****

**Corrective Action Form**

|  |  |
| --- | --- |
| Monitor Review Date:  | DTC Representative:  |
| Agency Name & Ref: | Agency Representative:  |
| Date Sent to Agency: | Final Closeout Date:  |

|  |  |
| --- | --- |
| **Functional Area** | **Corrective Action & Response** |
| Agency Operations | Corrective Action:DTC Response:Agency Response: |
| Compliance with Agency Agreement  | Corrective Action:DTC Response:Agency Response: |
| Retail Pickups | Corrective Action:DTC Response:Agency Response: |
| Ordering & Statistics | Corrective Action:DTC Response:Agency Response: |
| Kitchens and Feeding Programs (ON-SITE ONLY) | Corrective Action:DTC Response:Agency Response: |
| Kentucky TEFAP | Corrective Action:DTC Response:Agency Response: |
| Food Safety | Corrective Action:DTC Response:Agency Response: |

*Please alert your Dare to Care representative of steps taken to address corrective actions within 30 days***.**

