

# 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.

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

----- **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 \_\_\_\_\_