

Maryland State Department of Education
Child Nutrition Programs
FOLLOW-UP REVIEW FORM

Date of Review: 03/13/2025

Name of School System
or Sponsoring Agency: _____

Name and Address of School/Site: _____

Name of Official(s) Interviewed: Matt Palermo

Visit Sequence:	☐ 1 st	☒ 2 nd	☒ 3 rd		
Date of Initial Visit:	01/12/2024	☒	National School Lunch Program	☐	Child and Adult Care Food Program
Date of Second Visit:	10/22/2024	☒	School Breakfast Program	☒	Corrective Action Plan Review
Date of Third Visit:	03/13/2025	☐	Special Milk Program		

Reason for follow-up review/non-compliance:

Describe corrective action that has been taken:

Describe any new problem(s) noted during this visit:

Based on this review, are program operations in compliance with the regulations?

If "No", what corrective action must be taken?

☒ Yes ☐ No

Is a claims adjustment report required?

☐ Yes ☒ No

Signature of Sponsor Representative: Matt Palermo
Digitally signed by Matt Palermo (Mar 13, 2025 12:00 EDT)

Date: _____

Signature of Reviewer: Emily Brasser
Digitally signed by Emily Brasser
Date: 2025.03.13 11:55:34 -04'00'

Date: _____

CAP Follow-Up Review Form_KKI_3.13.25

Final Audit Report

2025-03-13

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