

Corrective Action Plans

During your CACFP review, your DPI Consultant will identify findings/non-compliance issues that need to be addressed. Your agency will be required to respond with a Corrective Action Plan.

Finding/Non-compliance: an issue identified during the CACFP review that needs to be corrected.

Corrective Action Plan: a detailed response to a finding/non-compliance issue, which may include submitting support documentation.

- Documentation of the corrective actions taken to fully and permanently correct each finding/non-compliance issues. This will consist of written responses.
- The corrective action response must permanently and completely correct the problem(s). Responses should include a step by step policy and/or procedure that provides:

Correction: What?	What did you change to fix the identified finding/non-compliance issues? List new processes or procedures that are now being conducted to correct the finding (<i>Explain with a lot of specific detail. Anyone should be able to read this and know exactly how your new step will correct the above problem</i>)
Consistency: How?	Explain How you will monitor the processes and/or procedures you specified to ensure they are followed consistently to prevent a reoccurrence of the finding/non-compliance.
Responsibility: Who?	Who - list name, title, and responsibility of the individuals involved in permanently correcting the finding/non-compliance. Include those individuals responsible for conducting the procedure to correct the finding/non-compliance and those responsible for ensuring that the procedure is conducted and permanently corrected.
Frequency: When?	When will the procedure will be done (daily, weekly, monthly, annually)?
Compliance: Edit Checks	What Edit-check system is put into place so more than one staff member is responsible for recordkeeping accuracy?
Implementation: When?	When will the process or procedure to correct the finding/ non-compliance begin? When will you monitor the corrective procedures?
Record Maintenance: Where?	Where will the records be maintained on file?
Training for Staff: How?	How will staff be trained on the new policies and/or procedures to ensure full compliance? Provide documentation of staff training that includes: <ul style="list-style-type: none"> • Date of training • List of Attendees • Topics Covered • Resources Used
Resources/Supporting Documentation (<i>If Applicable</i>)	List or attach any additional documentation to support the permanently corrected finding/deficiency, i.e. handbooks, manuals, website links, training materials, eligibility determinations, receipts, invoices, meal count documentation, specific policies and procedures, etc.

The written corrective action plans should be on your agency letterhead or blank document, which includes your agency code, agency name and contact information, in addition to the corrective action responses.

Sample Corrective Action Plan Responses

Finding: Meals served did not meet the CACFP meal pattern requirements

Insufficient Corrective Action Plan: *“The old cook left. We now have a new cook and will serve good meals.”*

The above is not an acceptable corrective action plan, as it does not address specific steps the agency took to assure the finding has been corrected, as outlined in the chart on previous page.

Sufficient Corrective Action Plan:

- ❖ We hired a new cook, Angie, on June 3.
- ❖ The director trained her on the CACFP meal pattern, creating menus and completing production records on June 3. Refer to attached training documentation.
- ❖ Angie was also given GM 9C and 12C and watched the DPI webcast on the CACFP meal pattern for 1-12 year olds on June 4.
- ❖ After Angie creates menus and completes production records, the director reviews for compliance.
- ❖ Angie creates the next month’s menus by the 15th of every month and the director reviews by the 20th.
- ❖ Menus, along with production records and meal support documentation are reviewed prior to the monthly claim being submitted. Any meals not in compliance with the CACFP meal pattern requirements will not be claimed for reimbursement.
- ❖ Menus are posted at the entrance and in the kitchen and kept on file as claim support documentation in the CACFP binder which is kept in the director’s office. This CAP was implemented June 3.
- ❖ Included with the written plan is a copy of June’s menus to demonstrate our agency is now in compliance with the meal pattern

Finding: Meal/Snack Count Records were missing

Sufficient Corrective Action Plan:

- ❖ The teachers in each classroom will be responsible for recording meal counts at the time-of-service.
- ❖ At the time of the meal service, the teacher in each classroom will count the number of children that received a reimbursable meal and record that number on the *Daily Participation Record*.
- ❖ On a weekly basis, the director will go into each classroom and conduct a random check that meal counts are being recorded properly. If the director finds a meal and/or snack(s) that was not recorded while the meal was served or immediately thereafter, the director will take the responsibility of recording a “zero” count for those respective meals.
- ❖ At the end of the month, the assistant director will tally the total number of meals and snacks served for the month and will turn into the director. The director will double-check the totals calculated by the assistant director.
- ❖ Meal count records are maintained on the teacher’s clipboard. At the end of each week, the Director collects the meal counts from each classroom and keeps them in the CACFP binder in the Director’s office.
- ❖ Any errors will be reviewed with the assistant director.
- ❖ Teachers were trained on this at the June 18 Staff In-service. Refer to the attached training documentation.
 - This in-service included viewing the Meal Counts for 3 or Less Meals webcast.