



## CACFP Corrective Action Plan Form

**Instructions:**

- Complete one Corrective Action Plan (CAP) Form for each finding identified in the *CACFP Review Report*.
- 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. Finding 1, Finding 2, etc.).
- Submit a copy of each completed CAP Form to your assigned CACFP consultant.
- **This form is fillable. Before starting to complete the form save it to your computer.**

1. **Identify the Finding:** Include the Finding # from the *CACFP Review Report*.

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 DPI 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

**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 Agency Staff:**

**Title:**

**Date:**

<b>DPI USE ONLY</b>
Date Initial CAP Received:
Date(s) Additional CAP Information Received (if applicable):
Date CAP Approved:
Consultant Initials: