**Verification Corrective Action Plan (CAP) School Year 2025-2026**

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

**Signatures:**

School Nutrition Administrator, Print:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent or Board Chair, Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 Dana Edwards ([dana.edwards@dpi.nc.gov](mailto:dana.edwards@dpi.nc.gov) - preferred method) if the School Food Authority (SFA) can provide an electronic signature; otherwise mail a signed hard copy document to Dana Edwards, Program Analyst, 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)**