

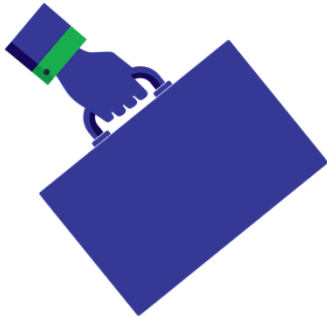
# HOW TO COMPLETE A CORRECTIVE ACTION PLAN

## Child and Adult Care Food Program (CACFP)



The CACFP review process requires agencies to provide corrective action plans for findings cited during a review. This handout will cover how to write a corrective action plan and complete the Corrective Action Plan Form.

# CACFP Review



- **Required by USDA to verify compliance with CACFP requirements and regulations**
- **Nutrition Program Consultant will**
  - **Conduct review**
  - **Go over findings**
  - **Provide technical assistance**

A CACFP review is required by USDA to verify compliance with all CACFP requirements and regulations. At the end of a CACFP review, the Nutrition Program Consultant conducting your review will go over any cited findings and provide technical assistance.

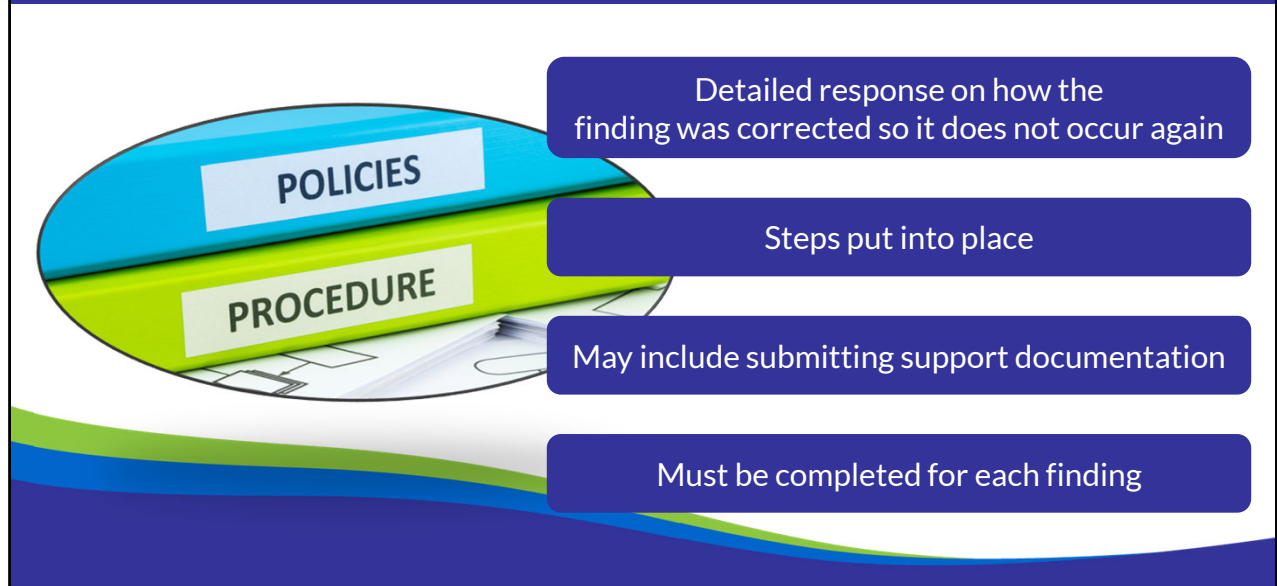
# Finding



Findings Require a  
Corrective Action Plan

A finding is a non-compliance issue resulting from the agency not meeting a CACFP regulation or requirement. Findings require a corrective action plan.

# Corrective Action Plan



A corrective action plan is the agency's written response that details how the findings have been or will be corrected. Written corrective action plans must be submitted to the Nutrition Program Consultant who conducted your agency's review.

