

Compliance and Oversight

Child and Adult Care Food Program



PY 2025-2026 CACFP Annual Training

The Compliance Review Process

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What is a Compliance Review?

- Every **two** years (more frequently as needed)
- **Verify** compliance with regulations
- Identify findings of **non-compliance**
- **Provide** technical assistance



Finding

Non-compliance must be corrected!



What areas will the Program Auditors evaluate?

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- Enrollment Forms
- Meal Applications
- Menu Book
- Monthly Claim Data
- Application and Agreement
- Meal Service Observation
- Training Documentation
- Master Roster
- Meal Counts
- Invoices and Receipts
- Procurement Documentation
- Civil Rights Data and Sources
- Licensing Information
- Sign-In/Sign-Out Sheets



The Most Common Mistakes involve *Recordkeeping!*

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- Meal Count Discrepancies
- Incorrect Eligibility Determinations
- Missing Financial Records
- Inadequate Enrollment Documentation
- Incomplete Attendance Records



Examples of Serious Concerns:

Any of these areas of noncompliance will result in the disallowance of meals or the repayment of Program funds!



- Claiming meals for participants who are not present
- Claiming meals for participants who are not enrolled
- Missing receipts and invoices
- Missing menus and production records
- Serving meals that do not meet meal pattern requirements
- Serving insufficient amounts of meal components
- Claiming more meals than participants in attendance
- Unapproved and unallowable expenditures
- Point of service meal counts not done or documented



What is the definition of Corrective Action?

According to 2 *CFR* 200.26, a corrective action is the ***action*** the organization will take within a specific time frame to address the finding of noncompliance and to prevent it from recurring.

TAKE ACTION



Why is Corrective Action Required?

Corrective action is **required** to address Program findings and to **maintain** Program compliance.

Participating organizations:

- are required to provide corrective action as a result of findings cited by the State Agency during a compliance review or as a result of your sponsorship being declared seriously deficient (SD).
- are required to provide corrective action as a result of findings from your independent program audit.
- are required to obtain corrective action from your sponsored day care home providers or centers for findings cited during a monitoring visit or as part of the SD process for your sponsored facilities.

