

CTA RN Compliance Manager: _____

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: _____
(PLEASE PRINT)

CCFFH Address: _____
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?

All items that were fixed are attached to this CAP

PCG's Signature: _____ Date: _____

CTA has reviewed all corrected items