

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

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-01-2022 at <https://www.cde.ca.gov/ls/nu/sn/mbsnp102022.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-01-2022 by checking this box.

Email the completed form to the Program Integrity Unit, Nutrition Services Division (NSD) at OTORrequest@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 Program

Seamless Summer Option

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 (Sponsor)

Signature: _____

Print Name: _____

Date: _____

Phone: _____

Authorized Representative (Sponsor)

Signature: _____

Print Name: _____

Date: _____

Phone: _____