

# CORRECTIVE ACTION PLAN

Center Name \_\_\_\_\_

Date(s) of Review \_\_\_\_\_

Due Date: \_\_\_\_\_

The findings listed below were discovered during the CACFP Center site review:	The following actions will be taken to correct the findings: <ul style="list-style-type: none"> <li>What will be done</li> <li>Who will do it</li> <li>Where will CAP documentation be retained</li> <li>How will staff be informed of new procedures</li> </ul>	Implementation date:
_____ <i>Signature of Reviewer/Date</i>	_____ <i>Signature of Site Staff/Date</i>	

Corrective actions are to be implemented **permanently** and **continuously** to correct the findings listed above. Corrective Actions must be completed within 30 days. Failure to comply with the Corrective Action Plan and correct the findings may result in the Center being disallowed from participating in the CACFP.

Due Date: \_\_\_\_\_

**Return to:**  
*(Insert Sponsor's Name & Address)*