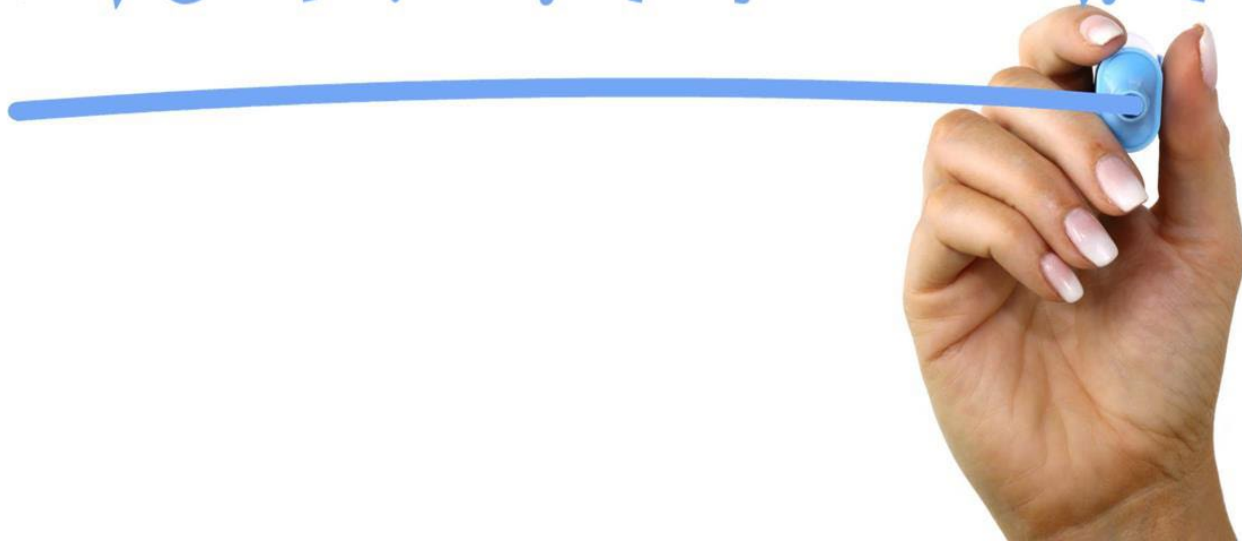




Corrective Action

- is new or improved processes or procedures;
- is implemented within a specific time frame;
- is expected to resolve the condition that resulted in noncompliance;
- is expected to prevent recurrence; and
- identifies who is responsible for implementing and maintaining new processes or procedures.

ACTION PLAN



Corrective Action Plan

According to 2 CFR 200.511(c), a Corrective Action Plan is a **written** response that details the specific action the organization will take within a specific time frame to permanently correct the noncompliance.

Purpose of Corrective Action Plans

- To document the actions that a facility will take to fully correct the problems
- To demonstrate a full understanding of the program regulations and policies
- Accountability
- Staff Turnover



Corrective Action Plans must be:

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S PECIFIC	Detailed, step by step actions.
M EASURABLE	Does the plan solve the problem?
A TTAINABLE	Do staff have the needed skillset and training?
R EALISTIC	Do you have enough resources to make this happen?
T IMELY	When will it happen? How often?

The 5 *Why*'s Method



Components of a Corrective Action Plan

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What procedures will be implemented to permanently correct the noncompliance?

Who will be responsible for the task?

How the staff and facilities will be informed of the new policies and procedures?

When the procedures to permanently correct the noncompliance will be implemented, including a timeline for implementing the procedure?

Where will the Corrective Action Plan be retained?



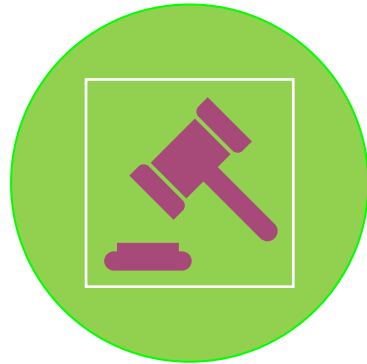
Identify the Finding

- Review the report or notes from the State Agency.
- What was identified as non-compliant?



Detail the Correction

- What change in procedures will occur?
- Are these new processes or procedures?
- Anyone should be able to read this component and know exactly how to complete the steps.



Records must be readily available to demonstrate resolution of the non-compliance.

- Identify when the procedures and steps to correct the finding will begin.
- This must be a specific date.
- The date may vary for each finding, some may require immediate attention.



“Immediately”

“Moving Forward”

“From Now On”

“Long As I Live”

“Until The End of Time”

Training

- Training may be required as part of the CAP.
- Indicate how staff have been training on new procedures and steps to ensure full compliance.
- The explanation must include the following:
 - Dates of Training
 - List of Attendees
 - Topics Covered
 - Resources Used



1.	Does the CAP provide a detailed explanation of what actions, and series of steps (procedures) the organization will take to correct the program violation?
2.	Is the CAP specific, actionable, and measurable?
3.	Does the CAP have language that addresses the cause of the issue?
4.	Does the CAP describe how the organization will implement the actions and steps for correcting the program violation(s)?
5.	Does the CAP provide a detailed process to correct the program violation(s) 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? Does the CAP identify the person who is responsible for ensuring the CAP is effective?

7.	Did the CAP identify when the procedures for addressing the program violation (s) will begin and how often the procedure will be done (timeframes)?
8.	Does it provide details of where the CAP will be retained and for how long? Is it in a safe and secure place?
9.	Does the CAP describe how staff and facilities will be informed of the new procedures outlined in the CAP?
10.	If training is a component of 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?
11.	Did the institution's authorized representative sign and date the CAP and submit all supporting documentation requested by the State Agency's reviewer?



Most Common Error #1

- Not addressing all findings

Most Common Error #2

- Lack of supporting documents



Most Common Error #3

- Insufficient Responses



