COUNTY OF LOS ANGELES

PROBATION DEPARTMENT

DIRECTIVE

No.:	1501
Issued:	7/25/2023
Post Until:	8/25/2023

SUBJECT: CORRECTIVE ACTION PLAN PROCEDURES

This Directive outlines the Corrective Action Plan (CAP) and Summary Corrective Action Plan (SCAP) procedures for liability settlements or judgement in excess of $100,000.

NOTIFICATIONS AND REQUEST

Responsibilities of the Office of Litigation Management (OLM)

1. Upon being notified of a settlement, coordinate, and guide the CAP/SCAP from inception to completion.

2. Notify the respective Bureau of the settlement and request a CAP/SCAP.

3. Provide the Bureau with relevant documents and deadlines.

4. Inform the Systems Accountability Bureau (SAB) about the pending CAP.

5. Maintain and coordinate communications with County Counsel, Chief Executive Office - Risk Management Inspector General (CEO-RMIG), and the Bureau to exchange and disseminate CAP-related information.

6. Track and monitor the progress of the CAP, addressing emerging issues in a timely manner.

7. Keep stakeholders informed of CAP issues and development.

Responsibilities of the Bureau Chief (BC)

Upon receiving a CAP/SCAP request, identify a CAP manager who will be responsible for the preparation, development, and reporting of the CAP/SCAP.

PREPARATION AND DEVELOPMENT

Responsibilities of the CAP Manager

The CAP Manager shall initiate and complete the following:

- Assess and evaluate the problem.
- Complete the CAP.
- Obtain appropriate approval for the draft CAP; and
- Submit the draft CAP to OLM by the deadline.

Recommendations for performing items (A) and (B) are provided below.

Problem Assessment & Evaluation

- Identify the problem: Investigate, review, and analyze relevant documents, processes, work operations and other sources of quality data. Determine the issue(s) that caused or contributed to the problem and that must be addressed to minimize future exposure and legal risk.

- Conduct a root cause analysis: Investigate, identify, and determine the underlying cause(s) of the problem.

A root cause is a factor(s) that, if removed, would have prevented the problem. Even if the root cause seems obvious, it's important to thoroughly investigate because the cause(s) identified sets the direction for the next steps and solutions.

It may be helpful to apply an evidence-based root cause analysis. Consider the people involved in the incident, the procedures that govern the actions of the people, the systems that were involved and the environment at the time of the incident. Employ appropriate root cause analysis tools as necessary to help determine the cause of the problem (e.g., Pareto Chart, The 5 Why's, Fishbone diagram, Scatter diagram, and Failure Mode and Effects Analysis). Consider other associated, contributory, or intermediary factors.

Note: The root causes should not blame the plaintiff. A root cause in a CAP is not always the cause of the incident but may be a contributing factor or exposure. The root cause needs to be an issue that the Department has the responsibility for and the ability to address or improve.

- Develop a plan of action to correct the problem, mitigate its impact, prevent recurrence and/or reduce risk in future similar events. Include achievable deadlines in the plan. The solutions should prevent recurrence of the problem at all locations **AND** not cause other unacceptable problems. Solutions should be within the Department's control to implement.

CAP Template Completion (CAP/SCAP templates attached)

Case Name: John Doe v. COLA

General Information: The contact person for the Bureau will be the Bureau Chief or designee.

Incident/Event Specific Information: Based on the information learned, briefly describe the incident. Ensure the narrative contains only the essential information about the incident.

- CAP: Involved personnel is identified, e.g., "DPO Smith received a 3-day suspension for a violation of section of the code."

- SCAP: Involved personnel is only referred to in general term, e.g., "DPO 1, DPO 2, Employee 1, or Employee 2."

Root Cause Identification: See PREPARATION AND DEVELOPMENT

Corrective Action Plan Steps: See PREPARATION AND DEVELOPMENT

Include steps or measures the Bureau has taken, is currently doing, or will be taking to remedy the problem, or to improve future risk management if a similar situation were to arise.

Responsibilities of the Bureau Chief

1. Review, verify, or validate the draft CAP to ensure adequacy, responsiveness, and does not adversely affect the Department.

2. Approve the draft CAP for submission to the CEO-RMIG.

Responsibilities of the OLM

1. OLM shall continue to provide ongoing assistance to the Bureau and liaise and coordinate communication activities with the Bureau, County Counsel, and the CEO-RMIG.

