

CORRECTIVE ACTION DOCUMENT FOR DAY CARE HOME PROVIDERS

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

Supporting Documentation must be submitted with the Corrective Action Document

SPONSORING ORGANIZATIONS USE ONLY:

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