



Tom C. Rawlings

Director



Management

Corrective Measures



Corrective Action Plans



Corrective Action Plans (CAPs) are issued to CPAs and CCIs that require additional safety measures to be implemented due to systemic or programmatic issues as well for deficiencies found that violate our policies and procedures.

Why Is A Form Needed?

- Consistency
 - Providers
 - PVAs
 - Safety/Comprehensive Reviews
 - Staff Safety Checks
 - Training Non-Compliance
 - Other Programmatic Concerns
 - DFCS
- Kenny A Outcomes
- Guided Tool and Resource



Office of Provider Management
Corrective Action Plan

Corrective Action Plan Form

Corrective Action Plan
A Plan to Support Foster Families/Caretakers in Caring for Children in Placement:

Agency:
Foster Home:
Staff Member:

The following plan has been established between the agency and the above named foster home or indicated staff member to correct and support the prevention of future RBWO Minimum Standards policy/foster care policy violations.

I. Name(s) of child(ren) involved in policy violation(s), (if applicable)

II. Date of corrective action staffing/consultation and names and titles of persons in attendance

Date of staffing/consultation:

Names and titles of persons involved in staffing/consultation:

III. Briefly state the nature of the policy violation(s) (i.e., discipline policy violation, lack of supervision, etc).

Indicate whether this is the first or second Corrective Action Plan for this foster home or specified staff member/agency.

IV. Approximate date(s) of present violation(s).

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- Basic Information
 - Agency Name
 - Foster Parent(s) name
 - Staff Member(s) name
- Names of Child(ren)/Young Person(s) Involved
- Date of Staffing or Consultation
 - Attendants and Title
- Nature of Policy Violation
- Corrective Action Plan History
- Date of Violation



Office of Provider Management
Corrective Action Plan

Corrective Action Plan Form

Place of occurrence:

V. Behavior(s) and/or circumstance(s) resulting in the policy violation (explanation of events).

VI. Specify the agency's plan to eliminate obstacles/issues that factored into the policy violation.

VII. How will the plan be implemented (who does what, when)? Increased monitoring by the agency is required in ensuring the implementation and progress of the Corrective Action Plan.

A. Date Corrective Action Plan will be implemented:
Target end date for Corrective Action Plan:

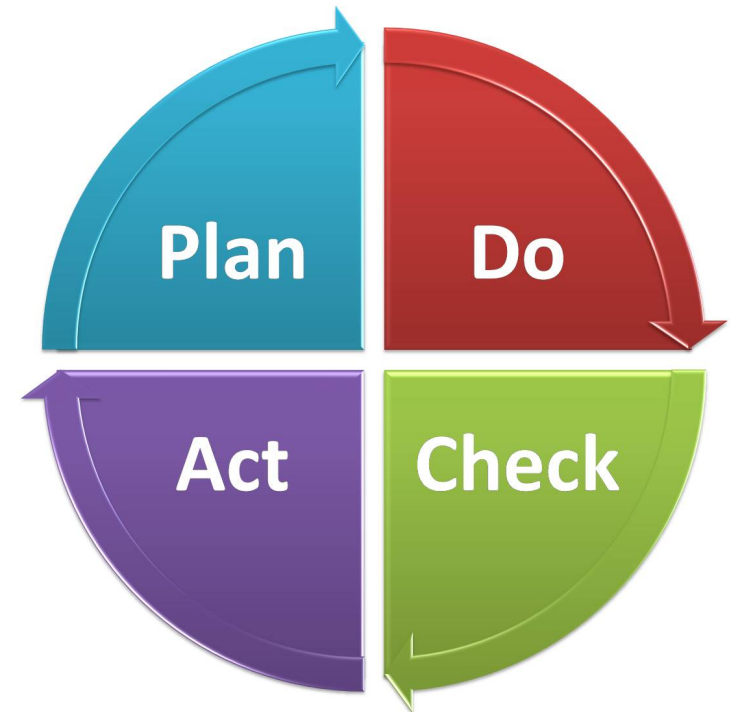
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- Place of Occurrence.
- Behavior and/or circumstances resulting in Policy Violation.
- Explanation of events.
- Agency plan to eliminate issues/obstacles that factored into policy violation.

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- How will the plan be implemented?
 - Who does what?
 - When?
- Increased monitoring by agency is required to ensure implementation and progress of CAP.
- Date CAP will be implemented.
- Target end date for CAP.



Office of Provider Management
Corrective Action Plan

Corrective Action Plan Form

VIII. Foster Parent/Staff Member or agency comments and feedback:

█

Signatures

█

Foster Parent/Approved Provider/Caretaker

█

Date

█

Foster Parent/Approved Provider/Caretaker

█

Date

█

Staff Member

█

Date

█

Supervisor

█

Date

█

Executive Director or Designee

█

Date

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- Foster parent(s)/staff member(s) or agency comments and feedback.
- Signatures
 - Foster Parent(s)/Caretaker(s)
 - Staff Member(s)
- Two levels of approval
 - Supervisor
 - Executive Director/Designee



Questions???



Contact Information



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