

Attachment C. Form FNS-640 Administrative Review Data Report (OMB  
# 0584-0594)



### Simplified Studio

<b>Form Name:</b>	FNS-640 (1-18)		
<b>Form Description:</b>	Administrative Review Report		
<b>Program:</b>	Child Nutrition Programs		
<b>State:</b>	CO		
<b>Agency Code:</b>	0891501	<b>Agency Name:</b>	CO DEPT OF EDUCATION
<b>Program Time:</b>	September 2019		
<b>Submission Type:</b>	Annual	<b>Revision:</b>	0
<b>Submission Status:</b>	Posted		

[Analyze](#) [Reject](#) [Quit](#)

**Summary** [Errors](#) [Warnings](#) [Remarks](#)

Summary of uploaded Excel file

SFA-ID#	Total # of schools
0020	6
0050	1
0060	1
0170	1
0190	1
0220	1
0290	1
0310	1
0470	6
0480	6
0510	1
0520	1
0860	1
0870	3

1	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
2	1. STATE		2. PROGRAM		3. AGENCY CODE		4. NAME & ADDRESS OF STATE AGENCY				5. REPORTING YEAR											
3	CO		CN		0891501		CO DEPT OF EDUCATION 201 E. COLFAX AVENUE DENVER CO. 8020317				School Year 2018-2019											
4																						
5																						
6																						
7																						
8																						

10	A1. General SFA Information										A2. Certification and Benefit Issuance Review Method											
11																						
12	A1-1. SFA ID	A1-2. SFA Name	A1-3. Review Period (Month)	A1-4. Review Period (Year)	A1-5. Total # Schools offering SBP	A2-1. Sampling Methodology (Select [1] one)				A2-2. Total # of Students Reviewed (i.e. Sample Size #)	A2-3. SFA Count of Reviewed Students (#)		A2-4. SA Count of Reviewed Students (#)		A2-5. Application Errors by Type (#)				A2-6. Total # of Applications Miscategorized			
						A2-1A. 100% Confidence Level /Electronic System	A2-1B. 95% Confidence Level / Manual System	A2-1C. 99% Confidence Level / Manual System		A2-3A. Free	A2-3B. Reduced price	A2-4A. Free	A2-4B. Reduced price	A2-5A. Child or Household Name	A2-5B. Case Number	A2-5C. Income Amount or Source	A2-5D. Social Security # (last 4 digits)	A2-5E. Adult Signature	A2-6A. Free -> Reduced Price	A2-6B. Free -> Paid	A2-6C. Reduced price -> Paid	A2-6D. Reduced price -> Free

W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK
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A2-7. Total # of Benefit Issuance Errors				A3. Fiscal Action						A4. Resource Management												
A2-7A. Free -> Reduced Price	A2-7B. Free -> Paid	A2-7C. Reduced price -> Paid	A2-7D. Reduced price -> Free	A3-1. NSLP Total Overclaim/Underclaim (\$ -/+)		A3-2. SBP Total Overclaim/Underclaim (\$ -/+)		A3-3. Afterschool Snacks Total Overclaim/Underclaim (\$ -/+)		A3-4. Was Overclaim Disregarded (Select [1] if Yes)		A3-5. Were Funds Withheld or Recovered (Select [1] if Yes)		A3-6. Underclaim paid to SFA (\$)		A4-1. Risk Flag(s) Triggered (Select [1] all that apply)						
														A4-1A. SFA Enrollment	A4-1B. Non Profit School Food Service Account	A4-1C. Paid Lunch Equity	A4-1D. Revenue from Non Program Foods	A4-1E. Indirect Costs				



1	CJ	CK	CL	CM	CN	CO	CP	CQ	CR	CS	CT	CU	CV	CW	CX	CY	CZ	DA	DB	DC	DD	DE	DF	DG	DH	DI
2																										
3																										
4																										
5																										
6																										
7																										
8																										

9	<b>B4. National School Lunch Program</b>																												
10	<b>B4-1. Meal Service Information</b>							<b>B4-2. Day of Review</b>										<b>B4-3. Review Period</b>											
11	B4-1B. # of points where meal counts are taken	B4-1C. Total # of students with program access	B4-1D. Meal Patterns utilized in the school (Select [1] all that apply)					B4-1E. Review Period: # Serving days	B4-2A. Total # of Meals Served	B4-2B. # of Ineligibles and/or Second Meals Counted	B4-2C. # Meals Served Missing Meal Components	B4-2D. # of Incomplete Meals (By Violation Type, leave blank if NA)					B4-2E. Difference (+/-) between SFA and SA Count (#)					B4-3A. Total # of meals served	B4-3B. # of Ineligibles and/or Second Meals Counted	B4-3C. # Meals Served Missing Meal Components	B4-3D. # Incomplete Meals (By Violation Type, leave blank if NA)				
12			B4-1D(a). Pre-K Age/Grade Group	B4-1D(b). K-5 Age/Grade Group	B4-1D(c). 6-8 Age/Grade Group	B4-1D(d). 9-12 Age/Grade Group	B4-2D(a). Milk Type					B4-2D(b). Vegetable Sub-group	B4-2D(c). Food Quantities	B4-2D(d). Whole Grain Rich Foods	B4-2D(e). Dietary Specifications	B4-2E(a). Free	B4-2E(b). Reduced-Price	B4-2E(c). Paid	B4-3D(a). Milk Type	B4-3D(b). Vegetable Sub-group	B4-3D(c). Food Quantities				B4-3D(d). Whole Grain Rich Foods	B4-3D(e). Dietary Specifications			

1	DJ	DK	DL	DM	DN	DO	DP	DQ	DR	DS	DT	DU	DV	DW	DX
2															
3															
4															
5															
6															
7															
8															

9	<b>B5. Afterschool Snack Program</b>																											
10	<b>B4-4. Recalculation</b>							<b>B5-1. Day of Review</b>										<b>B5-2. Review Period</b>										
11	B4-3E. Difference (+/-) between SFA and SA Count (#)			B4-4A. Was Recalculation necessary? (Select [1] type below if Yes)				B4-4B. In what area was the violation? (Select [1] all that apply)			B5-1A. Total # of Snacks Served	B5-1B. Counting and Claiming Consolidation Errors (# +/-)					B5-2A. Total # of Snacks Served	B5-2B. Counting and Claiming Consolidation Errors (# +/-)										
12	B4-3E(a). Free	B4-3E(b). Reduced-Price	B4-3E(c). Paid	B4-4A(a). Partial	B4-4A(b). Full	B4-4B(a). Performance Standard 1	B4-4B(b). Performance Standard 2	B5-1B(a). Free	B5-1B(b). Reduced-Price	B5-1B(c). Paid		B5-2B(a). Free	B5-2B(b). Reduced-Price	B5-2B(c). Paid														