



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

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DIRECTOR

February 6, 2018

CACFP 18-05

TO: Institutions Participating in the Child and Adult Food Care Program (CACFP)

FROM: Arnette Cowan, MS, RD, LDN 
Supervisor, Special Nutrition Programs

SUBJECT: Corrective Action Plan Requirement

The purpose of this memorandum is to provide written guidance and information on the Corrective Action Plan (CAP) requirement. The State Agency is required to conduct program reviews on Institutions to determine Federal and State regulatory compliance. The CAP is a required component of the program review process. 7 Code of Federal Regulations §226.6 requires the State Agency to conduct program reviews on institutions with 1 to 100 facilities at least once every three years and institutions with more than 100 facilities at least once every two years.

Institutions are required to submit a CAP and supporting documentation describing procedures that will be taken to correct program violations. Institutions are required to submit a CAP by the required due date. Failure to submit the required CAP and supporting documentation by the required due date may result in your institution being declared Seriously Deficient which may lead to termination and/or disqualification from the Child and Adult Care Food Program.

The CAP must be detailed and specific and must include the following information:

- **What** are the program violations/serious deficiency(ies) and the procedures that will be implemented to address the serious deficiency(ies)?
- **Who** will address the program violations/serious deficiency? List personnel responsible for this task.
- **When** will the procedure for addressing the program violation/serious deficiency be implemented? Provide a timeline for implementing the procedure (i.e., will the procedure be done daily, weekly, monthly, or annually, and when will it begin?)
- **Where** will the CAP documentation be retained?

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- **How** will the staff and facilities or providers be informed of the new policies and procedures (e.g., Handbook, training, website, etc.)?
- **Supporting documentation** – Provide supporting documentation to demonstrate that the program violations/serious deficiencies have been corrected.

Provided are forms that you may utilize to assist you in writing and evaluating your CAP before submitting it to the State Agency. Please contact your Program Consultant if you require additional technical assistance.

Attachment

cc: SNP Staff (via email)

CORRECTIVE ACTION PLAN for PROGRAM VIOLATIONS

| | | | | | |
|--|------------------|---|-----------------------------|-------------|----------------------|
| Name of Institution: | | | Agreement Number: | | |
| Full Name of Responsible Principle: | | | | | Date of Birth |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| Site Mailing Address: | | | Site Street Address: | | |
| Address: | | Address: | | | |
| City: | | City: | | | |
| State: | Zip Code: | State: | Zip Code: | | |
| County: | | County: | | | |
| Program Violation: (List the Program Violation. List one program violation per form) | | | | | |
| | | | | | |
| | | | | | |
| WHO will address the Program Violation? (List the personnel responsible for this task) | | | | | |
| Name: | | | Title: | | |
| Name: | | | Title: | | |
| WHAT are the procedures that will be implemented to address the Program Violation listed above? | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| WHEN will the procedure for addressing the Program Violation be implemented? | | | | | |
| Date: | | | | | |
| Frequency: | | | | | |
| WHERE will the CAP documentation be retained? | | | | | |
| Location: | | | | | |
| | | | | | |
| HOW will staff be informed of the new policies and procedures? (Handbook, training, website) | | | | | |
| | | | | | |
| | | | | | |
| Printed Name of Responsible Principle | | Signature of Responsible Principle | | Date | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Supporting Documentation must be submitted with the Corrective Action Plan

STATE AGENCY USE ONLY:

| | | | |
|---|--|---|--|
| Serious Deficiency Notice Dated: | | CAP Due Date: | |
| Date CAP Received: | | Received within required timeframe | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CAP Accepted: | <input type="checkbox"/> Yes <input type="checkbox"/> No | Staff Signature: | |

Corrective Action Plan (CAP) – Institution Checklist

Institution Name: _____ Agreement #: _____

Completed by: _____ Date: _____

| # | Criteria for an Acceptable CAP | Yes | No |
|-----|--|-----|----|
| 1. | Does the CAP provide a detailed explanation of what actions and series of steps (procedures) agency staff will take to correct the program violation(s)/serious deficiency(ies)? | | |
| 2. | Is the CAP specific, actionable and measurable? | | |
| 3. | Does the CAP have language that addresses the root cause of the issue? | | |
| 4. | Does the CAP describe how my agency will implement the actions and series of steps for correcting the program violation(s)/serious deficiency(ies)? | | |
| 5. | Does the CAP include a detailed process to correct the program violation(s)/serious deficiency(ies) and explain how the process will be followed consistently to prevent future operational weaknesses? | | |
| 6. | Does the CAP identify a single person/position who is responsible for making sure corrective action is taken? | | |
| 7. | Does the CAP identify the person and their position who is responsible for verifying that the CAP is effective? | | |
| 8. | Does the CAP identify when the procedures for addressing the program violation(s)/serious deficiency(ies) will begin and how often the procedure will be done (timeframes)? | | |
| 9. | Does the CAP explain where the related documentation will be retained and for how long? Is it in a safe and secure place? | | |
| 10. | Was a process for how staff and facilities will be informed of the new procedures outlined in the CAP? | | |
| 11. | If training is a component of our institution's CAP, is there sufficient detail present to indicate (a) when and how often the training will be offered, (b) who will conduct the training, (c) who will participate in the training, and (d) what topics will be covered during the training session? | | |
| 12. | Did the institution's authorized representative sign and date the CAP? | | |
| 13. | Is supporting documentation provided to demonstrate the program violation(s)/serious deficiency(ies) have been corrected? | | |