Revised: 03112022

Lancaster County Drug & Alcohol Commission
Universal 1b
CAP Form

Upon receipt of written notification from LCDAC, the service provider must complete the following information as a corrective action plan (CAP) for ***EACH*** identified area of noncompliance/deficiency listed on the written notification from LCDAC.

- **Name of Facility**:
- **Facility #**:
- **Name and Title of Person Responsible for this CAP**:
- **Email of the Person Responsible for this CAP**:
- **Specific Deficiency as Listed on the Written Notification from LCDAC**:
- **Itemized action steps *with* time frames to be taken to correct the situation as well as the persons responsible for the action steps (if different than person identified above) OR reason(s) why corrective action is not necessary**:
- **A description of *HOW* monitoring to be performed to ensure that the steps are taken**:
- **Relevant MISC information**: