# CORRECTIVE ACTION PLAN

*Each section is formatted to expand to content as needed and designed for subrecipients and AA to complete as listed.*

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| Administrative Agency Name: *This section is to be completed by subrecipient.* |  |
| Subrecipient Agency Name: *This section is to be completed by subrecipient.* |  |
| Responsible Agency Staff Corrective Action Plan (CAP) Point of Contacts (POCs): *List agency point(s) of contact. This section is to be completed by subrecipient.* |  |
| Service Category: *Use a separate CAP form for each service. This section is to be completed by subrecipient.* |  |
| Measure number(s): *List each indicator number with a required CAP in the service category for this CAP. This section is to be completed by subrecipient.* |  |
| Date of CAP Check in #1: *Questions 30 days post receipt of report. This section to be completed by AA.* |  |
| Subrecipient Questions for CAP Check-in # 1: *Subrecipient to list any questions or concerns in this section.* |  |
| AA and or DSHS Comments: *AA/DSHS to list any feedback, recommendations for improvement, or other comments here. This section to be completed by AA or DSHS for CAP Check in #1.* |  |
| Date of CAP Check in #2: *Submission & approval of CAP**60 days post receipt of report. List date of approval by AA and date of implementation by subrecipient. This section to be completed by AA.* |  |
| Corrective Action Plan Details: *Describe the corrective action plan to correct noncompliance. This section to be completed by subrecipient and must include the following:*1. *Service and measure(s) of the CAP*
2. *POC(s) responsible for management of the CAP process*
3. *Plan for correction of noncompliance for each indicator listing specific actions and responsible parties related to the CAP*
4. *Timeline of when CAP related activities will occur*
5. *Process to ensure corrections are successful and sustainable over time*
6. *Process for staff management if repeated noncompliance to new policy or process is identified over time*
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| AA and or DSHS Comments: *AA/DSHS to list any feedback, recommendations for improvement, or other comments here. This section to be completed by AA or DSHS for CAP Check #2.* |  |
| Date of CAP Check in #3: *Closeout 180 days post receipt of report. This section to be completed by AA.* |  |
| AA and or DSHS Comments: *AA/DSHS to list any feedback, recommendations for improvement, or other comments here. This section to be completed by AA or DSHS for CAP Check #3.**Please remember to invite your DSHS consultant to CAP Check in #3.* |  |
| Name of AA Staff Validating Corrections through Chart Review or Policy Development/Update: *This section to be completed by AA staff.* |  |