corrective Action:**

1. The LEA must ensure that any new director hired on or after July 1, 2015 meets the USDA Professional Standards requirements.

2. Keep on file all hiring documentation to support new directors.

3. Complete and submit the Attestation Report by selecting the checkbox next to each identified finding and corresponding



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requirement area.

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#### 1213. Validate OFS #1203 - Did new Director meet food safety certification and training requirements?

##### Finding 9000: Other Finding

The new school Nutrition Program Director did not complete the required 8 hours of food safety training within 30 days of being hired, and no previous food safety certification was obtained in the last 5 years.

##### Corrective Action:

1. The School Nutrition Program Director must complete the required 8 hours of food safety training.
2. Keep training documentation (certificate) to confirm that training was completed.
3. Complete and submit the Attestation Report by selecting the checkbox next to each identified finding and corresponding requirement area.

NOTE: This will be reviewed during the next Administrative Review to ensure corrective actions have been implemented by the SFA. Therefore, at this time, for this finding, acknowledge to HCNP that the SFA understands the corrective actions that must be implemented to resolve the findings and provide assurance to HCNP that the corrective actions will be implemented.

#### 1216. Validate OFS #1206 - Did School Nutrition personnel meet annual training requirements?

##### Finding 9000: Other Finding

The school nutrition staff did not meet the training requirements, and did not have scheduled/planned trainings for the remainder of the school year to meet annual training requirements.

##### Corrective Action:

1. Each year, the School Nutrition Program Personnel will receive the required training related to their job duties.
2. Create a standard operating procedure (SOP) detailing how all school nutrition employees at the SFA level and at the school level have met the required professional standards training hours requirement annually. Include in the procedures how the SFA will have all required information readily available for review upon request by the State Agency.
3. Train all appropriate staff on the SOP.
4. Keep training documentation (sign-in sheet, date of training, agenda) to confirm that training was completed with appropriate staff.
5. Documentation of professional standards training should be kept for 3 years plus the current school year, or 6 years plus the current year, if required to follow the Hawaii State Department of Education requirement. Records that list the employee name, employer/school, hiring date, Professional Standards job category, training title, topic/objectives, training source, dates, and total training hours would be appropriate to show compliance with professional standards training requirements.
6. Complete and submit the Attestation Report by selecting the checkbox next to each identified finding and corresponding requirement area.

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#### 1602. On-site observation validate Off-Site Assessment Tool responses to SFSP & SBP Outreach questions?

##### Finding 9009: SFSP & SBP Outreach information on the Off-site Assessment Tool not validated, or deficiencies found.

Upon review of the School Breakfast Program (SBP), it was found that the SFA is not informing families of the availability of the School Breakfast Program prior to, or at the beginning of the school year.

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Upon review of the Summer Food Service Program (SFSP), it was found that the LEA is not informing eligible families regarding the availability and location of free meals for students via the Summer Food Service Program.

**Corrective Action:**

1. Create a standard operating procedure (SOP) on how the SFA will ensure households are notified about the availability of the School Breakfast Program prior to, or at the beginning of the school year.
2. Train all appropriate staff on the SOP.
3. Keep training documentation (sign-in sheet, date of training, agenda) to confirm that training was completed with appropriate staff.
4. Create a standard operating procedure (SOP) on how the SFA will inform households regarding the availability and location of free meals for students via the Summer Food Service Program.
5. Train all appropriate staff on the SOP.
6. Keep training documentation (sign-in sheet, date of training, agenda) to confirm that training was completed with appropriate staff.
7. Complete and submit the Attestation Report by selecting the checkbox next to each identified finding and corresponding requirement area.

