

GULFPORT SCHOOL DISTRICT 
 Child Nutrition Department
CORRECTIVE ACTION FORM - (STEP 4)

SECTION 1: To be completed by the Child Nutrition Director		
Child Nutrition Director: Debbie Chatagnier, R.D.		Date:
Location: Gulfport School District Child Nutrition Office	Phone or Ext.#: (228) 865-4696	E-Mail: Debbie.chatagnier@gulfportschools.org
<p>Required: Describe the Problem or Concern in detail: Optional: Suggest a solution Forward: To the Personnel Department for Review.</p>		

THIS SECTION TO BE COMPLETED BY PERSONNEL REPRESENTATIVE ONLY:

Person(s) Assigned to Complete Section 2: _____ **Date Sent:** _____
RESPONSE DUE: _____ **RESPONSE RECEIVED:** _____

SECTION 2: To be completed by the Personnel Department responsible person(s): _____ **Return by response due date.** _____

<p>What is causing the problem or concern recorded in Section 1 to occur?</p> <p>What <u>Action</u> has been, or will be, taken to correct the identified problem or concern?</p> <p>Implementation Date of the Above Stated <u>Action</u>: _____</p> <p>Information Recorded by: _____ Date Submitted: _____</p> <p>Promptly return to a Personnel Department Review Team member by the required response date.</p>
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Section 3: Verification & Close-Out Information.

<p>Has the documentation action been implemented and is it effective? Circle One YES or NO If yes, record comments, if desired. If no, what steps will be taken to ensure an acceptable outcome?</p> 		
<p>Is the Child Nutrition Director satisfied with the outcome of the action taken? Circle One YES or NO If yes, record comments if desired. If no, what will be done to satisfy the Child Nutrition Director?</p> 		
Date reviewed in the Personnel Department Review Meeting:		
<table border="1"> <tr> <td>Verified and Closed-Out by: _____</td> <td>Date: _____</td> </tr> </table>	Verified and Closed-Out by: _____	Date: _____
Verified and Closed-Out by: _____	Date: _____	