



**INSTRUCTIONS:** The DPI may grant a one-time exception when an agency has not been granted an exception during the previous 36 months. Complete this corrective action form and submit a paper claim form for the claim month, and send to:

**WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION**  
**ATTN: JACQUE JORDEE**  
**FEDERAL AND STATE GRANTS PROGRAMS**  
**PO BOX 7841**  
**MADISON, WI 53707-7841**  
 Email to: [jacqueline.jordee@dpi.wi.gov](mailto:jacqueline.jordee@dpi.wi.gov)

**AGENCY INFORMATION**

Agency Code	Agency Name	Late Claim Month	Late Claim Year
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Child Nutrition Program(s) *Check only one per program.*

- |   |  |   |
|---|--|---|
| <p><b>Child and Adult Care Food Program (CACFP)</b></p> <input type="checkbox"/> Adult Day Care<br><input type="checkbox"/> At Risk<br><input type="checkbox"/> Child Care<br><input type="checkbox"/> Emergency Shelter<br><input type="checkbox"/> Family Day Care Home Sponsoring Organization | <p><b>School Meal Program</b></p> <input type="checkbox"/> After School Snack Program<br><input type="checkbox"/> Area Eligible Snacks<br><input type="checkbox"/> National School Lunch Program (NSLP)<br><input type="checkbox"/> School Breakfast Program (SBP)<br><input type="checkbox"/> Seamless Summer Option (SSO)<br><input type="checkbox"/> Severe Need Breakfast<br><input type="checkbox"/> Special Milk Program (SMP) | <input type="checkbox"/> <b>Summer Food Service Program (SFSP)</b><br><br><input type="checkbox"/> <b>Fresh Fruit and Vegetable Program (FFVP)</b><br><i>for tracking purposes only</i> |
|---|--|---|

Agency Address *Street, City, State, ZIP*

Name of Authorized Representative	Title	Telephone Area Code/No.
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**ONE TIME EXCEPTION REFUSAL**

I choose **not** to use the one-time exception for reimbursement of this claim.

Signature of Authorized Representative ➤	Date Signed <i>Mo./Day/Yr.</i>
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**CORRECTIVE ACTION PLAN CERTIFICATION / SIGNATURE**

I choose to **accept** the one-time exception for reimbursement of this claim and will complete the Correction Action Plan on page 2.

**I UNDERSTAND AND CERTIFY** that this *Late Claim Within Our Control* exception can only be granted once every 36 months, and future late claims or amendments will not be paid unless we have not been granted an exception within the previous 36-month period or the lateness can be attributed to conditions outside of the control of our agency. I further certify that this action, as stated on page 2, has been fully corrected to the best of my knowledge and any recurrence could result in a denial of any future late claims.

Signature of Authorized Representative ➤	Date Signed <i>Mo./Day/Yr.</i>
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**DPI USE ONLY**

- Approved *The plan, on the following page, meets the required components of an acceptable corrective action plan.*
- Not Approved *The plan, on the following page, does not meet the required components of an acceptable corrective action plan.*  
 Reason for disapproval.

Signature of DPI Federal & State Grants Program Representative ➤	Title	Date Signed <i>Mo./Day/Yr.</i>
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**CORRECTIVE ACTION PLAN**

*Must be completed for an exemption to be granted.*

Explain in detail the reasons that contributed to the claim being late.

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Detail the actions you are taking to avoid a late claim in the future. Include in your response 'who' will be responsible, 'what' you will do, 'when' you will do it, 'where' you will keep the information, and 'how' you will train your staff to prevent late claims.

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