

# CORRECTIVE ACTION PLAN (CAP) GUIDELINES

## 1) Why are CAPs required?

- A. To ensure that responsible principals and individuals understand what they are doing wrong and what they need to do to make improvements.
- B. To document the sponsor's plan for improvement and to provide an opportunity for the plan to be accepted by OSPI; or for OSPI to request additional information or clarification.
- C. To provide sufficient detail so that during future reviews a determination can be made about whether the sponsor staff made and maintained the corrective action(s).
- D. A Corrective Action Plan must clearly show that management analyzed the problem, developed a solution, and assigned responsibility for implementing it to an appropriate individual. The plan will also include the expected completion dates.
- E. Governing bodies are required under federal law to monitor their agency's actions to correct any audit findings. Progress on correcting findings should be included in regular reports to the governing body or Tribal Council. Adjustments to the plan should be made as needed.

## 2) When are CAPs required?

Anytime issues of non-compliance are found. Issues found by a Sponsoring Organization or issues found by OSPI or USDA.

## 3) What information must be included?

- A. The plan must specifically address each issue of non-compliance noted on the review form or the Notice of Serious Deficiency. Think about the cause of the issue in order to understand if your CAP will resolve the issue.
- B. The plan must clearly state how the issue(s) of non-compliance will be corrected, who will correct them, and when the issue will be corrected (within the specified time frame). NOTE: The plan cannot simply restate the issue and include vague assurances, e.g., "we will correctly complete the meal count worksheet" or "management will take better care to train staff". For clarity, please number the items on your CAP to correspond with the finding number on the review form or Notice of Serious Deficiency.
- C. CAPs must be submitted to OSPI within ten (10) days of receiving the findings. Generally ten (10) days is sufficient to identify what caused the error/issue and develop an action plan to correct.
- D. Using resources to help identify the cause of the issue and including steps to verify that your solution is working to correct the issue should be completed to minimize the risk of a repeat finding. Repeat findings can lead to a Notice of Serious Deficiency or Termination from the CACFP.

## 4) What will happen once I have submitted a CAP?

- A. Your plan will be reviewed, issue by issue, to ensure that you have provided a clear statement including How, Who, and When the non-compliance issues will be corrected.
- B. If the CAP is approved, OSPI or the Sponsor will verify that the CAP has been implemented and is addressing the non-compliance issue. CAPs must identify a plan for each area of non-compliance in order to be approved.
- C. If CAP is denied, you will be notified and if time remains before the original CAP due date, you may correct and resubmit a CAP. If the due date has passed, you could receive a Notice of Serious Deficiency and /or be prevented from renewing your CACFP application.
- D. If during a subsequent review or follow-up shows that the CAP has not fully and permanently implemented or did not correct the issue of non-compliance, then a Notice of Serious Deficiency or Propose to Terminate Letter could be issued which can result in the facility or sponsor being terminated from the CACFP.

DUE DATE: \_\_\_\_\_

PROGRAM SPECIALIST EMAIL: \_\_\_\_\_

PROGRAM SPECIALIST Phone#: \_\_\_\_\_

# Child Adult Care Food Program CORRECTIVE ACTION PLAN

WINS ID #

Review Date:

Item #	Corrective Action	Individual Responsible	Implementation Date	Approved by OSPI	
				(√) Yes	(√) No
Fiscal Action	A fiscal action for an overpayment has occurred as a result of this review. Corrective Action will include repayment of the total amount. If an outstanding balance remains unpaid, my organization may be determined seriously deficient and a proposal to terminate the permanent agreement may be issued.				

**Note: CAP must be signed by all Responsible Individuals \* If additional signatures are needed, please add another page.**

_____ Sponsor Signature	_____ Sponsor Signature	_____ Sponsor Signature
_____ Printed Name	_____ Printed Name	_____ Printed Name
_____ Title	_____ Title	_____ Title
_____ Date	_____ Date	_____ Date

**OSPI Use Only**

\_\_\_\_\_  
Program Specialist

\_\_\_\_\_  
DATE

Approved  Denied

CAP Completion Date \_\_\_\_\_

**Child Adult Care Food Program  
CORRECTIVE ACTION PLAN**

				(√) Yes	

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				(√) Yes	(√) No