



# CAP REGULATION 20-3

18 May 2026

Inspector General

## INSPECTIONS AND COMPLIANCE ANALYSES

SUMMARY OF CHANGES. This document replaces CAPR 20-3, *Inspections*. This regulation has been extensively revised and needs to be reviewed in its entirety.

Several parts of this regulation refer to the Inspection Knowledge Base (IKB) which is published in [www.gocivilairpatrol.com](http://www.gocivilairpatrol.com) under CAP National HQ, in the [Inspector General](#) module.

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**1. Overview.** The mission of the CAP inspection and compliance analysis program is to conduct independent inspections and compliance reviews of CAP programs and mission execution. Its purpose is to promote economy, effectiveness, mission readiness, and compliance across the organization. The program also ensures that the Board, the National Commander (CAP/CC), and all echelon commanders remain fully and currently informed about challenges and deficiencies in their respective programs and operations, as well as the need for corrective action.

## 1.1 Inspections

1.1.1 Inspections are the responsibility of the commander. Civil Air Patrol (CAP) commanders must continuously evaluate organizational readiness, efficiency, and effectiveness. Units will be continuously evaluated in four areas, known as Major Graded Areas (MGAs): Executing the Mission, Leading People, Managing Resources, and Improving the Unit. The inspection system provides the commander with a credible, independent process to measure effectiveness and ability to comply. The Grant/Cooperative Agreement Award (Cooperative Agreement or CA) between the United States Air Force (USAF) and CAP mandates the inspection of CAP units.

### 1.1.1.1. The CAP Capstone Model of Continuous Compliance (CMCC)

1.1.1.2. The CMCC program is intended to reduce the administrative burden of overlapping inspections, to build a culture of ownership and accountability at all levels; to focus IG program evaluations on real-world readiness – not simply regulatory compliance; and to align CAP’s oversight with USAF and Government Accountability Office (GAO) best practices and expectations.

### 1.1.1.3. Key Elements of the CMCC

1.1.1.3.1. Continuous Evaluation (CE): Civil Air Patrol inspections focus on continual evaluation rather than a one-time snapshot of unit performance. A one-time inspection often provides an inaccurate snapshot of unit performance of how a unit prepares and executes for a visiting inspection team, instead of maintaining mission focus. Continuous evaluation provides a comprehensive and accurate assessment of unit effectiveness over time and gives units recurring opportunities to identify and resolve discrepancies at multiple milestones.

1.1.1.3.2. Commanders lead the ongoing self-assessment and continuous improvement. This would occur primarily through the Compliance Inspections (CI), at the wing and region level, and the Subordinate Unit Inspections (SUI), for units below the wing level. Preparation is itself a self-assessment, allowing commanders to identify commendable processes, and compliance discrepancies early and apply corrective actions, as appropriate, to address them before the scheduled inspection occurs.

1.1.1.3.3. CAP Readiness Exercise (CRE): Planned, executed, and practical evaluation to validate organizational readiness to prosecute CAP's congressionally mandated mission set through performance-based observation of mission essential tasks (METS) as tasked by a specific plan. CREs will be planned and evaluated jointly by CAP/IG and CAP-USAF/IG programs.

## 1.2. Compliance Analyses

1.2.1. Inspector General Desk Audits: The IG program supports non-financial compliance-based desk audits designed to assess adherence to CAP regulations, policies, and operational procedures. These non-financial audits assess program performance, identify systemic risks, and analyze trends independent of investigations or inspections. The goal of a desk audit is to identify areas of concern, promote corrective action, and improve overall program effectiveness across CAP.

1.2.2. Definition: Compliance Analysis Officer. A Compliance Analysis Officer (NAO) is a trained Civil Air Patrol member within the Inspector General program as defined in CAPR 20-1 whose primary role is to conduct non-financial programmatic compliance analyses. These members operate as neutral, independent evaluators to assist commanders, functional managers, and corporate employees in understanding risk, process gaps, or regulatory inconsistencies. NAOs do not assign blame - rather, they provide fact-based assessments to help CAP improve compliance, transparency, and accountability across all levels of the organization.

1.2.3. Collaboration with Functional Areas. NAOs will work in collaboration with functional area experts (SME) at all levels, as well as experts outside CAP, to ensure findings are accurate, actionable, and aligned with CAP's mission support priorities. The CAP/IG, CAP-USAF/IG, and corporate employees will work collaboratively to review the results of all CAP compliance analyses to help identify previously undetected areas of non-compliance, systemic vulnerabilities, or opportunities for process improvement across functional areas.

1.2.4. Financial Audit Responsibility. All formal financial audits and financial oversight responsibilities remain under the exclusive purview of the Civil Air Patrol Financial Management Directorate (CAP/FM) and CAPR 173-1. The IG program does not conduct financial audits in the accounting or fiscal sense, nor does it duplicate CAP/FM's internal controls or external audit functions.

1.2.5. "Property Monitoring Visits" (survey audits) conducted in accordance with CAPR 174-1, Property Management and Accountability, are not inspected under this regulation. The IG compliance analysis function does not include financial or information technology audits; but NAOs are available to support such audits upon request and can access those reports.

1.3. Items subject to review and inspection include, but are not limited to the following:

1.3.1. Implementation of and compliance with policies, procedures, and directives established by statute, the USAF, the Board of Governors (Board), and the National Commander (CAP/CC).

1.3.2. Management of CAP members, resources, and CAP programs.

## **2. Roles and Responsibilities.**

2.1. Commanders. The inspection program is the commander's program. Commanders at each level, with the support of their IG, are accountable for program success.

2.1.1. Commander's Inspection Management Board (CIMB). CIMBs will be conducted at the National, Region, Wing, and Group, as appropriate, echelons as prescribed in this paragraph. The CIMB is a tailored, synthesized quarterly briefing designed to review CI and SUI data and results to mitigate risks that may be present from undetected noncompliance within the organization and to collaboratively resolve known open discrepancies remaining from CIs and SUIs. Chaired by the echelon commander (wing level and above), the board is comprised of the echelon IG and the next lower echelon unit commanders (e.g., National CIMB is chaired by CAP/CC and is comprised of CAP/IG and the region commanders). The agenda includes reviews of key metrics, unit self-assessment findings, open discrepancy review, subordinate unit commander issues, upcoming inspections, compliance analyses, and CREs. CAP/IG will provide tools (reports) to support these boards. Minutes of CIMB meetings will be kept in the organization's file plan for the duration of the CI cycle (4 years).

2.2. Members. CAP members involved in CAP inspection programs are responsible for understanding and complying with CAP directives and ensure all programs are performed in a safe, unbiased and competent manner.

2.3. Region and Wing Coordinators of Inspections (IGC). The IGC will be responsible for scheduling and administrative management of the Wing/Region inspection program, to include the self-assessment program, and is appointed by the Wing/Region IG after consultation with the Wing/Region commander. The IGC is subordinate to, and receives direction from, the Wing/Region IG.

2.4. IGs and inspection team members. For the purposes of this regulation, an inspection team includes all CAP and, if participating, CAP-USAF inspectors and SMEs, as appropriate. Should a potential or actual safety issue or security violation be observed during an inspection, it is the responsibility of the inspectors to take immediate action to prevent personal injury, damage to equipment, or the release of sensitive information.

2.4.1. Region and Wing IGs will monitor SUI programs and provide feedback to their respective commanders on the effectiveness of the inspection program. Region and Wing/Region IGs will provide a summary of inspection results for inclusion in for use in the echelon commander's CIMB as discussed in paragraph 2.1.1. These inspection results will include conducting and documenting the results of each annual self-inspection broken down by the same standard SUI worksheets used by the IG when conducting SUIs.

2.5. The CAP/IG will publish inspection worksheets, report templates and Grade Resolution Calculators. CAP/IG has the express authority, in consultation with CAP-USAF/IG and OPRs, to make real-time updates to inspection worksheets reflective of changes in circumstances or to resolve ambiguities between compliance elements and the underlying directive, these changes (if any) will be communicated during the in-brief process. The Deputy Inspector General for Inspections (CAP/IGI) will update and maintain the Inspection Knowledge Base (IKB) for the CIs and SUIs. Much of the IKB content derives from legacy processes and documents. The IKBs are tools used for closing discrepancies. The underlying directive is the authoritative source for the requirement(s) being evaluated. Inspection materials to be used when inspecting units at the Wing/Region level and below can be found on the IG web page.

2.5.1. The CAP/IG will utilize the CIMB to report quarterly on the status of region, wing, group, and squadron programs to CAP/CC and lower echelon commanders. These quarterly reports will be uploaded to the IG section of e-services once completed.

