Corrective Action Plan
to Accompany a Written Request for a One-Time Exception

Return to: Director, Child Nutrition & Wellness, Kansas State Department of Education, Landon State Office Building, 900 SW Jackson St, Suite 251, Topeka, KS 66612-1212

Questions: Call 785-296-2276

Sponsor #: _______ Sponsor: ________________________________________________________
Sponsor Address: ________________________________________________________________

Child Nutrition Program (CNP): ☐ Child and Adult Care Food Program
☐ School Nutrition Program
☐ Summer Food Service Program

Month and Year of Late Claim: ______________________________________________________

1. Explain in detail the problem(s), which contributed to the late claim.
   (Use additional page if needed.) [Your detail must include the “who”, “what”, “when”, “where”, “why”, and “how” of the problem(s).]

2. Detail the actions you are taking to avoid a late claim in the future.
   (Use additional page if needed.) [Your actions must include the “who”, “what”, “when”, “where”, “why”, and “how” of the solution.]

Sponsor Certification: By signing this form, we understand that this one-time exception will be granted only if the KSDE approves this corrective action plan, and only one late claim can be granted under this one-time exception every 36 months. The KSDE’s decision concerning this one-time exception is not appealable.

<table>
<thead>
<tr>
<th>Person responsible for completing and submitting claims each month.</th>
<th>Authorized Representative who signed the Agreement to operate the CNP.</th>
<th>Board President/Owner of Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td>Signature:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Print Name:</td>
<td>Print Name:</td>
<td>Print Name:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
<td>Phone:</td>
</tr>
</tbody>
</table>

----------------------------------------------- KSDE Use Only -----------------------------------------------
Corrective Action Plan (CAP) Approved by Director of CNW: ☐ Yes ☐ No
Sponsor is eligible for 36 month exception (Check in CNP Logging & KN-CLAIM): ☐ Yes ☐ No
Date Approval Letter Mailed/Emailed to Sponsor________________
Date Copy of Approval Letter, CAP and Claim sent to School Finance for payment________________