

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

## 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.
- Identify the Finding: Include the Finding # from the DENARS Compliance Module.
   Finding #4: Required product labels / documentation not on file for all whole grain-rich items served: A label is not on file for WGR Bread, Crackers, Bagels, and Brown Rice
- 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 agency procedure - Detail steps being completed	B. Staff	C. When
1. Each day when the whole grain-rich (WGR) item is served, the product label for the item is checked against the WGR labels on file in the Product Labels binder to see if the product's label / documentation is or is not in	1. Cook	1. Daily
<ul> <li>the binder.</li> <li>If the product label / documentation for the WGR item is not in the binder the label is either placed in the binder OR, if the product package is still needed to store the food item, a sticky note is placed on the package to</li> </ul>	2. Cook	2. Daily, and as needed when product label/ documentation is not in binder
<ul> <li>remind the cook to place the product label in the binder once the item is used.</li> <li>3. The type of product labels / documentation kept on file are according to the <u>CACFP Training Spotlight:</u> <u>Documentation for Whole Grain (WGR) Foods.</u></li> </ul>	3. Cook	3. As needed when labels are placed in binder

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. Director will check WGR items identified on the menu against labels in Product Labels binder on Thursdays. This is the day before trash day; therefore, labels can be pulled from trash and put in the binder if the cook missed putting a label in the binder.

3. Maintaining Records: Explain where documents, records, etc. referenced in the agency procedure are maintained on file.

Product labels / documentation are kept in the Product Labels binder in the kitchen.

- 4. Implementation Date: Identify when the procedures/steps to correct the finding began. Provide a specific date. Do not state "immediately" or "moving forward." June 3, 202X
- 5. Training: Identify how staff were trained on these new procedures/steps. The above written procedures were reviewed with the cook on June 3, 202X.
- 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. Product labels for whole grain-rich bread, crackers, bagels, and brown rice currently being served.

## 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: Debbie Smith

Sponsor Name: ABC Kids Care

**Title:** Center Director and CACFP Authorized Representative

## **Date:** June 15, 202X **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: