

Sponsor Letterhead here!

date

CERTIFIED MAIL
Return Receipt Requested

provider name
provider street address
provider city, state, zip

Dear Ms. *provider last name*,

Attached is the approved Corrective Action Plan for the Child and Adult Care Food Program (CACFP). Since you were declared seriously deficient, you will need to demonstrate compliance with CACFP rules and regulations, including the requirements in the Corrective Action Plan. As required by the Corrective Action Plan, reports must be submitted on a regular, timely basis (use specifics from the CAP) to *Sponsoring organization name*.

Sponsoring organization name will monitor the completion of the corrective actions by *?(date, periodic unannounced home visits, etc.)*. If you have questions or situations requiring assistance, please contact me. Failure to follow the Corrective Action Plan will result in termination for cause and you will be ineligible to participate in the CACFP.

Sincerely,

Your name
Your title