**3. Waivers.** CAP/CC is the waiver authority to this regulation. Submit waiver requests through the CAP/IG who shall coordinate with CAP-USAF/IG.

**4. Operating Instructions and Supplements to this Regulation.** Supplements and Operating Instructions (OIs) to this regulation are not authorized.

### **5. Inspection Frequency and Scheduling.**

5.1. The CAP/IG and CAP-USAF/IG will jointly conduct CIs for each wing and region. Inspections occur approximately every 48 months, as determined by the published cycle calendar. SUIs may be conducted using CAP-USAF personnel in addition to CAP inspectors whenever CAP-USAF wishes to participate. The SUI frequency is approximately 24 months, but in no case may exceed 27 months since the last SUI.

5.2. CAP/IG delegates to CAP/IGI the authority to publish a CI schedule for each inspection cycle subject to change based on staff availability. The schedule should project plans as far into the future as practicable. The first 12 months of the schedule will reflect specific inspection dates with the remainder showing at least the month and year of the proposed inspection. Wing/Region Commanders are responsible for advising CAP/IGI of challenges or conflicts with the proposed inspection schedule far enough in advance to allow for travel and other planning, but not later than 3 months prior to the scheduled inspection.

5.3. SUIs will be scheduled in accordance with paragraph ten (10) of this regulation.

5.4. Any wing or region receiving an overall Ineffective grade on a CI will be reinspected within 180 days after the CI outbrief or once all discrepancies are closed, whichever is later. Any subordinate unit receiving an overall INEFFECTIVE grade (see paragraph 7.3.1) on an SUI will be reinspected within 90 days after the SUI outbrief or once all discrepancies are closed, whichever is later. Units failing to close all discrepancies within the timelines stated above shall be stood down from all activities – including cadet activities – until all discrepancies are closed. Units receiving a reinspection for either a CI or an SUI will receive a 30-day notice prior to the reinspection.

5.5. Wing and Region Commanders may request additional inspections through coordination with the CAP/IG. CAP/IG will, in turn, coordinate the request CAP-USAF/IG. The scope of additional inspections will be defined by the requesting authority with input from CAP/IG and may be limited to specific functions.

5.6. All units, programs, and resources, to include units assigned to NHQ and region HQs, are subject to no-notice inspections or compliance analyses and may be directed by the National Commander/CEO, requested by CAP-USAF, or initiated by the National IG based on risk, trends, or emergent concerns. These actions provide independent oversight and are not a replacement for routine management controls or command-directed reviews. The National IG will determine the scope, timing, and method of execution of no-notice inspections or compliance analyses based on mission priority, risk, available resources, and competing enterprise requirements. This preserves the authority for no-notice action while acknowledging finite NHQ capacity and enabling risk-based prioritization.

**6. Notification of Inspection.** Except for no-notice inspections, units to be inspected will be notified in writing by the inspecting authority/agency. The notice will include:

- 6.1. The proposed dates and duration of the onsite portion of the inspection;
- 6.2. The scope of the inspection;
- 6.3. Additional information that will enable the recipient unit commander to prepare for and expedite the inspection; and
- 6.4. Any special requirements or requests.

**7. Major Graded Areas (MGAs).** MGAs provide the categories by which unit effectiveness is evaluated. There are four MGAs. (See Attachment 3 for a visual representation of MGAs).

7.1. **Executing the Mission.** CAP commanders at all echelons have threefold mission execution responsibilities: primary mission, readiness, and mission assurance command and control. Commanders must apply good risk management, accept risk, and manage resources to adjust the timing, quality, and quantity of their support to meet the requirements of the CAP mission set.

**7.2. Leading People.** CAP commanders at all echelons must maintain effective communication processes and ensure unit members are well disciplined, trained, and developed. Commanders will establish a healthy command climate which fosters good order and discipline, teamwork, cohesion and trust while enforcing CAP standards on conduct, performance, and CAP core values.

**7.3. Managing Resources.** CAP commanders at all echelons are entrusted with resources to accomplish CAP's mission set. Commanders must consider risk in their stewardship of scarce resources to ensure effective and efficient mission accomplishment. As part of managing their resources, higher echelon commanders must ensure adequate resources are provided to subordinate commanders. Likewise, subordinate commanders must inform higher echelon commanders of resource shortfalls.

**7.4. Improving the Unit.** Continuous process improvement is a hallmark of highly successful organizations. CAP commanders at all echelons must make data-driven decisions and manage risk while ensuring their unit's authorities, missions, plans and goals stay strategically aligned with CAP's mission set. Commanders are also expected to inspect their units and subordinates to ensure maximum effectiveness, efficiency, economy, and alignment with CAP core values are maintained.

**8. Inspection Grade Definitions.** The following grade definitions apply only to the overall inspection. Individual worksheets are not graded but will be used to identify discrepancies in specific mission areas. Specific discrepancies will be categorized by severity level and mapped to one or more MGAs. Overall inspection grading will then be determined by applying these severity levels and MGAs to one of the following inspection grades.

**8.1. HIGHLY EFFECTIVE.** This rating indicates the unit exceeds the criteria for an EFFECTIVE rating AND most, or all, of the following are consistently true:

8.1.1. Mission activities, programs and processes are executed in an increasingly cost-effective manner.

8.1.2. Results of long-term commitment to innovation and other leader-sponsored means are evident.

8.1.3. The unit self-assessment program is institutionalized, measures and reports improvements in all four MGAs, and provides actionable feedback to higher headquarters (HHQ) on manpower, funds, equipment, facilities, and guidance adequacy.

8.1.4. Leaders' decisions and priorities demonstrate genuine care for CAP members.

8.1.5. Leaders are engaged to help CAP members achieve personal goals as well as the unit's goals.

8.1.6. Widespread evidence exists of high proficiency, unit pride, and cohesion.

8.1.7. Programs and processes are institutionalized and produce highly reliable results.

8.1.8. Programs are nearly discrepancy-free and efforts to benchmark and share lessons learned with other units are evident.

8.1.9. Effective management systems are in place with clear indications of leadership support, planning, use of risk management and leader-sponsored innovation.

8.1.10. Virtually all unit programs have embraced a culture of critical self-assessment. Problems are identified, commanders are aware of issues, and corrective action programs are in place.

8.2. **EFFECTIVE.** This rating indicates most of the following are generally true:

8.2.1. Mission requirements are met in all mission areas and personnel are proficient.

8.2.2. The unit self-assessment program provides the command chain an accurate, adequate, and relevant picture of unit performance.

8.2.3. Resources are managed in an efficient and compliant manner.

8.2.4. Leaders treat CAP members with respect and provide a healthy and safe environment.

8.2.5. Management systems are present, and conditions exist to foster leader-sponsored innovation.

8.2.6. Programs have few significant discrepancies.

8.2.7. Risk-based criteria are often considered when allocating resources and making decisions.

8.2.8. Critical processes are documented, measured, and repeatable.

8.2.9. Most unit programs have embraced a culture of self-assessment. Problems are identified, commanders are aware of issues, and corrective action programs are in place.

8.3. **MARGINALLY EFFECTIVE.** This rating indicates the unit does not meet the criteria for an EFFECTIVE rating, and most of the following are consistently true:

8.3.1. Unit personnel meet minimum performance criteria but with limited proficiency.

8.3.2. Some key processes and activities are not carried out in a competent or compliant manner or are personality dependent.

8.3.3. Little to no evidence exists of conditions favorable to innovation.

8.3.4. Risk and resource scarcity are not deliberately considered in decision-making processes.

8.3.5. Discrepancies exist which significantly increase risks CAP members or execution of the CAP mission set.

8.3.6. Management systems have some elements but are not working in a cohesive process.

8.3.7. The unit self-assessment program provides an accurate (though limited) picture of unit performance.

8.3.8. Evidence exists of inconsistent treatment of CAP members (e.g., perceived lack of respect, favoritism, etc.). Leaders do not consistently provide a healthy or safe environment.

8.3.9. Many unit programs have not embraced a culture of critical self-assessment. Problems are not routinely identified, commanders are not aware of significant issues, and/or corrective action plans are not sufficient.

8.4. **INEFFECTIVE.** Most of the following are consistently true:

8.4.1. The unit does not demonstrate the ability to execute the CAP mission set.

8.4.2. Evidence exists of systemic non-compliance, widespread disregard for prescribed procedures or inadequate proficiency of unit personnel.

8.4.3. The number and severity of discrepancies preclude or seriously limit mission accomplishment and/or increase risk to CAP members.

8.4.4. Leaders do not treat CAP members with respect or do not provide a healthy and safe environment, and unit leadership fails to address these issues.

8.4.5. Resources and programs are not well managed.

8.4.6. Little to no evidence exists of conditions favorable to innovation.

8.4.7. Management systems are not evident or are unproductive.

8.4.8. The unit self-assessment program is non-existent or provides an inaccurate picture of unit performance.

8.4.9. Most of the unit programs have not embraced a culture of critical self-assessment. Problems are not identified, commanders are not aware of issues, and corrective action programs are not in place.

8.4.10. Regardless of performance in other areas, a unit will be graded **INEFFECTIVE** if the unit has demonstrated a chronic inability to execute any facets of the CAP mission set, or the self-assessment program is not accurate, adequate, or relevant.

8.5. Grading Criteria for both CIs and SUIs. All discrepancies identified from the worksheets will be assigned a severity level and then evaluated against the four MGAs.

8.5.1. Severity Levels.

8.5.1.1. **CRITICAL** Discrepancy. Any discrepancy which results in (or could result in) widespread negative mission impact or failure.

8.5.1.2. **SIGNIFICANT** Discrepancy. A discrepancy which has or could have negative mission impact.

8.5.1.3. **MINOR** Discrepancy. A deviation from compliance elements which, if left uncorrected, may limit mission effectiveness.

8.5.2. Scoring. To receive a HIGHLY EFFECTIVE CI or SUI grade, no CRITICAL or SIGNIFICANT Discrepancies may be assessed in any of the MGAs and all four MGAs must be assessed as HIGHLY EFFECTIVE. To receive an EFFECTIVE CI or SUI grade, no CRITICAL Discrepancies may be assessed in any of the MGAs and all at least two MGAs must be assessed as EFFECTIVE or better. To receive a MARGINALLY EFFECTIVE CI or SUI grade, three of the four MGAs must be assessed as MARGINALLY EFFECTIVE or better. An INEFFECTIVE grade will be assessed if two or more MGAs are assessed as INEFFECTIVE. The final grade is determined by aligning the questions on the worksheets into each of the MGAs and then processed through the grade calculator to arrive at the final inspection grade. Team Chiefs, in consultation with CAP/IG and CAP-USAF/IG, may adjust the overall grade if the grade calculator results in a grade different than the team's general sense of the unit's effectiveness.

8.5.2.1. Discrepancies, including CRITICAL Discrepancies but not repeat discrepancies, discovered by operation of the unit's self-assessment program and corrected in accordance with guidance in the IKB within 90 days of discovery, will be reported as an OBSERVATION on the final CI/SUI report and will not be considered in the grading process. Discrepancies discovered once the CI/SUI begins (at the documentation upload deadline) will be assessed as discussed above.

8.5.2.2. Repeat discrepancies will automatically be deemed CRITICAL Discrepancies. Repeat discrepancies may be identified when the root cause of a previously documented discrepancy has not been fully addressed. Repeat discrepancies being CRITICAL discrepancies is appropriate when clear evidence exists that the organization did not take reasonable corrective actions or when risk to mission, resources, or personnel has increased. While the presence of a CRITICAL repeat discrepancy should receive heightened consideration, it does not automatically render the MGA INEFFECTIVE. Team Chiefs will assess the overall effectiveness of the MGA by considering all relevant inspection results, severity of risk, systemic impact, and mitigation measures. When warranted, Team Chiefs should facilitate a discussion with inspection team members prior to assigning the overall MGA grade to ensure that a single discrepancy is not disproportionately weighted if it does not reflect the broader performance of the MGA.

## 9. Compliance Inspections.

**Table 9.1 Compliance Inspection Events**

<b>Timeline (Not Later Than [NLT])</b>	<b>Event</b>
Day -90	Wing/Region notified by CAP/Inspector General Program Manager (NHQ/IGC) of inspection date and requirements
Day -75	Wing and Region Commanders will confirm the scheduled onsite CI interview times and dates are accurate and provide contact information on the Master Document uploaded in e-services.
Day -75	In-Brief by CAP-USAF Team Chief to principals at Wing/Region.
Day -45	All deliverables are due
Day -1	CI Team arrives for inspection (Note: Region HQ CIs are normally performed virtually, except for Eyes-On-Hands-On (EOHO) items. References herein to onsite locations apply to Wing CIs.)
Day 0	First day of onsite interviews (virtual inspections may be performed on a case-by-case basis)
Day +1	Second day of interviews, grade resolution, write draft report, Outbrief to Wing/Region staff with draft report provided to the Wing/Region commander and his/her commanders within 48 hours following the outbrief.
Day +14	Final CI report distributed to all wing and region commanders
Day +60	First response to every open discrepancy is due and updates are due every 30 days thereafter until the discrepancy is closed
Day +180	All discrepancies must be closed

### 9.1. Prior to the inspection.

9.1.1. The CAP/IGC will provide Wing/Regions details pertinent to the inspection in a 90-day notification, except for no-notice inspections.

9.1.2. Wing and Region Commanders will confirm the scheduled onsite CI interview times and dates are accurate and provide contact information no later than 75 days prior to the inspection.

### 9.2. During the inspection.

9.2.1. No later than 45 days prior to the onsite inspection, the Wing/Region staff will provide completed CI deliverables, as specified in the CI Worksheets. All CI documents will be uploaded using the "Documentation" link in eServices/IG. The CI begins on the day after the documentation upload deadline stated in the CI notification email received from the IG Program Administrator at National HQ. The CI ends when the last discrepancy is closed in the Discrepancy Tracking System (DTS).

9.2.2. All wing or region staff directors should be available to answer inspectors' questions during the remote or onsite interviews. Should a staff director be unavailable, someone knowledgeable (e.g., the commander or chief of staff) in the functional area represents the absent director. Any pertinent Wing/Region files and/or documentation must be available for inspection. All Eyes-On-Hands-On (EOHO) items requested by the inspection team must be available for inspection.

9.2.3. The CI focuses on items listed in the published worksheets. The requirements found in directives published after the issuance of a CI worksheet may be reviewed but will not cause a discrepancy for non-compliance, however an observation discussing such requirements may be issued.

### 9.3. After the onsite inspection.

9.3.1. At the conclusion of the onsite portion of the CI, the CI team will determine an overall CI grade. The team chiefs will provide an outbrief to include recognizing the Wing/Region's nominated superior performer, discussion of commendable items, observations, discrepancies, and the overall grade.

9.3.2. A draft inspection report will be provided to the wing and region commanders within 48 hours of the outbrief.

9.3.3. The inspected Wing/Region may use the IKB on the National CAP IG webpage to begin preparing responses to the discrepancies listed in the draft inspection report.

9.3.4. Any Wing/Region receiving an overall grade of INEFFECTIVE shall be re-inspected in 180 days or when the last discrepancy is closed or an approved PoA is in place, whichever is later. Units receiving a reinspection for either a CI or an SUI will receive a 30-day notice prior to the reinspection. New or additional discrepancies discovered through self-assessment will be handled in accordance with paragraph 8.5.2.1 above.

### 9.4. CI Discrepancies.

9.4.1. All CI discrepancies are to be closed or have a CAP/IG approved plan to close within 6 months after the inspection outbrief. If Wing/Regions have not corrected all discrepancies within 6 months, the CAP/IG will elevate this to the CAP/CC to initiate a stand down of the Wing/Region HQ until all discrepancies are closed. Sample plans are located on the National IG page of [www.gocivilairpatrol.com](http://www.gocivilairpatrol.com).

9.4.2. The inspected unit will respond to all discrepancies using the DTS module in eServices.

9.4.3. The wing IG will evaluate and close all MINOR discrepancies. The region IG will evaluate and close all SIGNIFICANT discrepancies. CAP/IGI, in consultation with CAP-USAF/DIG will evaluate and close all CRITICAL discrepancies.

**10. Subordinate Unit Inspections (SUI).** The current SUI schedule is published on the Inspector General page of the Commander's Dashboard. Updates to SUI schedules for individual units can be made by request to the Wing/Region IG.

**Table 10.1 Subordinate Unit Inspection Events**

<b>Timeline (NLT)</b>	<b>Event</b>
Day -60	Unit notified by Wing IG or designee of inspection date and requirements
Day -10	All deliverables are due
Day 0	Onsite interviews
Day +14	SUI Report distributed to unit commander, and the Wing and Group Commander
Day +30	First response for every open discrepancy is due and updates are due every 30 days thereafter until all discrepancies are closed
Day +90	All discrepancies must be closed or have a region IG approved plan to close

The wing IG will administer the SUI program and is responsible for coordinating with unit commanders for all SUIs. Scheduling and administrative details may be delegated to the Wing Coordinator of Inspections. SUIs conducted by onsite inspectors provide greater support and benefit to the unit. However, extenuating circumstances may arise and a need for an alternate date, inspector, or use of virtual technology may be advantageous. Inasmuch as onsite inspections are the standard, such extenuating circumstances must be documented and approved by the region IG before an inspection may be done virtually.

10.1. If an inspection is not completed on one visit, the remaining inspection items must be completed within 30 days of the initial visit. The region IG, with approval from the Region/CC, will work with the inspectors to allow needed time beyond the 30 days for EOHO items requested by the inspection team. Any requests granted by the Region/CC will be noted in the final report.

10.2. All SUIs must be accomplished, but units such as flights, school squadrons, and group HQs may have different structures and therefore may operate in a manner that varies from the standard. For these units, the Wing/Region IG will prepare an inspection pre-brief to occur 60 days prior to the on-site inspection that, at a minimum, address the timelines for artifact delivery, review of previous inspection results, and logistical details of the on-site inspection. Units assigned to NHQ will receive regular inspections with the frequency and scope of the inspection agreed upon by CAP/CC and CAP-USAF/CC. SUIs of overseas units are accomplished remotely on the same schedule.

10.3. Inspections of subordinate units will occur approximately every 24 months. If a unit exceeds 27 months beyond the date in the Commander's Dashboard in eServices, the Wing IG will inform the Wing Commander, who will stand down the unit's activities until an SUI is accomplished. Subsequent dates will be 24 months after the current inspection date or the previous date in the Commander's Dashboard, whichever is earlier. For example, an SUI is due in June but is not completed until August. The unit's next SUI will be 24 months from June.

10.4. The Wing IG, in coordination with the Wing Commander, will identify enough Inspection Augmentees to conduct the required SUI program inspections. Qualified personnel from throughout the wing and region, including CAP-USAF CI inspection team members, may be used to assist in the staffing of the SUI teams.

10.4.1. At no time will a SUI be performed with a team of fewer than two qualified inspectors (IGs, IGAs, Inspection Augmentees (IAs), or CAP-USAF personnel).

10.4.2. Before a CAP member can be assigned as an IA, they must complete the Introduction to Inspections Course and ongoing IG specific education requirements as published by the CAP/IG.. Before qualification as an IA, the IG or IGA will mentor the new IA trainee through the IA qualification process, and the commander will endorse the trainee's readiness for appointment as an IA or IGA. IAs, not assigned at the wing level, cannot inspect their home units. The Team Chief must be a CAP member.

10.4.3. An IA (other than a formally appointed IG) cannot provide any form of Protected Communications coverage to a member of CAP. The attorney-client privilege for Legal Officers is not waived by participating in an SUI. See CAPR 20-2.

10.5. Prior to the inspection.

10.5.1. The unit to be inspected will be provided with details by the Wing IG or Wing Coordinator of Inspections in a 60-day notification communique.

10.5.2. The unit CC will confirm the scheduled onsite SUI interview times and dates are accurate and provide contact information no later than 30 days prior to the inspection.

10.5.3. NLT 10 days prior to the onsite date the subordinate unit CC will provide completed SUI worksheets, unit details and data, and other deliverables specified in the SUI worksheets. All SUI documents will be uploaded using the "Documentation" link in eServices/IG. The SUI begins 10 days before the onsite date and ends when the last discrepancy is closed.

10.6. During the inspection.

10.6.1. All unit staff officers should be available or present for the unit's SUI. Should a staff officer be unavailable, someone knowledgeable in the functional area will represent the absent staff officer. Any pertinent unit files and/or documentation must also be available for inspection, as well as all EOHO items requested by the inspection team.

10.6.2. The SUI will focus attention on items contained in the published SUI worksheets. The requirements found in regulations published after the issuance of an SUI worksheet may be reviewed but will not cause a discrepancy for non-compliance; however, an observation discussing such requirements may be issued.

10.7. The SUI worksheets developed by the CAP/IG will be used to conduct the SUI.

10.8. The SUI will not be considered complete and valid until all items on the SUI Quality Assurance Checklist have been completed and all discrepancies are closed.

10.8.1. "Next SUI Dates" are calculated to be 24 months after the previous "Next SUI Date." With Wing /CC approval, Wing/IGs have the option to make a "Next SUI Date" earlier if it aids scheduling.

