County of Los Angeles
CHIEF EXECUTIVE OFFICE
Risk Management Branch
3333 Wilshire Boulevard, Suite 820, Los Angeles, California 90010
(213) 351-5346 • Fax (213) 252-0404
http://ceo.lacounty.gov

SACHI A. HAMAI
Interim Chief Executive Officer

Board of Supervisors
HILDA L. SOLIS
First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

October 1, 2015

To: All Department Heads

From: Steven T. Robles STR
Assistant Chief Executive Officer/County Risk Manager

CORRECTIVE ACTION PLANS AND SUMMARY CORRECTIVE ACTION PLANS FOR TORT-LIKE SETTLEMENTS

As you know, the Corrective Action Plan (CAP) and Summary Corrective Action Plan (SCAP) process was recently modified, effective May 1, 2015, to apply to all tort liability settlements exceeding $100,000. This memorandum further clarifies actions that need to be taken with respect to the corrective action process.

Tort-Like Settlements

This confirms that CAPs and SCAPs are still required for tort-like settlements – such as Fair Employment and Housing Act (FEHA), Americans with Disability Act (ADA), Wage and Hour, and civil rights cases – as they have been in the past. Indeed, some of our most successful corrective measures were taken in employment-related cases. Accordingly, departments should continue their practice of preparing CAPs and SCAPs for such tort-like settlements, subject to the thresholds established effective May 1, 2015.

Root Causes

The root cause of the incident which, if adequately addressed, will prevent recurrence of that incident, is vital to the corrective action process. Understanding why an event occurred is the key to developing effective measures or recommendations. Accordingly, departments should conduct thorough investigations to understand the how, what, and why of an event, which will enable the County to take proactive action to mitigate future risks. The root cause is not the legal reason for settlement, nor is simply placing blame on the other party.

As an example:

A County employee rear-ends the automobile in front of him/her. Simply stating that the root cause of the accident was the other driver coming to a sudden stop would not necessarily be the root cause. Investigation into the reason for the accident such as driving too close, at an unsafe speed, poor defensive driving, etc., should be considered. Such investigation would enable the department to focus on the underlying reason why the accident occurred, and focus attention on remedial action which is the reason for CAPs and SCAPs.

Retention

Departments should adhere to their own retention policies or the Countywide retention policy for their CAPs and SCAPs. However, the CEO Risk Management Branch intends to save CAPs and SCAPs for at least 10 years.

Confidentiality

Generally, SCAPs will continue to be non-confidential and disseminated to the public. As a reminder, no confidential information should be contained in SCAPs.

CAPs, on the other hand, will be deemed confidential going forward because County Counsel will review the departments' CAPs in order to provide any legal assistance regarding settlements and CAPs to departments, Board of Supervisors, and/or Board Deputies. Additionally, CAPs may contain confidential information which is protected from disclosure (e.g., medical information, personnel records, etc.). For these reasons, please be sure to mark all pages of your department's CAPs, including any related supplemental correspondence, with a confidentiality notice.

We have attached a revised CAP form for your use, which includes the confidentiality block on each page.

Thank you for your continued participation and cooperation in enhancing this process.

If your staff has any questions regarding the new CAP and SCAP process, or for assistance in developing your department's CAPs and SCAPs, please have them contact Destiny Castro, Risk Management Inspector General, at (213) 738-2194 or DCastro@ceo.lacounty.gov.

If you have any questions, please call me at (213) 351-5346.

STR:RLC
DC:sg

Attachment

c: Board of Supervisors

Case Name:	

Corrective Action Plan

CONFIDENTIAL

General Information

Department:	
Name of Department Contact Person:	
• Title:	
• Phone Number:	
• E-mail Address:	

Incident/Event Specific Information

Date of Incident/Event:	
Location of Incident/Event:	
Incident/Event Contact Person:	
• Phone Number:	
• E-mail Address:	
Claim Adjuster: (Third Party Administrator or County Counsel)	
• Phone Number:	
If claim is in litigation, please complete the following:	
County Counsel Attorney:	
• Phone Number:	

Case Name:	

CONFIDENTIAL

Incident/Event Description:

Provide a Description of the Incident/Event:	

Case Name:	

CONFIDENTIAL

Identify as many root causes as necessary. Reference each root cause by its respective letter (i.e., Root Cause A) when describing the Corrective Action Steps.

Root Cause A	
Describe Root Cause:	

Root Cause B	
Describe Root Cause:	

Root Cause C	
Describe Root Cause:	

Root Cause D	
Describe Root Cause:	

Root Cause E	
Describe Root Cause:	

* If additional root causes need to be noted, add tables as needed. Delete any tables left blank.

Case Name:	

CONFIDENTIAL

Corrective Action Plan Steps

Reference each Root Cause letter(s) this Corrective Action Plan step is addressing.

Associated Root Cause Reference Letter(s):	
Step Number:	
Step Name:	
Scheduled Start Date:	
Scheduled Completion Date:	
Person Responsible:	
Step Description:	

Associated Root Cause Reference Letter(s):	
Step Number:	
Step Name:	
Scheduled Start Date:	
Scheduled Completion Date:	
Person Responsible:	
Step Description:	

Case Name:	

CONFIDENTIAL

Associated Root Cause Reference Letter(s):	
Step Number:	
Step Name:	
Scheduled Start Date:	
Scheduled Completion Date:	
Person Responsible:	
Step Description:	

Associated Root Cause Reference Letter(s):	
Step Number:	
Step Name:	
Scheduled Start Date:	
Scheduled Completion Date:	
Person Responsible:	
Step Description:	

* If additional Steps need to be noted, add table pages as needed. Delete any Step tables left blank.

Case Name:	

Review and Authorization

The department has reviewed the incident/event investigation, root cause analysis documentation, and Corrective Action Plan, and has/will take all appropriate corrective actions required.

Review and Authorization Steps:	Signature	Date
Document Approved by Department Risk Management Coordinator:		
Document Approved by Department Head or Designee:		

Case Name:	

Corrective Action Plan

CONFIDENTIAL

General Information

Department:	
Name of Department Contact Person:	
• Title:	
• Phone Number:	
• E-mail Address:	

Incident/Event Specific Information

Date of Incident/Event:	
Location of Incident/Event:	
Incident/Event Contact Person:	
• Phone Number:	
• E-mail Address:	
Claim Adjuster: (Third Party Administrator or County Counsel)	
• Phone Number:	
If claim is in litigation, please complete the following:	
County Counsel Attorney:	
• Phone Number:	

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Case Name:	

County of Los Angeles
Corrective Action Plan

Incident/Event Description:

Provide a Description of the Incident/Event:	

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Case Name:	

Identify as many root causes as necessary. Reference each root cause by its respective letter (i.e., Root Cause A) when describing the Corrective Action Steps.

Root Cause A	
Describe Root Cause:	

Root Cause B	
Describe Root Cause:	

Root Cause C	
Describe Root Cause:	

Root Cause D	
Describe Root Cause:	

Root Cause E	
Describe Root Cause:	

* If additional root causes need to be noted, add tables as needed. Delete any tables left blank.

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Case Name:	

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Step Number:	
Step Name:	
Scheduled Start Date:	
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Person Responsible:	
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Case Name:	

County of Los Angeles
Corrective Action Plan

Associated Root Cause Reference Letter(s):	
Step Number:	
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Scheduled Start Date:	
Scheduled Completion Date:	
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Case Name:	

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Review and Authorization Steps:	**Signature**	**Date**
Document Approved by Department Risk Management Coordinator:		
Document Approved by Department Head or Designee:		

i:RMIG/CAPs-SCAPs/CAP Form 2015 (Confidential) – revised 9-29-15.docx

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