

Corrective Action Plan to Accompany a Request for a One-Time

In order to complete processing of a late claim for reimbursement (using the one-time exception, once every 36 months), view Management Bulletin (MB) CNP-07-2017 at <https://www.cde.ca.gov/ls/nu/sn/mbcnp072017.asp> to view important time restrictions in this management bulletin, then complete all appropriate information below.

You must indicate you have read and understand the time restrictions in MB CNP-07-2017 by checking this box.

Email the completed form to the Program Integrity Unit, Nutrition Services Division (NSD) at OTORquest@cde.ca.gov. For questions, call 916-327-5457.

Agency:

Full Child Nutrition Information Payment System (CNIPS) ID:

Agency Address:

Child Nutrition Program (select one):

**School Nutrition
(Including Seamless Summer Option)**

Child & Adult Care Food Program

Summer Food Service Program

Month and Year of Late Claim:

- 1. Explain in detail the problem(s) which contributed to the claim being late, including the names and titles of the individuals responsible.**

- 2. Detail the actions that will be taken to avoid a late claim in the future. Include your agency's claim submission procedures as well as the staff involved in implementing these procedures.**

Sponsor Certification

By signing this form below, we understand that this one-time exception request will be granted only if the NSD approves this corrective action plan, and only one late claim can be granted under this one-time exception every 36 months. ***Please note: The NSD's decision concerning this one-time exception request cannot be appealed.***

Person Responsible for Completing & Submitting Claims

Signature:

Print Name:

Date:

Phone:

Authorized Representative

Signature:

Print Name:

Date:

Phone: