

**CORRECTIVE ACTION PLAN FOR DAY CARE HOME PROVIDERS**

<b>Full Name of Provider</b>				<b>Date of Birth:</b>			
1.							
2.							
<b>Name of Day Care Home:</b>							
<b>Site Mailing Address:</b>				<b>Site Street Address:</b>			
<b>Address:</b>				<b>Address:</b>			
<b>City:</b>				<b>City:</b>			
<b>State:</b>		<b>Zip Code:</b>		<b>State:</b>		<b>Zip Code:</b>	
<b>County:</b>				<b>County:</b>			
<b>Serious Deficiency (SD): (List the serious deficiency from the SD notice. List one (1) SD per form)</b>							
<b>WHO will address the serious deficiency? (List the personnel responsible for this task)</b>							
<b>Name:</b>				<b>Title:</b>			
<b>Name:</b>				<b>Title:</b>			
<b>WHAT are the procedures that will be implemented to address the serious deficiency listed above?</b>							
<b>WHEN will the procedure for addressing the serious deficiency be implemented?</b>							
<b>Date:</b>							
<b>Frequency:</b>							
<b>WHERE will the CAP documentation be retained?</b>							
<b>Location:</b>							
<b>HOW will staff or providers be informed of the new policies and procedures? (Handbook, training, website)</b>							
<b>Printed Name of Provider</b>		<b>Signature of Provider</b>				<b>Date</b>	
1.							
2.							

Supporting Documentation must be submitted with the Corrective Action Plan

**SPONSORING ORGANIZATIONS USE ONLY:**

<b>Serious Deficiency Notice Dated:</b>					
<b>CAP Due Date:</b>		<b>CAP Received:</b>			
<b>CAP Received within required timeframe:</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<b>CAP Accepted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	