

Sample Corrective Action Plan (CAP) Evaluation Checklist

Suggested Criteria for Evaluating an Acceptable CAP Response	Check One			Comments
	Yes	No	N/A	
1 Does the CAP provide a detailed explanation of what actions and series of steps (procedures) were taken or outlined to correct the Program violation(s)?				
2 Is the CAP specific, measurable, attainable, realistic, and timely?				
3 Does the CAP list the problem(s) that were addressed in the letter or monitoring report and address the root cause of the problem (why did it happen)?				
4 Does the CAP describe how to implement the actions and the series of steps for correcting the Program violation(s)?				
5 Was a detailed process provided to correct the Program violation(s) and explain how the process will be followed consistently to prevent future operational weaknesses?				
6 Does the CAP identify a single person/position who is responsible for making sure corrective action is taken?				
7 Does the CAP identify the person (and their position) who is responsible for verifying the CAP is effective?				
8 Does the CAP identify when the procedures for addressing the Program violation(s) will begin and how often the procedure will be completed (time frames)?				
9 Does the CAP identify where the information will be maintained (filed) and how long? Is it in a safe and secure location?				
10 Was a process developed to inform staff and facilities of the new procedures outlined in the CAP?				
11				

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	<p>If training is a component of the CAP, is there sufficient detail present to indicate:</p> <p>(a) when and how often the training will be offered</p> <p>(b) who will conduct the training</p> <p>(c) who will participate in the training, and</p> <p>(d) what topics will be covered during the training session?</p>				
12	Did the authorized representative sign and date the CAP (or is it correctly submitted in CHAAMPS)?				
13	If SD, are the birth dates of all responsible principles listed?				
14	Is the necessary supporting documentation attached (paper or in CHAAMPS) to demonstrate the Program violation(s) were corrected?				
15	Is a follow-up visit necessary to verify implementation of the CAP? If yes, project a date to complete_____				
16	Was the CAP received by the due date?				

Note: In addition to the yes/no answers, make written comments that document why you accepted or did not accept the information submitted. Use additional paper as required. Communicate this information to your facility or provider.

This form can be used by sponsoring organizations to evaluate CAPs submitted to the State agency and to evaluate CAPs received from providers and facilities for noncompliance issues.

Date CAP Notification Received:		Date CAP Due:	
Date CAP Submitted (or Received):		Date CAP Reviewed:	
CAP Approval Date:		Fiscal Action? Date adjusted:	