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**IX Special Provision Options - Laupāhoehoe Community PCS (2418-0)*****2115. CEP most recent approval – documentation support ISP and claiming percentages?*****Finding 9000: Other Finding**

The CEP Data Collection Form submitted by the SFA included virtual students in the Identified Students but not in the enrollment. The SFA also included students in the Identified Students who were not enrolled in the school as of 4/1/19. This resulted in a decreased Identified Student Percentage (ISP). The ISP is 49.14%, not 69.45%. Therefore, the free claiming percentage decreased from 100% to 78.62%, and the paid claiming percentage increased from 0% to 21.38%. Since the incorrect ISP of 69.45% with a free claiming percentage of 100% was used for SY 19-20 and SY 20-21, fiscal action will be taken for all months the incorrect ISP was used.

**Corrective Action:**

1. Per USDA Western Region's guidance, HCNP will validate Identified Student Percentages at the time of CEP election by an SFA or school. HCNP validated the Laupāhoehoe Community — Public Charter School's ISP for SY 24-25 at the time of application.
2. Each year, appropriate SFA staff will complete HCNP's CEP training prior to completing the CEP Data Collection Form.
3. Complete the CEP Data Collection Form accurately on an annual basis.
4. Maintain all documentation that supports the data entered on the CEP Data Collection Form.
5. Meet all HCNP deadlines for completing the CEP training and the submission of the CEP Data Collection Form and all supporting documentation, upon request.
6. Complete and submit the Attestation Report by selecting the checkbox next to each identified finding and corresponding requirement area.

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### Laupāhoehoe Community (377-PCS)

35-2065 Old Mamalahoa Hwy  
Laupāhoehoe, HI 96764-0189

Month of Review: January 2020

Date of Onsite Review: February 20, 2020

#### Technical Assistance

- \* Meal Counting & Claiming: Edit Checks

Be sure to use the correct and accurate attendance factor on the Edit Check Worksheet.

- \* Meal Components & Quantities: Production and Menu Records

Technical assistance was provided on meal patterns, standardizing recipes, product formulation statements, production records, and using the USDA Food Buying Guide. Finalize the cycle menu on the HCNP Menu Planning Template. Then, complete the USDA Certification Worksheets to check if the menu meets the meal pattern requirements. Then, update the production record templates. All of these must match each other.

#### Suggestions

- \* Other Federal Programs: FFVP

Please continue your dedicated work with engaging students in experiencing and learning about fresh fruits and vegetables.

Positive effort is being made to more evenly distributed FFVP purchasing among about 6 vendors. Please continue and monitor purchases throughout the SY and make adjustments as needed to not greatly favor any vendor.

Please display FFVP banner (when found). We will provide if replacement is needed.

### Meal Components & Quantities - Laupāhoehoe Community (377-PCS)

404. DOR - signage explaining reimbursable meal near/at beginning of service line?

#### Finding 9000: Other Finding

Offer versus serve signage was not posted during lunch on the day of review.

#### Corrective Action:

This was corrected on-site. No further action is required.

#### Technical Assistance:

Technical assistance and handouts on appropriate signage was provided to the manager.

409. Review period production records/documentation - required meal components offered, daily/weekly requirements met?  
Enter data.

#### Finding 9000: Other Finding

The production records are incomplete, not all required fields are correctly documented.

The SFA must complete the grade group column, including when all grades receive the same serving size of menu items.

The SFA must complete the Total Amount Needed column. The SFA should use the USDA Food Buying Guide to determine how many #10 cans of fruit, pounds of fresh fruit and vegetables, pounds of frozen vegetables, etc., are needed.

The SFA must correctly complete production records to indicate that the correct crediting information, including whole grains,



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is recorded.

The breakfast production record for Tuesday, 1/14/20, must be updated to not state the waffle is whole grain and to correct the crediting of one waffle as 1.5 oz. eq.

The breakfast production record for Wednesday, 1/15/20, is missing the total amount of sliced pears needed. If not drained, 3.25 cans would be needed.

The breakfast production record for Thursday, 1/16/20, is missing the total amount of fruit cocktail needed. If not drained, 7 cans would be needed.

The breakfast production record for Thursday, 1/16/20, ReddiEgg (egg whites) is not a creditable item – this item cannot count towards the meal pattern requirements. The SFA can look for a frozen whole egg product that is creditable. If the SFA can find a creditable product, the SFA may want to consider decreasing the portion size of the toast to one piece (currently 2.25 oz eq for the 2 pieces; if one was served, it would be 1 oz eq).

The lunch production record for Friday, 1/17/20, lists the Chicken Stir-fry as crediting 1/4 cup of additional vegetable; however, the recipe crediting states it credits as 1/8 cup of additional vegetables.

The lunch production record for Friday, 1/17/20, is incomplete. The broccoli florets - what do the numbers in the Total Amount needed column mean? If frozen was used, for the K-8 age/grade group (125 - 1/4 cup servings, would need 9 pounds). For the 9-12 age/grade group (35 - 1/2 cup servings, would need 5 pounds).

The lunch production record for Friday, 1/17/20, is missing the Total Amount Needed for the pears served. The SFA would need about 7 cans (the planned number of servings column was not completed; the reviewer cannot determine how many servings were planned).

The grain crediting is not correct on the 1/8/20 and 1/22/20 production records. The pizza slice provides 2 oz eq grain, not 1 oz eq.

The SFA did not credit the chili correctly on the 1/9/20 production record. The chili credits as 1/4 cup red/orange vegetable and 1/8 cup additional vegetable.

The reviewer could not determine the crediting of the tuna served on 1/21/20 based on how the recipe was written.

### Corrective Action:

1. Complete training on how to complete production records.
2. Train the appropriate staff on properly completing production records
3. Keep training documentation (sign-in sheet, date of training, agenda) to confirm that training was completed with the appropriate staff.
4. Complete training on how to standardize recipes.
5. Keep training documentation (sign-in sheet, date of training, agenda) to confirm that training was completed with the appropriate staff.
6. Revise the tuna recipe so that it is a standardized recipe.
7. Complete and submit the Attestation Report by selecting the checkbox next to each identified finding and corresponding requirement area.

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### Technical Assistance:

The SFA must ensure the HCNP Menu Planning Template matches the menu, production records, and labels.



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410. Review period menus and production records - Quantities and meal pattern requirements met? Enter data.

### Finding 9000: Other Finding

The weekly vegetable subgroup requirements must be met for each grade group. For the week of January 13-17, 2020, the ½ cup weekly beans/peas/lentils vegetable subgroup requirement was not met for grades K-12, with only 3/8 cup offered.

Wednesday, 1/15/20: Edamame in pod:

The label for the edamame explained how many cups needed to be served to equal 1/2 cup of shelled beans (unable to read label - it either states that about 1-1/8 cups or 1-1/5 cups is needed for 1/2 cup shelled beans). Since the production record for Wednesday, 1/15/20, lists 1 cup as the serving size, the creditable amount is 3/8 cup of vegetable, not 1/2 cup.

### Corrective Action:

1. Update menus to come into compliance with the USDA NSLP meal pattern requirements.
2. Complete the Attestation Report by selecting the checkbox next to each identified finding and corresponding requirement area.

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410. Review period menus and production records - Quantities and meal pattern requirements met? Enter data.

### Finding 9076: Planned menus served during Review month do not meet portion size/quantity requirements.

Production records were reviewed for the Review Period (January 13-17, 2020) to determine whether the portion sizes of meal components from the planned menu and served during the Review Period meet the minimum meal pattern requirements for the age/grade group(s) being served.

The federal regulations require a minimum of 3/4 cup of vegetable to be offered each day for grades K-5 & 6-8. This requirement was not met on Friday, 1/17/20, with only 5/8 cup offered.

The federal regulations require a minimum of 1 cup of vegetable to be offered each day for grades 9-12. This requirement was not met on Wednesday (1/15/20) & Friday (1/17/20) with only 7/8 cup offered.

The federal regulations require minimum weekly amounts of vegetables to be offered. The minimum weekly vegetable requirement of 5 cups was not met for grades 9-12, with only 4 7/8 cups offered.

### Corrective Action:

1. Complete training on the USDA NSLP meal pattern requirements
2. Keep training documentation (sign-in sheet, date of training, agenda) to confirm that training was completed.
3. Update menus to come into compliance with the USDA NSLP meal pattern requirements.
4. Complete the Attestation Report by selecting the checkbox next to each identified finding and corresponding requirement area.

NOTE: This will be reviewed during the next Administrative Review to ensure corrective actions have been implemented by the SFA. Therefore, at this time, for this finding, acknowledge to HCNP that the SFA understands the corrective actions that must be implemented to resolve the findings and provide assurance to HCNP that the corrective actions will be implemented.

411. Review period planned menu – school comply, incomplete meals due to unacceptable substitutions? Enter data.



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#### **Finding 9077: School did not comply with planned menu for the Review Period**

One week of planned menus from the Review Period were compared to production records for the same week. The school substituted some items on the planned menus. While substitutions are allowed, the daily meal pattern minimums and maximums for each meal service line, menu type, and age/grade group were not met for one or more of the substituted menus. Meals not meeting meal pattern requirements due to menu substitutions:

1/17/20: Celery was listed on the monthly menu but broccoli was served instead. Minimum daily vegetable requirement was not met for grades K-12 (short 1/8 c.)

#### **Corrective Action:**

1. Review the USDA NSLP meal pattern requirements.
2. Train the staff on the meal pattern requirements including substitutions.
3. Keep training documentation (sign-in sheet, date of training, agenda) to confirm that training was completed with appropriate staff.
4. Update menus to come into compliance with the USDA NSLP meal pattern requirements.
5. Complete and submit the Attestation Report by selecting the checkbox next to each identified finding and corresponding requirement area.

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## General Program Compliance - Laupāhoehoe Community (377-PCS)

### 901. On-site monitoring review completed prior to February 1?

#### **Finding 9103: On-site review of the school's meal counting and claiming procedures was not completed prior to February 1.**

The SFA did not conduct the required on-site review of the school's meal counting and claiming procedures for all areas of service prior to February 1 of the current Program Year. Specifically, the on-site review was not completed for breakfast served in the classroom. This review is required annually to ensure the integrity of meal counting and claiming practices across all service areas.

#### **Corrective Action:**

1. Complete an on-site review for all points of service.
2. Create a standard operating procedure (SOP) on how the SFA will ensure all point of service locations, including the classroom, are monitored annually prior to February 1.
3. Train all appropriate staff on the SOP.
4. Keep training documentation (sign-in sheet, date of training, agenda) to confirm that training was completed with appropriate staff.
5. Complete and submit the Attestation Report by selecting the checkbox next to each identified finding and corresponding requirement area.

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### 1407. SFA written food safety plan implemented?

#### **Finding 9148: Observations on the Day of Review do not indicate compliance with the SFA's written food safety plan.**

Equipment temperature logs were reviewed. In the comments section of the log, it was noted that temperatures were out of range on 1/4, 1/5 and 2/14 due to the door being ajar. Corrective action was not noted. Temperatures should be re-taken later in the day and address why the door is frequently ajar.



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Equipment temperature logs also noted the following equipment was out of range, but no corrective action was taken:

- 2/4 Fridge #3: 46 degrees
- 2/4 Fridge #4: 45 degrees
- 2/5 Fridge #3: 55 degrees
- 2/10 Breakfast Freezer #1: 14 degrees
- 2/14 Fridge #1: 10 degrees

### Corrective Action:

1. Review the Storing Food standard operating procedure (SOP) in your SFA's food safety plan.
2. Create a standard operating procedure (SOP) on how the SFA will ensure appropriate corrective action is taken and that documentation of corrective action will be noted when temperatures are out of range.
3. Train all appropriate staff on the SOP.
4. Keep training documentation (sign-in sheet, date of training, agenda) to confirm that training was completed with appropriate staff.
5. Complete and submit the Attestation Report by selecting the checkbox next to each identified finding and corresponding requirement area.

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**Failure to complete corrective action or request an extension by the due date may result in claim payment being withheld until corrective action is complete and approved.**