



## Child and Adult Care Food Program (CACFP) Corrective Action Plan Form

### Instructions:

- Complete one Corrective Action Plan (CAP) Form for each finding identified in the DENARS Compliance Module, Corrective Action Documents section.
- Provide a response for items 1-6 to ensure your CAP is approved. See [sample completed CAP](#).
- Complete the CORRECTIVE ACTION COMPLETED section on page 2.
- Save a copy of each CAP Form with an identifiable name (ex. Site Finding 102, Sponsor Finding 203, etc.).
- Submit a copy of each completed CAP Form for the appropriate finding in the DENARS Compliance Module.
- **This form is fillable. Before starting to complete the form, save it to your computer.**

1. **Identify the Finding:** Include the Finding # from the *DENARS Compliance Module*.

2. **Finding Correction - Detail the following in the table below:**

A. **Change in agency procedure – Detail steps being completed:** List the step-by-step procedures that are now being done to ensure the CACFP requirement is completed correctly and the finding will not be repeated.

- Be specific so someone who has never completed the steps before understands what to do. **Do not restate the issue with assurances, e.g., “we will keep product labels for whole grains on file.”**
- Reference applicable resources now used by staff to ensure compliance (i.e., meal pattern crediting resources, forms etc.).

B. **Staff:** Identify position(s)/title(s) of staff who complete the steps listed in 2A.

C. **When:** Identify when staff complete the steps in 2A, i.e., daily, weekly, monthly.

A. Change in Sponsor procedure - Detail steps being completed	B. Staff	C. When

D. **Monitoring:** Explain how steps above are monitored to ensure they are completed correctly and consistently. Monitoring staff should be different from staff completing steps in item 2.

3. **Maintaining Records:** Explain where documents, records, etc. referenced in the agency procedure are maintained on file.
  4. **Implementation Date:** Identify when the procedures/steps to correct the finding began.  
*Provide a specific date. Do not state "immediately" or "moving forward."*
  5. **Training:** Identify how staff were trained on these new procedures/steps.
  6. **Resources / Support Documentation:** If requested as part of corrective action, identify documentation submitted to verify corrections were made, i.e., menus, receipts, etc. If not applicable, write N/A.
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#### **CORRECTIVE ACTION COMPLETED**

I hereby certify that the corrective action described above has been implemented by the date(s) indicated and has been implemented agency-wide, in all sites participating on the CACFP.

**Name of Sponsor Contact:**

**Sponsor Name:**

**Title:**

**Date:**

#### **DDOE USE ONLY**

Date Initial CAP Received:

Date(s) Returned to Sponsor (if applicable):

Date(s) Additional CAP Information Received (if applicable):

Date CAP Approved:

Field Agent Initials: