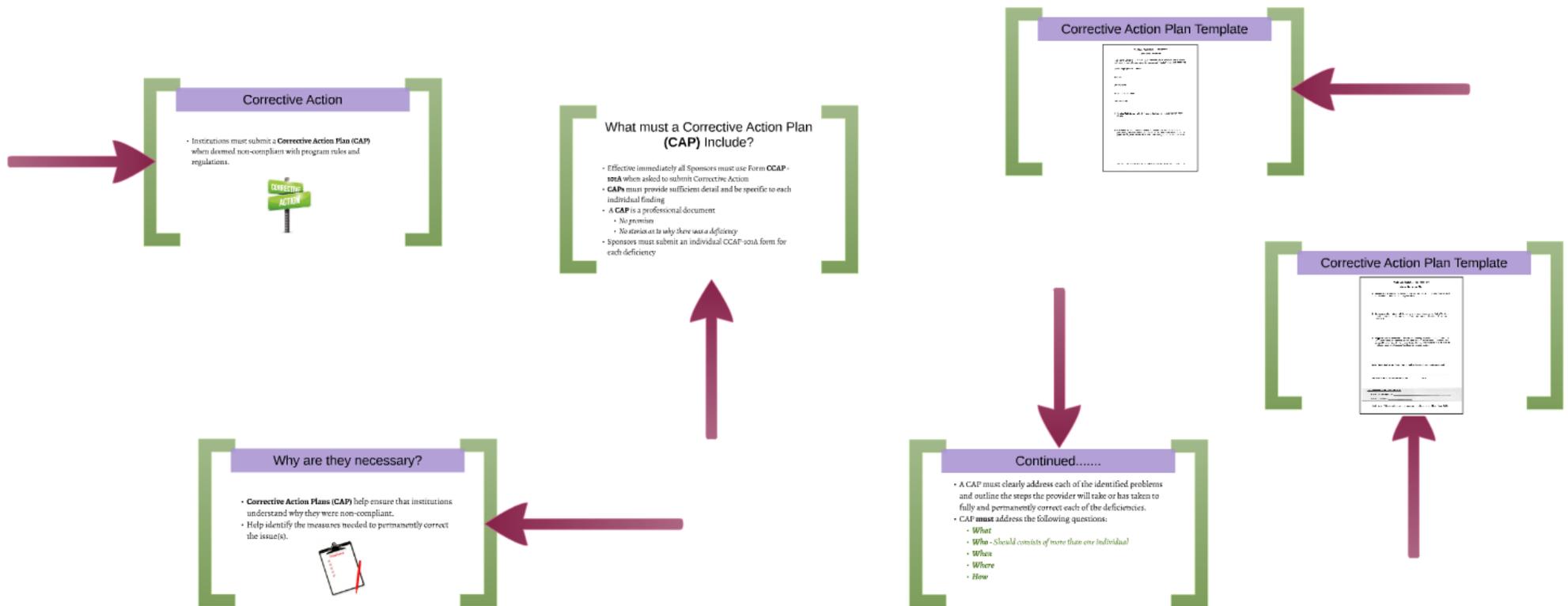
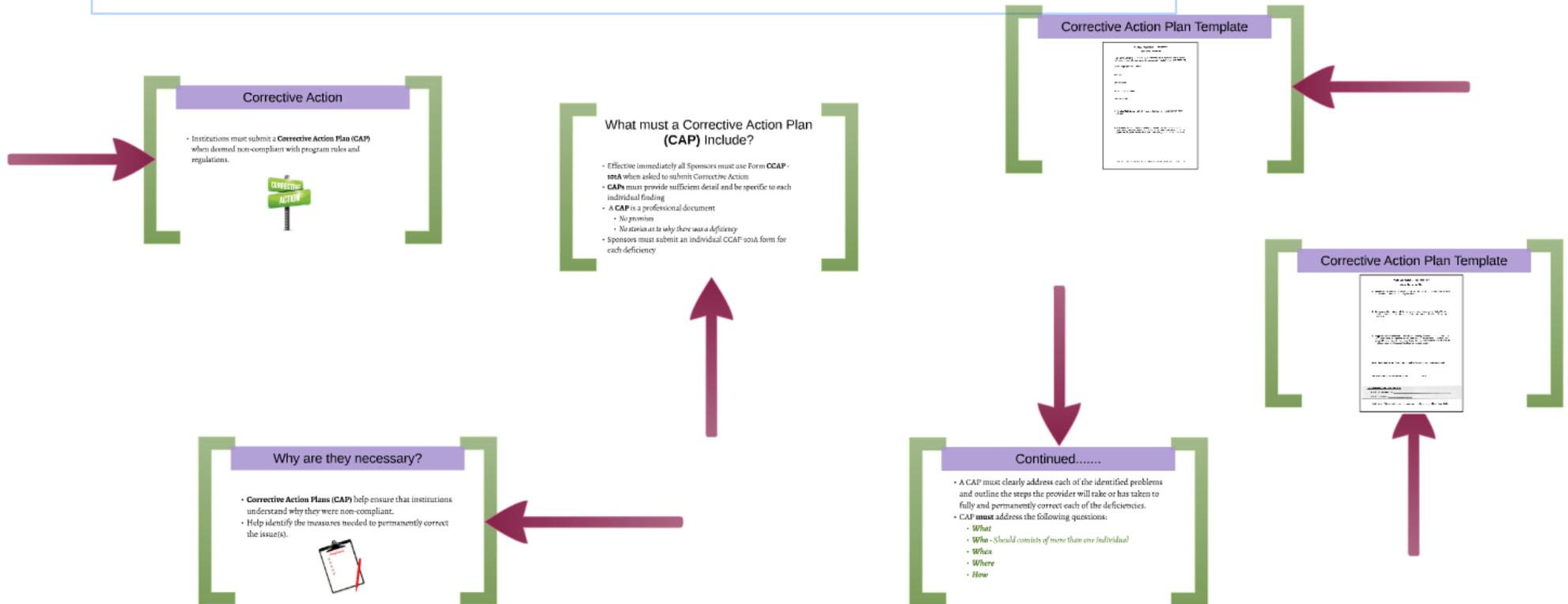


