Verification Corrective Action Plan (CAP) School Year 2024-2025

Name of School Food Authority (SFA): SFA Number:

Name of Individual Completing the CAP:

Signature of School Nutrition Administrator:

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| --- | --- | --- |
| **Findings:** (What actions occurred or did not occur that require the SFA to take Corrective Action?) | **SFA Corrective Actions:** (Specific actions taken by the SFA to prevent this finding from occurring in the future.) | **Comments:** (Additional comments and/or actions taken by the SFA relative to the finding.) |

COMPLETE AND RETURN electronically to Jacquelyn McGowan ( [jacquelyn.mcgowan@dpi.nc.gov](mailto:jacquelyn.mcgowan@dpi.nc.gov) - preferred method) if the School Food Authority (SFA) can provide an electronic signature; otherwise mail a signed hard copy document to Jacquelyn McGowan, Compliance Specialist, NC Department of Public Instruction, Office of School Nutrition, 6324 Mail Service Center, Raleigh NC 27699-6324.

CAP Approved by: Date: (State Agency Official Only)