

## Corrective Action Plan (CAP) – Agency Response Form

<b>Local agency name:</b>	
<b>Name of individual completing the form:</b>	
<b>Phone number:</b>	
<b>Date:</b>	

<b>Area requiring corrective action:</b>	<i>Completed by Area Coordinator</i>
<b>Federal regulation, state policy, or IM contract citations, if applicable:</b>	<i>Completed by Area Coordinator</i>
<b>Corrective action process, including implementation timeline:</b>	<i>Completed by Agency</i>
<b>Monitoring tool/process:</b>	<i>Completed by Agency</i>
<b>Re-evaluation date:</b>	<i>Completed by Area Coordinator</i>
<b>CAP completion date:</b>	<i>Completed by Area Coordinator</i>