**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)*