

CORRECTIVE ACTION PLANS



The CACFP review process requires programs to provide Corrective Action Plans for the findings cited during the review. This presentation will cover how to write a corrective action plan and complete the corrective action plan form.

CACFP Review

- **Every three years (*more frequently as needed*)**
- **Verify compliance with regulations**
- **Identify findings of non-compliance**
- **Provide technical assistance**

All programs receive a CACFP review every three years, sometimes more frequently. The review is required by USDA to verify compliance with all CACFP requirements & regulations, to cite findings of non-compliance issues, and to provide technical assistance.

Finding



Non-compliance finding
must be corrected

A finding is a non-compliance issue identified during the review when the program is not meeting the CACFP regulation or requirement. Findings cited during the CACFP review require a corrective action plan.

Corrective Action Plan (CAP)

Detailed response on how finding/non-compliance issue was corrected so it does not occur again

CAP must be clear and detailed

May include submitting support documentation



A Corrective Action Plan (or CAP) is the response from the program that specifies how the finding(s) or non-compliance issue(s) will be corrected. The CAP must detail policies and/or procedures put into place to ensure the findings have been permanently resolved. More specifically, a corrective action plan explains what the program is now doing differently to ensure the finding(s) do not occur again. The CAP must be clear and detailed so any individual reading the plan can complete the process. A corrective action plan may also include the submission of support documentation to demonstrate the finding has been corrected.

Common Problems

1. Not addressing all findings
2. Lack of support documents
3. Insufficient responses

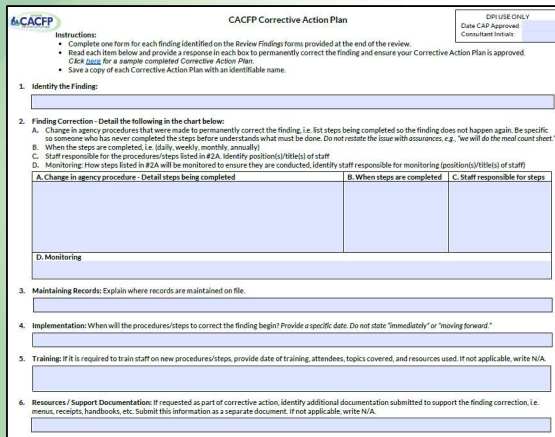


Some of the common problems related to submitted corrective action plans include:

1. Not providing responses for all cited findings,
2. Failing to submit support documents that demonstrate the finding has been corrected, and
3. Providing responses that are not detailed, are insufficient, or not providing a step-by-step procedure on how to complete a requirement. For example, *"The menu has been corrected"* is not an acceptable response because it does not provide details as to what was corrected on the menu.

So, let's go through what an acceptable corrective action plan looks like.

After the Review



The image shows a 'CACFP Corrective Action Plan' form. It includes instructions for completion, a 'DR USE ONLY' box for 'Data CAP Approved' and 'Consultant Initials', and several numbered sections for providing details on findings, corrections, monitoring, and training. The form is designed to be filled out by a program consultant.

- Submit CAP for each finding
- Type responses into each field of CAP
- Submit CAP electronically
- Submit by due date

After the CACFP review is complete, programs receive an email from their consultant that includes the following attachments:

- (1) a review report identifying the findings, and
- (2) a Corrective Action Plan Form to use to write your corrective action plans. An example of the form is on the slide.

The email also includes the due date to submit the corrective action plans.

A corrective action plan form must be completed for each finding. Save a blank copy of the CAP Form to your computer to easily access when writing each finding. The form is a fillable form; therefore, the program can type responses into each required field.

All corrective action plans and support documents must be submitted electronically to your consultant by the due date provided.

Corrective Action Plan (CAP) Form

Step 1 through 4: REQUIRED

Steps 5 & 6: (may be required)

CACFP Corrective Action Plan

Instructions:

- Complete one form for each finding identified on the Review Findings forms provided at the end of the review.
- Read each item below and provide a response in each box to permanently correct the finding and ensure your Corrective Action Plan is approved. Click [here](#) for a sample completed Corrective Action Plan.
- Save a copy of each Corrective Action Plan with an identifiable name.

1. Identify the Finding:

2. Finding Correction - Detail the following in the chart below:

A. Change in agency procedures that were made to permanently correct the finding, i.e. list steps being completed so the finding does not happen again. Be specific so someone who has never completed the steps before understands what must be done. Do not restate the issue with assurances, e.g. "we will do the meal count sheet."