The corrective action plan must detail policies and/or procedures put into place to permanently resolve each finding. More specifically, a corrective action plan explains the steps the agency is now following to correctly complete the CACFP requirement, for which the finding was cited, that ensures the finding does not occur again. The corrective action plan must be clear and detailed so any individual reading the plan can follow the steps and complete the CACFP requirement correctly.

A corrective action plan may also include submitting support documentation, if identified in the CACFP Review Report, to the DPI to demonstrate the finding has been corrected.

A corrective action plan must be completed for each finding.

# Corrective Action Plan Form

- Corrective action plans must be written on the [Corrective Action Plan Form](#)
- After a review, an agency will receive:
  - CACFP Review Report
  - Link to Corrective Action Plan Form
  - Due date to submit corrective action plans

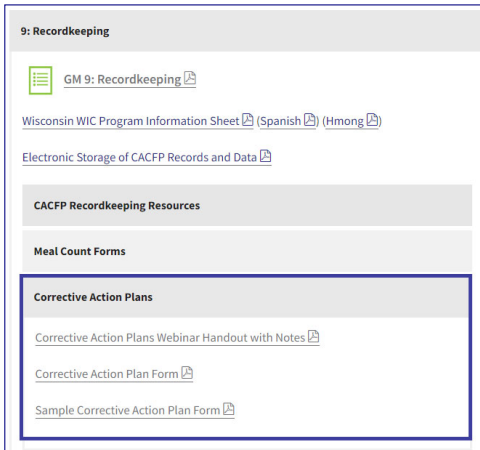
Written corrective action plans must be completed on the Corrective Action Plan Form.

After the CACFP review is complete, an agency will receive an email from the Nutrition Program Consultant that includes the following attachments:

- CACFP Review Report, which identifies the review findings and technical assistance provided, and
- Corrective Action Plan Form

The email also includes the due date to submit the corrective action plans. All written corrective action plans and support documents must be submitted electronically to your consultant by the due date provided.

# Corrective Action Plan Form



## [Guidance Memorandum \(GM\) Webpage](#)

(at top and under GM 9)

- Corrective Action Plan Form
- Sample Corrective Action Plan Form

The Corrective Action Plan Form can also be found at the top of the Guidance Memorandum webpage, under the Corrective Action Plans tab, and under Guidance Memorandum 9: Recordkeeping, under the Corrective Action Plans tab.

Also posted on the Guidance Memorandum page is a sample completed Corrective Action Plan Form.

# Corrective Action Plan Form

**CACFP Corrective Action Plan Form**

**Instructions:**

- Complete one Corrective Action Plan Form for each finding identified in the CACFP Review Report.
- Provide a description of the finding, the corrective action (CA) implemented, the specific documentation, and the date of implementation.
- Submit one Corrective Action Plan Form for each finding.
- Save a copy of each CAP Form with an identification number (e.g., Finding 1, Finding 2, etc.).
- Submit a copy of each completed CAP Form to your assigned CACFP reviewer.
- 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 to service procedure. Detail those being considered. List the steps for any procedure that are now being done to ensure the CACFP requirement is completed correctly, and the finding will not be repeated.

- Is specific to a center who has never completed the steps before understanding what to do. Do not restate the issue with responses, etc. This will form a record that can be added to the file.
- Reference applicable CFR resources now used by staff to ensure compliance (i.e., email paths, training resources, etc.)

B. Staff. Identify position(s) (Title) of staff who complete the steps listed in 2A.

C. When. Identify when all completed the steps (2A, 2B, 2C, date, weekly, monthly).

A. Change to service procedure. Detail (also 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 allowed to CAP completion date in 2B.2.

Continued on Next Page

- Download and save Corrective Action Plan Form to computer
- Form is fillable; responses can be typed into each field

After you open the Corrective Action Plan Form, download and save it to your computer to easily access when writing each corrective action plan. The form is a fillable form; therefore, responses can be typed into each required field.

