



**Arizona Department of Education  
Health and Nutrition Services  
Corrective Action Plan (CAP)**

**Instructions:** Complete this form only for findings/deficiencies in the letter which specifically requested a Corrective Action Plan (CAP) form. Read each question thoroughly and answer thoroughly to ensure your Corrective Action Plan is approved in a timely manner.

Program:                     CACFP                     SFSP

Specialists Name:

CAP Due Date:

Sponsoring Organization Name:

Name of Site Reviewed (if different):

Review Date:

- A. FINDING/DEFICIENCY – **Corrective Action # and Topic** assigned in the ADE Corrective Action Letter:
- B. CORRECTION – **What new action steps** or procedures are being conducted to correct the finding (must be an action step that you have taken):
- C. CONSISTENCY – **How will you monitor** the above steps or procedures to ensure they are followed to prevent a re-occurrence:
- D. RESPONSIBILITY – **Who is responsible** - List names, titles, and responsibilities of the individuals conducting the steps or procedure and those responsible for ensuring that the procedure is conducted and permanently maintained.



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- E. IMPLEMENTATION – **When will this begin** and how often will it occur - immediately, daily, weekly, monthly:
  
- F. TRAINING – Attach a **staff training** sign in attendance sheet which contains:
  - Date staff training was held (for responsible staff listed in D. above)
  - Name(s) of trainer(s)
  - List of training materials used; including titles, page numbers and website links
  - A confirmation statement indicating that by signing the attendance sheet; the employee confirms that their job descriptions have been updated to reflect any new program responsibilities (for action steps listed in B.) and adequate training was provided to successfully and permanently correct the finding/deficiency
  - Staff signatures

Yes, training is attached                       N/A                       No, training is not attached due to:
  
- G. RESOURCES/SUPPORTING DOCUMENTATION – **list the documentation attached** which supports the corrections; i.e. menus, receipts, invoices, eligibility determinations, meal count documentation, handbooks, manuals, website links, ADE forms, training materials, new policies and procedures, etc.:
  
- H. MEASUREMENT – Explain how ADE can measure or verify that the steps or procedures you listed in question B. have been permanently corrected. If you cannot explain how it can be verified, please review B. and rewrite the correction with an action step that is measurable:
  
- I. RECORDKEEPING – **Where** will this CAP be retained:

**Digital signature and date of Authorized Signer as printed on the Permanent Agreement:**

**If not signed digitally, please print, sign and date by hand below:**

\_\_\_\_\_  
**Print Name of Authorized Signer as printed on the Permanent Agreement**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Authorized Signer as signed on the Permanent Agreement**

\_\_\_\_\_  
**Date**