**NYSCSH Sample Action Plan for Implementing a LEA**

 **Condom Availability Plan (CAP)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Target Date** | **Activity** | **Person****Responsible** | **Date****Completed** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

This sample resource is provided as a tool LEA’s may use to implemention of a CAP.
It may be customized for the needs of the users.

New York State Center for School Health | [www.schoolhealthny.com](http://www.schoolhealthny.com) 9/2020