Next, we will go through how to complete the Corrective Action Plan Form.

# Corrective Action Plan Form

**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 1-4 to ensure your CAP is approved. See [www.cacfp.com/cap](https://www.cacfp.com/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 to someone who has never completed the steps before understand what to do. Do not restate the issue with assurances, e.g., "we will keep product labels for whole grains on file."
- Reference applicable DFP 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 procedure/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 procedure/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.

**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: \_\_\_\_\_

**DFP USE ONLY**

Date Initial CAP Received: \_\_\_\_\_

Date(s) Additional CAP Information Received (if applicable): \_\_\_\_\_

Date CAP Approved: \_\_\_\_\_

Consultant Initials: \_\_\_\_\_

Continued on Next Page

**Items REQUIRED:**

- Step 1 through 4
- Corrective Action Completed section

**May be Required:**

- Steps 5 & 6

There are 6 items and a Corrective Action Completed section on the Corrective Action Plan Form.

- Items 1 through 4 and the Corrective Action Completed section are required and must be fully completed with the requested information.
- Items 5 and 6 may be required depending on if agency staff need to be trained on how to complete the steps detailed in the corrective action plan and/or depending on what was requested in the CACFP Review Report.



# Item 1: Identify the Finding

The image shows a screenshot of a 'CACFP Corrective Action Plan Form'. On the left, there is a document titled 'MEAL PATTERN COMPLIANCE (GM 12)' with several findings listed. Finding #4 is highlighted with a blue box: 'Finding #4: Required product labels / documentation not on file for all whole grain-rich items served: A label is not on file for WGR bread, crackers, bagels, and brown rice.' A blue arrow points from this box to a list of instructions. Below the instructions, a blue box shows an example of how to fill out the form: '1. Identify the Finding: Include the Finding # from the CACFP Review Report. Finding #4: Required product labels / documentation not on file for all whole grain-rich items served: A label is not on file for WGR Bread, Crackers, Bagels, and Brown Rice'.

**MEAL PATTERN COMPLIANCE (GM 12)**

Finding #1: Meals served missing required meal component: Breakfast served every Monday is missing a fruit/vegetable.

Finding #2: Non-creditable foods served.

- Breakfast cereals above sugar limits: Instant oatmeal and granola
- Bacon (non-creditable food item)

Finding #3: Correct milk not served to each age group: 1-year-olds are being served 1% milk.

Finding #4: Required product labels / documentation not on file for all whole grain-rich items served: A label is not on file for WGR bread, crackers, bagels, and brown rice.

**CACFP Corrective Action Plan Form**

- 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.
- 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.  
Finding #4: Required product labels / documentation not on file for all whole grain-rich items served: A label is not on file for WGR Bread, Crackers, Bagels, and Brown Rice

To start completing the form, open the blank Corrective Action Plan Form saved on your computer and complete a 'Save As.' Save a new document for each written corrective action plan. Use an easily identifiable name for the document, such as the finding number, for example Finding #1.

Item 1: Identify the Finding by copying or typing the Finding from the CACFP Review Report into this field. See the example on the slide. Include the Finding number along with the cited Finding.

For example, Finding #4: Required product labels / documentation not on file for all whole grain-rich items served: A label is not on file for WGR bread, crackers, bagels, and brown rice.

# Item 1: Identify the Finding

## MEAL PATTERN COMPLIANCE (GM 12)

**Finding #1:** Meals served missing required meal component: Breakfast served every Monday is missing a fruit/vegetable.

**Finding #2:** Non-creditable foods served.

- Breakfast cereals above sugar limits: Instant oatmeal and granola
- Bacon (non-creditable food item)

**Finding #3:** Correct milk not served to each age group: 1-year-olds are being served 1% milk.

**Finding #4:** Required product labels / documentation not on file for all whole grain-rich items served: A label is not on file for WGR bread, crackers, bagels, and brown rice.