B. When the steps are completed, i.e. (daily, weekly, monthly, annually)

C. Staff responsible for the procedures/steps listed in #2A. Identify position(s)/title(s) of staff

D. Monitoring: How steps listed in #2A will be monitored to ensure they are conducted. Identify staff responsible for monitoring (position(s)/title(s) of staff)

A. Change in agency procedure - Detail steps being completed	B. When steps are completed	C. Staff responsible for steps

D. Monitoring

3. Maintaining Records: Explain where records are maintained on file.

4. Implementation: When will the procedures/steps to correct the finding begin? Provide a specific date. Do not state "immediately" or "moving forward."

5. Training: If it is required to train staff on new procedures/steps, provide date of training, attendees, topics covered, and resources used. If not applicable, write N/A.

6. Resources / Support Documentation: If requested as part of corrective action, identify additional documentation submitted to support the finding correction, i.e. menus, receipts, handbooks, etc. Submit this information as a separate document. If not applicable, write N/A.

DP/USE ONLY
Date CAP Approved: _____
Consultant Initials: _____

First, let's look at the Corrective Action Plan (CAP) Form.

- Items 1 through 4 are required and must be fully completed with the requested information.
- Items 5 & 6 may be required depending on what was requested from your consultant.

Next, we'll go through each step in detail.

Step 1: Identify the Finding

CACFP REVIEW REPORT - VIRTUAL

Agency Name: Alphabet Daycare LLC	Agency Code: 00-0000
Consultant: Jennifer Heidenreich	Review Date(s): XX/XX/XXXX
Corrective Action Due Date: XX/XX/XXXX	

The following report identifies the areas covered during the program review. An "X" in front of the particular area indicates there are findings and corrective action is required.

Corrective Action
Submit written corrective action plans and specified documentation no later than XX/XX/XXXX to my attention at the following email jennifer.heidenreich@dpi.wi.gov or upload to the review google drive:
<https://drive.google.com/drive/folders/1xotvwoA34t4p38oN38AkoWQTV1v1N?usp=sharing>. Use the attached **Corrective Action Plan** form when writing your corrective action. Additional documents may be requested under specified findings.

Resources

Guidance Memorandums (GM): <https://dpi.wi.gov/community-nutrition/cacfp/guidance-memo>
The GM webpage contains information, resources and forms pertaining to all of the CACFP requirements. Bookmark the CACFP GM webpage on your computer.

CACFP E-Learning: DPI's training on various CACFP requirements can be used as a resource for staff with CACFP responsibilities.

- Child Care Centers, Emergency Shelters, Outside of School Hours, and Head Start

MEAL PATTERN COMPLIANCE (GM 12)

Finding #1: Meals served did not meet CACFP meal pattern requirements

Finding #2: Not serving at least one whole grain-rich (WGR) item per day

Finding #3: Non-creditable foods served

- Instant Oatmeal: Over sugar limits for cereal
- Granola: Over sugar limits for cereal
- Pita Chips: Not creditable as WGR
 - Rule of Three: second grain ingredient is wheat flour = not creditable grain

HOUSEHOLD SIZE INCOME STATEMENTS (HSIS) (GM 1)

A current Household Size-Income Statement (HSIS) was distributed to the households for participants enrolled.

Finding #4: Current HSIS Not on file for participants reported as Free or Reduced

Finding #5: HSIS Invalid, due to missing: Adult household member's date (1 HSIS)

CACFP Corrective Action Plan

DPI USE ONLY
Date CAP Approved: _____
Consultant Initials: _____

Instructions:

- Complete one form for each finding identified on the Review Findings forms provided at the end of the review.
- Read each item below and provide a response in each box to permanently correct the finding and ensure your Corrective Action Plan is approved. [Click here](#) for a sample completed Corrective Action Plan.
- Save a copy of each Corrective Action Plan with an identifiable name.

1. Identify the Finding:
Finding #1: Meals served did not meet the CACFP meal pattern requirements

As previously mentioned, a corrective action plan must be completed for each finding. First, open the blank CAP form saved on your computer and complete a 'Save As' to save a new file for each corrective action plan. Use an easily identifiable name for the document, such as naming the file with the finding, for example Finding #1.

Step 1: Identify the Finding by copying or typing the finding from the review report into this field. See the example on the slide. Include the finding number along with the cited finding.

For example, **Finding #1: Meals served did not meet the CACFP meal pattern requirements.**

Step 1: Identify the finding

MEAL PATTERN COMPLIANCE (GM 12)

Finding #1: Meals served did not meet CACFP meal pattern requirements

Finding #2: Not serving at least one whole grain-rich (WGR) item per day

Finding #3: Non-creditable foods served

- Instant Oatmeal: Over sugar limits for cereal
- Granola: Over sugar limits for cereal
- Pita Chips: Not creditable as WGR
 - Rule of Three: second grain ingredient is wheat flour = not creditable grain

Group similar findings together

Some findings may be grouped together if it makes sense to address them with one corrective action plan. If this option is used, identify each finding the CAP is addressing in Step 1.

For the example on the slide, Step 1 would include Findings 1, 2, & 3.

Step 2: Detail of Correction

Parts A through D required

2. Finding Correction - Detail the following in the chart below:

A. Change in agency procedures that were made to permanently correct the finding, i.e. list steps being completed so the finding does not happen again. Be specific so someone who has never completed the steps before understands what must be done. Do not restate the issue with assurances, e.g., "we will do the meal count sheet."

B. When the steps are completed, i.e. (daily, weekly, monthly, annually)

C. Staff responsible for the procedures/steps listed in #2A. Identify position(s)/title(s) of staff

D. Monitoring: How steps listed in #2A will be monitored to ensure they are conducted, identify staff responsible for monitoring (position(s)/title(s) of staff)

A. Change in agency procedure - Detail steps being completed	B. When steps are completed	C. Staff responsible for steps
<ol style="list-style-type: none"> 1. New cook, Angie, was hired. 2. Menus and production records are created for the following month using the CACFP meal pattern charts and DPI Menu Checklist from GM 12. 3. Menus/production records are reviewed for compliance. 4. Menus, production records and meal support documentation (product labels, CN labels, PFS, recipes) are reviewed prior to the claim being submitted. Meals not in compliance with CACFP meal pattern requirements will not be claimed. 	<ol style="list-style-type: none"> 1. June 3, 202X 2. By the 15th of the month 3. By the 20th of the month 4. When compiling claim for previous month 	<ol style="list-style-type: none"> 1. Director 2. Angie, Cook 3. Sally, Director 4. Sally, Director and Dominic, Center Administrator
<p>D. Monitoring The Center Administrator, Dominic, will review the monthly menu after it has been checked by the director on the 20th, before it is posted the next month.</p>		

Step 2: Finding Correction, has multiple parts and is the substance of the CAP. All sections, A through D, must be completed with a thorough response.

Part A: Identify the change in procedures to permanently correct the finding. Programs should list new processes or procedures and explain with specific detail. Anyone should be able to read this section and know exactly how to complete the steps. Stating a 'reassurance' or a 'guarantee' that the problem has been resolved is not sufficient. For example, "We will make sure the menu meets the CACFP Meal Pattern requirements" is not a detailed response.

Part B: Identify when each of the steps will be completed (for example, daily, weekly, monthly, or annually). More than one timeframe may need to be identified, depending on the steps needed to complete the requirement correctly.

Part C: Identify the staff responsible for each step of the procedure; there may be more than one person listed. Include the position(s) or title(s) of the staff. Do not include staff names without titles, as individuals may leave the center in the future.

Part D: Explain how the program will monitor the processes and procedures specified in Part A to ensure they are followed consistently to prevent a reoccurrence of the finding. An example would be having a staff member, not identified in step 2C, verify the new process is being followed and completed correctly.

Step 3: Maintaining Records

3. **Maintaining Records:** Explain where records are maintained on file.

Menus are posted at the entrance and in kitchen. Menus/production records are kept on file with claim documentation in the CACFP binder kept in the director's office.

Maintain records on-site

Must be readily available

Step 3: Maintaining Records, is an explanation of where the records will be maintained on file. This is a required field.

Examples include:

- Menus are posted at entrance of center and filed each month in the CACFP binder in the Director's filing cabinet.
- Production records are hung on the refrigerator for the current week and then filed in a binder that is kept in the director's office.

Remember, CACFP records must be maintained on-site and be readily available when requested.

Step 4: Implementation

4. **Implementation:** When will the procedures/steps to correct the finding begin? Provide a specific date. Do not state "immediately" or "moving forward."

June 3, 202X

✓ Specific Date

✗ Not "immediately"

Step 4: Implementation, is a required field and identifies when the procedures and steps to correct the finding will begin. This must be a specific date. Stating "immediately" or "moving forward" is not sufficient.

This date may vary for each finding, some may need more immediate attention.

Step 5: Training

5. **Training:** If it is required to train staff on new procedures/steps, provide date of training, attendees, topics covered, and resources used. If not applicable, write N/A.

The director, Sally, trained the new cook on the CACFP meal pattern, and how to create menus and complete production records on June 3, 202X. Angie also read through GM 12, the DPI Menu Checklist, and watched E-Learning Course lessons: CACFP Meal Pattern (1-18 years) and Production Records.

- **Date of Training**
- **Topics Covered**
- **List of Attendees**
- **Resources Used**

Step 5: Training, may be required as part of the CAP. Use this section to indicate how staff have been trained on new procedures and steps to ensure full compliance. The explanation should include the following:

- Date of Training
- List of Attendees
- Topics Covered
- Resources Used

Programs may submit separate training documentation that includes all requested information for this step.