2. After the draft CAP has been received, OLM may, upon request, submit the document to County Counsel for review and approval to ensure that the document is consistent and accords with Claims Board expectations. OLM will subsequently forward the CAP/SCAP to the CEO-RMIG for approval within 30 business days of a settlement notification.

3. Following a review of the draft CAP, the CEO-RMIG will generally request additional information. OLM will collaborate with the CAP manager to address the CEO-RMIG ‘s concerns in the revised CAP document, collaborate on corrections, and resubmit.

4. Upon approval of the CAP, OLM will request the completion of the SCAP and route both documents to the Litigation Manager, Risk Manager Coordinator and the Department Head or designee for approval.

5. OLM will subsequently submit the executed documents to RMIG within 90 business days of the settlement notification.

6. Once approved, RMIG will send the signed SCAP back to the OLM who will then forward it to assigned counsel and the involved parties.

FINAL APPROVAL AND PRESENTATION

Responsibilities of the CAP Manager

1. Collaborate with OLM to address CEO-RMIG’s concerns and submit the revised draft CAP to OLM.

2. Complete the SCAP mirroring the CAP, ensuring it excludes confidential information and can be posted publicly.

3. The SCAP is a public document and will be posted to the Board’s correspondence website.

Responsibilities

The Bureau Chief, Litigation Manager, Risk Management Coordinator, Department Head, or designee shall all review the final CAP/SCAP and provide approval as appropriate.

ATTENDANCE AND PRESENTATION AT CLAIMS BOARD MEETING

In the Claims Board meeting, representatives from the Department and County Counsel explain the case, present justifications for the proposed settlement amount, and discuss corrective action steps designed to prevent recurrences of the problem. If the Claims Board approves the CAP/SCAP, the

Claims Board will subsequently present its recommendation to the Boards' deputies, and subsequently file for the Board's public meeting agenda for Board approval.

Responsibilities of the OLM

Upon receipt of RMIG's approval of the final CAP/SCAP, OLM shall:

1. Notify the approvers.

2. Notify SAB-Performance Management Unit so they can begin monitoring and tracking the CAP's implementation progress.

3. Upon notice from County Counsel of the Claims Board meeting, notify the approvers accordingly, and let County Counsel know who will be in attendance.

Responsibilities of the Bureau

1. The Bureau Chief or designee and the CAP Manager shall attend the scheduled Claims Board meeting and present justification for the corrective action steps.

2. Present justifications for the proposed settlement amount and discuss corrective action steps.

3. Address departmental concerns/actions, assessment of similar incidents within the respective bureau or within the Department.

4. Address corrective and preventive actions the bureau and/or Department is taking.

5. Involved employee(s) risk evaluation, training, and/or discipline.

6. Uninvolved employee training (i.e., briefing, in-service training, etc.)

7. Assess other similar incidents in the same unit and unit procedures or orders.

REFERENCES

CEO Risk Management Inspector General Office, Board of Supervisor's Motion, April 14, 2015, RMIG PPTs: SCAP/CAP Development, Root Cause Determination, Timelines & Triggering Events RMIG Corrective Action Plan User Guide

ATTACHMENTS

CEO-RMIG Timelines (Attachment I) and CAP and SCAP forms (Attachment II)

For questions related to this Directive, please contact the Office of Litigation Management at civillitigationoffice@probation.lacounty.gov or (562) 294- 0299.