**Group similar findings together**

Some Findings may be grouped together if it makes sense to address them within one corrective action plan and each Finding is corrected through the plan. If this option is used, identify each Finding the written corrective action plan is addressing in Item 1.

For the example on the slide, Item 1 would include Findings 1, 2, and 3.

## Item 2: Finding Correction

**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
1. Each day when the whole grain-rich (WGR) item is served, the product label for the item is checked against the WGR labels on file in the Product Labels binder to see if the product's label / documentation is or is not in the binder.	1. Cook	1. Daily
2. If the product label / documentation for the WGR item is not in the binder the label is either placed in the binder OR, if the product package is still needed to store the food item, a sticky note is placed on the package to remind the cook to place the product label in the binder once the item is used.	2. Cook	2. Daily, and as needed when product label/ documentation is not in binder
3. The type of product labels / documentation kept on file are according to the <a href="#">CACFP Training Spotlight: Documentation for Whole Grain (WGR) Foods</a> .	3. Cook	3. As needed when labels are placed in binder

**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.  
Director will check WGR items identified on the menu against labels in Product Labels binder on Thursdays. This is the day before trash day; therefore, labels can be pulled from trash and put in the binder if the cook missed putting a label in the binder.

### Parts 2A through D required

Item 2: Finding Correction, has multiple parts and is the substance of the corrective action plan. All sections, A through D, must be completed with a detailed response.

**Part A: Change in agency procedure – detail steps being completed:** List the step-by-step procedures that have been put into place to permanently correct the finding. In other words, what is agency staff now doing to ensure the CACFP requirement is completed correctly, and the finding will not be repeated. Any individual reading the plan should be able to follow the steps and complete the CACFP requirement correctly.

- Do not state an ‘assurance’ or a ‘guarantee’ that the problem has been resolved. For example, “We will make sure to keep labels for WGR items on file” or “All labels are on file.” These statements are not step-by-step procedures.

**Part B: Staff:** Identify the staff responsible for each step of the procedure list in 2A; there may be more than one person listed. Include the position(s)/title(s) of staff. Do not include staff names without titles, as individuals may leave the center in the future.

**Part C: When:** Identify when each of the steps listed in 2A will be completed. For example, daily, weekly, monthly, or annually, etc. More than one timeframe may need to be identified, depending on the steps needed to complete the requirement correctly.

- Do not state a specific date that the corrective action plan was implemented. This information will be provided in Item 4.

**Part D: Monitoring:** Explain how the agency will monitor the procedure (steps) specified in Part 2A to ensure they are completed correctly and consistently to prevent a reoccurrence of the finding. An example would be having a staff member, not identified in step 2B, verify the new process is being followed and completed correctly.

## Item 3: Maintaining Records

3. **Maintaining Records:** Explain where documents, records, etc. referenced in the agency procedure are maintained on file.  
Product labels / documentation are kept in the Product Labels binder in the kitchen.

Maintain Records On-Site

Must be Readily Available

Item 3: Maintaining Records, is an explanation of where the documents and/or records referenced in the agency procedure will be maintained on file.

Examples include:

- Product labels / documentation are kept in the Product Labels binder in the kitchen.
- 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.

## Item 4: Implementation

4. **Implementation Date:** Identify when the procedures/steps to correct the finding began.  
*Provide a specific date. Do not state "immediately" or "moving forward."*  
June 3, 202X

✓ Document a Specific Date

✗ Do Not State "immediately" or "moving forward"

Item 4: Implementation, identifies when the procedures and steps to correct the finding began or will begin. This must be a specific date. Do not state "immediately" or "moving forward."

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

## Item 5: Training

5. **Training:** Identify how staff were trained on these new procedures/steps.  
The above written procedures were reviewed with the cook on June 3, 202X.

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

Item 5: Training, may be required. If applicable, use this section to indicate how staff have been trained on the new procedures (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.

## Item 6: Resources / Support Documentation

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.  
Product labels for whole grain-rich bread, crackers, bagels, and brown rice currently being served.