The program may use the Guidance Memorandums and E-Learning Courses to complete training for themselves or other staff that have CACFP responsibilities. Where to find these will be shown later in the presentation.

Step 6: Resources / Support Documentation

6. **Resources / Support Documentation:** If requested as part of corrective action, identify additional documentation submitted to support the finding correction, i.e. menus, receipts, handbooks, etc. Submit this information as a separate document. If not applicable, write N/A.

1) Cook's training documentation. 2) June menus and production records to demonstrate compliance with meeting meal pattern requirements.

Support documents may include:

- Agency-created checklist
- Menus
- Production Records
- Receipts
- Revised Handbook pages

Step 6: Resources / Support Documentation, may also be required. This section is used to identify support documentation that must be submitted to demonstrate the finding was permanently corrected. For example, the following documents could be submitted: a newly created form or checklist, revised menus, production records, receipts, or a revised handbook.

Submit the documents listed in Step 6 as separate attachments.

CAP Summary

- **Provide detailed responses**
- **Submit support documents**
- **Address ALL findings**
- **Separate CAP for each finding**



Let's summarize some important points about completing the Corrective Action Plan:

- Make sure the CAP responses are detailed enough that another individual can understand and implement the new processes.
- Submit support documents referenced within the CAP.
- Address all findings and complete a separate CAP form for each finding identified within the review report.

Submit Corrective Action Plans



- Submit CAP and support documents
- Additional information may be requested
- Maintain copies of approved CAP on file

After all corrective action plans are complete, submit the PDF files along with any required support documentation to your consultant.

When the consultant receives the CAP and support documents, they will review the information and may contact the program for additional information or clarifications.

Once the CAPs are approved, the program must retain copies of all review documents on file, including the review report, CAPs for each finding, and support documentation.

Child and Adult Care Food Program (CACFP)

COMMUNITY NUTRITION / CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

Child and Adult Care Food Program (CACFP)

[CACFP COVID-19 Information](#)
[Child Nutrition Program COVID-19 Information](#)

What is the CACFP?

The CACFP provides reimbursement for nutritious meals and snacks served to children and adults enrolled in day care and to children in afterschool programs and emergency shelters.

• [CACFP Information Sheet](#)

Join the CACFP

For information on joining the CACFP, check out the [Join the CACFP](#) page.

CACFP Webpage

<https://dpi.wi.gov/community-nutrition/cacfp>

- **Guidance Memorandums**
- **Training**
- **Consultants by County**

When completing the Corrective Action Plan, you may need to review certain Guidance Memorandums or download CACFP forms. On the slide are resources available to help.

You can access all CACFP specific webpages by using the left navigation bar from any CACFP webpage. The link on the slide is for the CACFP home page. We're going to talk about the following links on the next couple of slides: Guidance Memorandums, Training and Consultants by County – all shown here on the left navigation bar.

Guidance Memos & Training

CACFP Guidance Memorandums

[Adult Care Component Guidance Memorandums](#)

[At-Risk Afterschool Program Component Guidance Memorandums](#)

[Child Care Component Guidance Memorandums](#)

[Emergency Shelter Component Guidance Memorandums](#)

CACFP E-Learning Courses



The E-Learning courses below include lessons on CACFP requirements applicable to each type of program. Click on your program below.

[Child Care Centers, Outside of School Hours, Emergency Shelters, and Head Starts](#)

[Adult Day Centers](#)

[At-Risk Afterschool Centers](#)

Prior to completing the CAP, look at the findings and review the requirements in the applicable Guidance Memorandum and CACFP E-Learning Course to assist in writing a complete corrective action response.

CAP Resources

9: Recordkeeping [📄](#)

Meal Count Forms

- [Meal Count Form \(Three or Less Meals\)](#) [📄](#)
- [Meal Count Form \(B, L, PM Snack\)](#) [📄](#)
- [Greater Than Three Meals Record](#) [📄](#)

[CACFP Training Agenda](#) [📄](#)

[Wisconsin WIC Program Factsheet](#) [📄](#)

[Electronic Storage of CACFP Records and Data - Policies and Procedures](#) [📄](#)

Corrective Action Plan Form

- [Corrective Action Plan Form](#) [📄](#)
- [Sample Corrective Action Plan Form](#) [📄](#)

- **CAP Form**
- **Sample CAP Form**

Guidance Memorandum 9

The Corrective Action Plan Form and a sample CAP Form can be found on the Guidance Memorandum webpage under #9: Recordkeeping.

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- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

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Thank you for viewing this webinar on Corrective Action Plans. Please use the resources and tools discussed to your advantage to successfully implement and operate the CACFP at your program.