CORRECTIVE ACTION PLAN (CAP)

## Project/Activity Data

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| --- | --- |
| **Project/Activity Name:** | (Table Text Style) |
| **Implementing Partner(s):** |  |
| **Implementation Start/End Date:** |  |
| **Contract/Award Number:** |  |
| **CAP Tracking ID:** |  |
| **Tracking ID/link of Related IEE:** |  |

## Organizational/Administrative Data

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| --- | --- |
| **CAP Initiated by (Name and USAID Title):** | (Table Text Style) |
| **Implementing Operating Unit(s):** (e.g. Mission or Bureau or Office) |  |
| **Lead BEO Bureau:** |  |
| **Submitted by:** |  |
| **Date Submitted:** |  |

# Purpose and Scope

Corrective Action Plans (CAPs) are used to correct deficiencies, reduce liabilities, and improve environmental compliance. CAPs document corrective and/or preventive actions that are required to address environmental compliance findings and management system breakdowns. They may also provide observations for improvement and recommended Best Management Practices (BMPs).

The CAP demonstrates the collaborative nature of the IEE process and USAID’s commitment to be proactive in resolving deficiencies that are identified during monitoring and may be used voluntarily in improve environmental performance. It assists USAID Operating Units to establish formal plans for corrective and preventive actions to help meet the requirements of 22CFR216 and ADS 204. The CAP is mandatory when a project or activity is found to be noncompliant—e.g., failure to comply with IEE conditions, use of pesticides without a PERSUAP, or failure to follow other ADS 204 procedures. The CAP is initiated by USAID and directed to the Process Owner (e.g., AOR/COR, Mission Director, Implementing Partner).

# OTHER RELEVANT PROJECT/ACTIVITY INFORMATION

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| --- |
| [*Add as relevant*] |

# FINDING/OBSERVATION SUMMARY

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| To be completed by the initiator of the CAP. Explain findings and observations, either associated with deficiencies or opportunities for improvement. Include a description of relevant environmental impacts and applicable compliance requirements, as needed. | | |
| **Date of Finding/Observation:** |  | |
| **Finding/Observation Description:** |  | |
| **Root Cause(s):** | [*Investigate the root cause and describe what steps led to the deficiency. May contain standard root cause categories, which can be customized. Examples include:*   * *Roles and Responsibilities Not Defined* * *Standard Operating Procedures Not Developed or Implemented* * *Not Following Procedures* * *Lack of Communication* * *Lack of Training* * *Lack of Document and Record Control* * *Lack of Internal Monitoring* * *Inadequate Resources* * *No Corrective or Preventive Action*] | |
| **Description of Monitoring Measures:** |  | |
| **Actions Already Taken to Address Finding:** |  | |
| **Recommended Corrective and/or Preventive Actions for Compliance:** |  | |
| **Recommended Corrective and/or Preventive Actions for Best Practices:** |  | |
| **CAP Initiator Signature:** |  | Date: |

# DETAILS OF RECOMMENDED CORRECTIVE AND/OR PREVENTIVE ACTION

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| --- | --- | --- |
| To be completed by the Process Owner (e.g., AOR/COR, Mission Director, Implementing Partner). Explain actions to be taken to resolve the deficiency and prevent reoccurrence or actions to be taken to affect the opportunity for improvement. Provide the expected completion date. | | |
| **Description of Required Corrective and/or Preventive Action(s):** |  | |
| **Resources Required (human, financial, etc.):** |  | |
| **Person(s) Responsible:** |  | |
| **Required Completed Date:** |  | |
| **Recommended Verification Measures:** |  | |
| **Process Owner:** |  | **Date:** |
| **Process Owner Signature:** |  |
| **Actual Completion Date:** |  | **Initial here when complete:** |

# VERIFICATION OF THE CAP

|  |  |  |
| --- | --- | --- |
| The USAID responsible person (e.g., MEO and/or REA) shall describe objective evidence that indicates the deficiency has been resolved and/or improvements and preventive actions are reasonable and adequate. | | |
| *USAID Responsible Person Comments:* | | |
| **USAID Responsible Person:** |  | **Date:** |
| **USAID Responsible Person Signature:** |  |

# CLOSURE OF THE CAP

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| --- | --- | --- |
| Upon verification of the CAP, the BEO shall review the applicable corrective and preventive actions and, when satisfied that they are suitable, adequate, and effective, shall authorize closure of the CAP. | | |
| *BEO Comments:* | | |
| **BEO:** |  | **Date:** |
| **BEO Signature:** |  |