An effective Corrective Action Plan (CAP) is more than a list of tasks. It's a structured, strategic approach to identifying, correcting and preventing noncompliance. An effective CAP begins with a clear understanding of the noncompliance that occurred, outlines the specific actions that will be taken to correct it, assigns responsibility for those actions, and sets timelines for completion. Any identified noncompliance must be corrected as soon as possible, but in no instance later than one year from the date the noncompliance was identified. **Full correction requires** evidence that both the **child-specific** issue and the **underlying system issue have been addressed**. This guide and format are designed to help you in developing a CAP that not only resolves the identified findings but also strengthens systems and practices to sustain compliance and improve outcomes for infants and toddlers with disabilities and their families.

Step 1 - Identify Root Cause: (Determine the Core Issue)

Before corrective action can be taken, it is essential to understand **why** noncompliance occurred. Begin by looking beyond the surface-level explanations to uncover the underlying or systemic cause.

Ask questions that explore both **why** and **how** the situation developed rather than simply **what** happened.

Use the "**Five Whys**" technique, ask "why" five times in a row, each time building upon the previous answer to dig deeper into the cause.

Example:

- Why was the report late? Because we did not have the information.
- Why didn't we have the information? We were not part of initial planning.
- Why weren't we part of the planning? Because we were not included in the planning process.
- Why weren't we included in the planning process? Because our director did not think this was part of our scope of work.

Identifying the **true root cause** ensures the CAP addresses the problem at its source rather than only correcting the symptoms.

Step 2 – Identify Contributing Factors: (Determine What Enabled the Issue)

Once the root cause is identified, examine the **contributing factors** - conditions or circumstances that allowed the problem to occur or persist.

Contributing factors are often related but not limited to areas such as:

- ***Policies and Procedures***
- ***Training and Knowledge***
- ***Staffing and Resources***
- ***Oversight/Supervision***
- ***Communication and Coordination***

Understanding all contributing factors ensures the resulting CAP is **comprehensive**, **effective and sustainable**.

Step 3- Develop Corrective Action Steps and Strategies: (Address Each Contributing Factor)

*link to sample CAP format

Describe the **specific measurable actions** that will be taken to address each contributing factor. There may be multiple actions associated with one contributing factor.

Each corrective action or strategy should be:

- **Clear** – Easily Understood and specific in scope.
- **Defined** – Includes who will do what.
- **Measurable** – Includes indicators of completion or success.
- **Linked to Root Cause** – Directly tied to addressing the underlying issue.

Persons responsible and Involved:

Identify and list all individuals, positions, or roles responsible for implanting or supporting each corrective action. Include both Internal staff (e.g. program managers, supervisors) and any external partners (e.g., training providers, consultants) who play a role in carrying out or verifying the action steps.

Timelines: (Completion and Follow-Up Dates)

For each corrective action, include **specific target dates** for completion and **follow-up dates** to review progress timelines for each action step to be completed. Establishing clear timelines demonstrates accountability and ensures the CAP remains actionable and measurable.

Step 4- Evidence: (Formal documentation that supports the action step has been completed)

Identify, describe, and attach the **documentation that verifies** each corrective action has been completed.
Evidence provides proof of both correction and implementation.

Examples of evidence includes but not limited to:

- Training attendance logs of certificates
- Copy of training content or slides
- File review documentation
- Updated or newly developed policies and procedures
- Meeting agendas or attendance records
- Copies of communication or resources developed
- Summaries of internal monitoring or quality assurance activities

Collecting and maintaining this evidence ensures the CAP can be **verified and sustained over time**.

SAMPLE CORRECTIVE ACTION PLAN (CAP) template 2025
Written State Complaint

CFC / Payee Name: _____ **CFC #:** _____ **Dispute Res #:** _____
Name/Title of person completing the CAP: _____
Date CAP Submitted: _____

I. **Areas of Non-Compliance:** (To be completed by the CAP monitor)

Template Instructions

- Complete the table below to outline specific actions your agency will take to promptly address/correct each area noncompliance.
- All steps and columns must be completed to be considered for review (add rows to the table as needed).
- Complete a new table and all steps for each finding of non-compliance.
- Refer to the *Early Intervention Monitoring Intervention Guidance for Corrective Action Plan (CAP)*

Step I: Non-Compliance (Root Cause)instructions :				
Step 2: Contributing Factors (*Why did this happen*)	**Step 3: Corrective Action Steps and Strategies** (*What will be done to fix and prevent*)	**Step 3: Person Responsible and involved** (*Include titles and involved staff)*	**Step 3: Timeline(s)** *(Start & completion dates)*	**Step 4: Evidence of Implementation** *(What documentation will be submitted?)*

FOR INTERNAL USE:

CAP Reviewer and Title:	**Date CAP Approved:**
Follow Up Verification Requirement (if applicable):	**Date Verification Due:**
Person Responsible for Follow Up:	