### Support documents may include:

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

Item 6: Resources / Support Documentation, may also be required. If support documents were requested in the CACFP Review Report for the finding, this section is used to identify documents submitted to demonstrate the finding was permanently corrected. For example, the following documents could be submitted: product labels, 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.

# Corrective Action Completed

## 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: Debbie Smith

Title: Center Director and CACFP Authorized Representative

Date: June 15, 202X

Last, the agency must certify that the corrective action plan described on the form has been implemented by the date(s) indicated and has been implemented agency-wide in all sites participating on the CACFP. An agency staff member must provide their name, title, and date when the Corrective Action Plan Form is completed.



# Corrective Action Plan Summary

- **Address ALL findings**
- **Provide detailed procedures (steps)**
- **Submit support documents**



Let's summarize some important points about completing corrective action plans:

- Address all findings and complete a Corrective Action Plan Form for each finding identified within the CACFP Review Report.
- Make sure the corrective action plan procedures (steps) are detailed enough so any individual reading the plan can follow the steps and complete the CACFP requirement correctly.
- Submit support documents if requested in the CACFP Review Report. Identify these documents on the Corrective Action Plan Form.

# Submitting Corrective Action Plans



- Submit Corrective Action Plans Forms and support documents
- Additional information may be requested
- Once Corrective Action Plans Forms are approved, agency will receive a CACFP Review Closure Letter

After all Corrective Action Plans Forms are complete, submit the PDF file(s) along with any required support documentation to your consultant.

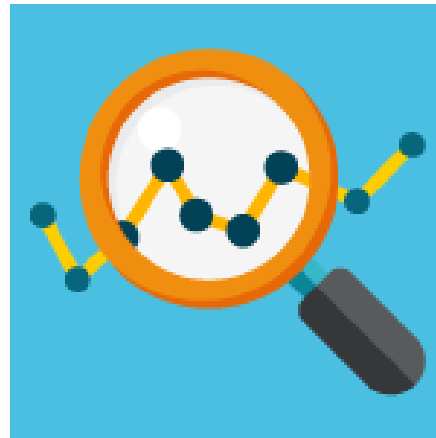
When your consultant receives the Corrective Action Plans Forms and support documents, they will review the information and may contact the agency for additional information or clarifications.

Once the corrective action plans are approved, the DPI consultant will complete the DPI Use Only section of the Corrective Action Plan Form and save the documents in your agency's review file. Your agency will then receive a CACFP Review Closure Letter.

Agencies must retain copies of all review documents on file, including the CACFP Review Report, Corrective Action Plans Forms for each finding, and support documentation.

# Unacceptable Corrective Action Plans

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



Let's briefly discuss unacceptable corrective action plans that cannot be approved. This may include corrective action plans that:

1. Do not address all cited findings.
2. Are not detailed, are missing required information, and/or do not include a step-by-step procedure on how to complete a requirement. For example, "*The menu has been corrected*" is an unacceptable response because it does not provide details as to how the specific menu finding(s) were corrected and steps the agency will follow to ensure findings pertaining to the menu do not occur in the future.
3. Fail to include documentation to support the finding has been corrected.

Unacceptable corrective action plans will not be approved. The Corrective Action Plan Forms may be returned to your agency to complete and/or your CACFP consultant may contact you for more information.

# CACFP Resources

## [CACFP Home Page](https://dpi.wi.gov/community-nutrition/cacfp)

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

- Guidance Memorandums
- Training

When completing the Corrective Action Plan, you may need to review certain Guidance Memorandums, download CACFP forms from the Guidance Memorandum webpage, and /or review CACFP Trainings. 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.

## Any Questions?

If you have questions while completing the Corrective Action Plan Form, contact the consultant who conducted your agency's review.



If you have questions while completing the Corrective Action Plan Form, contact the consultant who conducted your agency's review.

# Non-Discrimination Statement (NDS)

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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