**Please follow these instructions carefully to avoid having to resubmit your CAP**. The CAP must be submitted within **forty-five (45) calendar days** of receipt of your monitoring report.

**Please do not include Personally Identifiable Information (PII) or Protected Health Information (PHI)** (any information that when used alone or in combination could identify a child or family) **in your CAP.**

**If you have questions after reading these instructions,** please call the IPRO helpline at: 518-320-3501. If we are busy assisting others, please leave a clear message with:

* Your name,
* EI provider State ID (on the cover sheet of your report),
* Your phone number(s),
* Best time(s) to reach you within the next 24 hours.

**Issue of Immediate Remediation Identified During the Monitoring Review:**

Wherever the statement “Requires immediate remediation” is included in your monitoring report, an immediate written response must be submittedto the Department of Health (Department) as well as any municipalities in which the children you serve reside. If you subcontract with an agency, you must send a copy of your immediate remediation response to the agency, as well as any municipalities in which the children you serve reside. Directions regarding immediate remediation requirements are sent to you under separate cover directly from the Department. You may already have been contacted by the Department regarding these requirements. **If you have been contacted by the Department and have not yet submitted a written response to correct the deficiency, please submit to:**

Andrea Fair  
Bureau of Early Intervention  
New York State Department of Health  
Corning Tower, Room 287  
Empire State Plaza  
Albany, NY 12237

**INSTRUCTIONS FOR DEVELOPING YOUR CAP**

If there is an action step that does not apply then indicate “Not Applicable.” **You may need to resubmit your CAP if there are any sections left blank in the Attachment B**.

| **Instructions for Completion of Each CAP Table** | | | |
| --- | --- | --- | --- |
| **“Action Steps” Instructions** | **“Responsible” Instructions (Agency only)** | | **“Timeline” Instructions** |
| **ROOT CAUSE**: Describe the specific reason (root cause(s)) that caused the finding of noncompliance to occur, i.e., provider did not know where to call to report child abuse. | Person responsible for completing this step. | | Specific date when this step will be completed. |
| **PROCEDURES**: Describe any changes that will be made to the procedures used, documents, written policy, or the way things are done, in order to correct the noncompliance. | Person responsible for completing this step. | | Specific date when this step will be completed. |
| **ORGANIZATION STRUCTURE (Agency only)**: Describe any changes needed, (staffing, lines of supervision, organizational structure) | Person responsible for completing this step. | | Specific date when this step will be completed. |
| **TRAINING**: Describe training that you will provide to your staff that will correct this finding and prevent any future findings of this nature, i.e., NYS sponsored trainings, training provided to staff in-person/online/by outside entities. | Person responsible for completing this step. | | Specific date when this step will be completed. |
| **SUPERVISION/ OVERSIGHT (Agency only)**: Procedures that will occur to ensure staff will carry out correct procedures. | Person responsible for completing this step. | | Specific date when this step will be completed. |
| **QUALITY ASSURANCE**:Describe methods that will be used to ensure corrections are being implemented (i.e., records to be checked, data tracking and frequency) | Person responsible for completing this step. | | Specific date when this step will be completed. |
| **DOCUMENTS**:If submission of a document, form, letter, written material, etc. was part of your monitoring report it **must be attached to your CAP.**  *If you did not need to submit a document as part of your CAP  write “Not Applicable.”* | Person responsible for completing this step. | | Specific date when this step will be completed. |
| **WRITTEN POLICY**: New or revised written policy is required for any finding in this indicator and **must be attached to your CAP.** | Person responsible for completing this step. | Specific date when this step will be completed. | |
| Person with authority and responsibility to implement the corrective action plan:  **Signature**: John Doe **Date**: 8-19-2017  **Print Name**: John Doe  **Title (Agency only)**: Executive Director  This section designates the person identified as responsible for overall implementation of the CAP and must be an employee of the agency – the responsibility for correction cannot be delegated to an outside entity, e.g., contractor, advisory committee. | | | |

**Cover Letter should include**:

* + - * Complete name of the provider,
* Address,
* Telephone number for the contact person,
* State ID (located on the cover page of the monitoring report),
* Any comments should be included here as well.

**Submissions must be made by any one of the following methods:**

* By e-mail: include your EI State ID and “CAP” in the subject line, to [IPRO-EI@ipro.org](mailto:IPRO-EI@ipro.org) (Attach your completed documents), OR
* By fax: include your EI State ID and identify that the FAX is a “CAP” on your fax cover sheet, to:   
  **516-304-3768**
* In addition:
  + If you do not subcontract to an agency, it will be your responsibility to submit a copy of your CAP to IPRO and to each municipality in which the children you serve reside. A list of Municipal/County Contacts for the Early Intervention Program is located at: <http://www.health.ny.gov/community/infants_children/early_intervention/county_eip.htm>.
  + If you subcontract to an agency, you must send a copy of your CAP to each agency with which you have a contract.