Acceptable Corrective Action Plan



Acceptable Corrective Action Plan



Corrective Action

- Institutions must submit a **Corrective Action Plan (CAP)** when deemed non-compliant with program rules and regulations.



Why are they necessary?

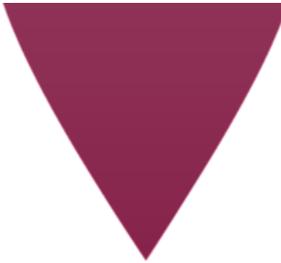
- **Corrective Action Plans (CAP)** help ensure that institutions understand why they were non-compliant.
- Help identify the measures needed to permanently correct the issue(s).



What must a Corrective Action Plan (**CAP**) Include?

- Effective immediately all Sponsors must use Form **CCAP - 101A** when asked to submit Corrective Action
- **CAPs** must provide sufficient detail and be specific to each individual finding
- A **CAP** is a professional document
 - *No promises*
 - *No stories as to why there was a deficiency*
- Sponsors must submit an individual CCAP-101A form for each deficiency





Continued.....

- A CAP must clearly address each of the identified problems and outline the steps the provider will take or has taken to fully and permanently correct each of the deficiencies.
- CAP **must** address the following questions:
 - *What*
 - *Who - Should consists of more than one individual*
 - *When*
 - *Where*
 - *How*

Corrective Action Plan Template

Child and Adult Care Food Program
Corrective Action Plan

Instructions: Complete one form for each finding/deficiency identified. Please answer each question clearly to ensure your Corrective Action Plan (CAP) response is accepted.

Sponsoring Organization Name:

Address:

CAP Due Date:

Name of Site Reviewed:

Date Reviewed:

A. Finding/Deficiency – Which finding or deficiency are you correcting? Please identify:

B. Correction – What processes and/or procedures have been implemented to permanently correct the finding/deficiency? Explain **how** you will ensure that the processes and/or procedures are followed consistently to prevent a reoccurrence:

CCAP-101A This institution is an equal opportunity employer and provider. Page 1 of 2

Corrective Action Plan Template

**Child and Adult Care Food Program
Corrective Action Plan**

C. Responsibility – Who? List the name, title, and responsibility of the individuals involved in permanently correcting the finding/deficiency:

D. Implementation – When will the process or procedure to correct the finding/deficiency begin? List the date and the occurrence of the process or procedure; i.e. daily, weekly, monthly, etc.:

E. Supporting Documentation – Identify all supporting documentation included with this CAP which verifies corrections have been made or will be implemented. This may include copies of training materials, attendance sheets, eligibility determinations, receipts, invoices, meal count documentation, specific policies and procedures, etc.:

Print CACFP Authorized Signer Name - as listed on the Permanent Agreement

Signature of CACFP Authorized Signer **Date**

TO BE COMPLETED BY CACFP ONLY:

CACFP Director Signature: _____

Date CAP approved: _____

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Acceptable Corrective Action Plan