Sheila Williams

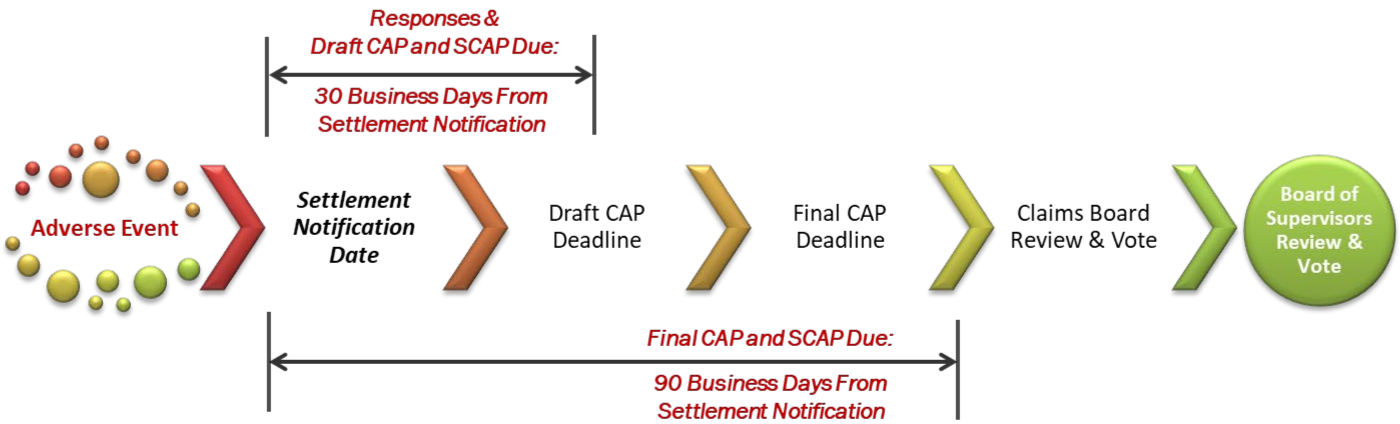
Sheila Williams, Deputy Director
Administrative Services and Operational Support

July 24, 2023

Date

RISK MANAGEMENT
Los Angeles County Chief Executive Office

WORKFLOW & TIMELINES



Case Name:	

Corrective Action Plan

CONFIDENTIAL

General Information

Department:	**PROBATION**
Name of departmental contact person:	
• Title:	
• Phone number:	
• E-mail Address:	

Incident/Event Specific Information

Date of incident/event:	
Location of incident/event:	
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:	

County of Los Angeles
Corrective Action Plan

Incident/Event Description:

Provide a description of the incident/event:	

Identify as many root causes as necessary. You will reference each root cause by its letter when writing the Corrective Action Steps.

Root Cause A	
Describe Root Cause:	

Root Cause B	
Describe Root Cause:	

Root Cause C	
Describe Root Cause:	

Case Name:	

County of Los Angeles
Corrective Action Plan

Corrective Action Plan Steps

For each Corrective Action Plan step, please reference, by letter, the Root Cause(s) this Corrective Action Plan step is addressing.

Associated Root Cause reference letter(s):	
Step number:	
Step name:	
Scheduled start date:	
Scheduled completion date:	
Responsible person:	
Step description:	

Associated Root Cause reference letter(s):	
Step number:	
Step name:	
Scheduled start date:	
Scheduled completion date:	
Responsible person:	
Step description:	

Case Name:	

County of Los Angeles
Corrective Action Plan

Associated Root Cause reference letter(s):	
Step number:	
Step name:	
Scheduled start date:	
Scheduled completion date:	
Responsible person:	
Step description:	

Review and Authorization
The department has reviewed the incident/event investigation, root cause analysis documentation, 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:

Summary Corrective Action Plan

The intent of this form is to assist departments in writing a corrective action plan summary for attachment to the settlement documents developed for the Board of Supervisors and/or the County of Los Angeles Claims Board. The summary should be a specific overview of the claims/lawsuits' identified root causes and corrective actions (status, time frame, and responsible party). This summary does not replace the Corrective Action Plan form. If there is a question related to confidentiality, please consult County Counsel.

Date of incident/event:	
Briefly provide a description of the incident/event:	

1. Briefly describe the **root cause(s)** of the claim/lawsuit:

2. Briefly describe recommended corrective actions:
(Include each corrective action, due date, responsible party, and any disciplinary actions if appropriate)

3. Are the corrective actions addressing department-wide system issues?

☐ Yes – The corrective actions address department-wide system issues.

☐ No – The corrective actions are only applicable to the affected parties.

Name: (Risk Management Coordinator)	
Signature:	Date:

Name: (Department Head)	
Signature:	Date:

Chief Executive Office Risk Management Inspector General USE ONLY	
Are the corrective actions applicable to other departments within the County? ☐ Yes, the corrective actions potentially have County-wide applicability. ☐ No, the corrective actions are applicable only to this department.	
Name: (Risk Management Inspector General)	
Signature:	Date: