**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:*** What will be done
* Who will do it
* Where will CAP documentation be retained
* How will staff be informed of new procedures
 | **Implementation date:** |
|       |       |       |
|  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature of Reviewer/Date* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Signature of Site Staff/Date* |

*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)*