10.9. Wing CCs will establish an SUI travel budget as part of the Annual Training Plan via Web Mission Information Reporting System (WMIRS) or a successor system. The SUI program requirements must be met regardless of the availability of reimbursement funds.

10.10. The SUI Team Chief will complete and forward to the Wing IG, IGA, or IGC, the Quality Assurance Checklist, and the SUI report for uploading into eServices.

10.11. All SUI discrepancies must be closed or have a region IG approved plan to close within 3 months after the inspection outbrief within 90 days of the initial inspection date. Responses to each open discrepancy are required at least every 30 days. If units have not corrected all discrepancies within 90 days, the Wing IG will elevate this to the Wing/CC initiate a stand down of all unit activities, including cadet activities, until all discrepancies are closed.

10.12. The inspected unit will respond to all discrepancies using the DTS module in the eServices Inspector General module. Units may reference the IKB for guidance to close discrepancies.

10.13. The Wing IG will evaluate the unit's response and, if sufficient, close the discrepancy

10.14. Any subordinate unit receiving an overall ineffective grade during an inspection will receive another SUI within 90 days of the original inspection or when all discrepancies have been closed, whichever is sooner. If the second SUI is ineffective, the Wing IG will notify the Wing/CC who will direct the stand down of the unit from all activities, including cadet activities, until all discrepancies are closed, and a successful reinspection is achieved.

## **11. Commander's Self-Assessment Program.**

11.1. Each echelon aligned unit (National, Region, and Wing) as well as subordinate units (Groups, Squadrons, and Flights) is required to implement a self-assessment program (CSAP). CSAP provides a means for internal assessment of a unit's overall health and complements IG-led CIs and SUIs. An effective CSAP depends on units accurately reporting the status of compliance with directives – as defined by CI and SUI worksheets – and on commanders using that

information to determine whether their units comply with CAP directives and whether their units are ready to execute CAP's mission set.

11.2. At a minimum, the CSAP consists of mid-cycle self-inspections done by the unit commander and submitted to CAP/IG or the Wing IG, as appropriate for review. Region and wing commanders must complete a comprehensive "self" CI at the 2-year midpoint of the 4-year CI cycle. Group, squadron, and flight commanders must complete a "self" SUI at the 1-year midpoint in the 2-year SUI cycle. Self CIs must be completed within 60 days of the cycle midpoint and SUIs must be completed within 30 days of the cycle midpoint. These "self-inspections" do not replace the IG-led CIs and SUIs. They provide unit commanders with information to ensure readiness for the IG-led inspection and to identify systemic unit areas for improvement.

11.3. Self-assessments at a minimum must use standardized worksheets and report templates on the National IG website. Completed inspections will be forwarded to the next higher level echelon IG and commander for review within 14 days following completion of the self-inspection. Results of these inspections will be uploaded to the Discrepancy Tracking System (DTS) for processing and closure. Discrepancies identified must be closed within the timelines defined for CIs and SUIs in Sections 9 and 10 above. Commanders will include these self-inspections in their quarterly CIMB meetings as discussed in paragraph 2.1.1 above.

## **12. Root Cause Analysis and Plan of Action Development.**

12.1. The first step in resolving discrepancies is determining the root cause of the non-compliance with regulatory requirements. This process is called Root Cause Analysis (RCA).

12.1.1. The goal of RCA is for the unit that owns the discrepancy to identify the direct and contributing factors that led to non-compliance. The unit commander – with assistance from his/her staff – will then generate a Plan of Action (POA) that addresses the true underlying cause rather than a superficial symptom.

12.1.2. Once all root causes have been identified, the next step is developing a POA to address the discrepancy. POAs are required for all CRITICAL and SIGNIFICANT discrepancies (or as directed in Attachment 1 of this regulation). POAs will include (1) countermeasures to address identified root causes, (2) the designated unit OPR responsible for implementing the countermeasures, and (3) estimated completion times. Example RCA processes and POAs are available on the National IG website.

12.1.3. The next higher-level echelon IG is responsible for reviewing and, if sufficient, approving POAs.

## **13. Reports.**

13.1. A report will be prepared for each inspection. Team Chiefs will use the version of the CI and SUI worksheets and report template current on the day the initial notification is sent. Current inspection documents for CIs and SUIs are kept on the IG page of the National website at [www.gocivilairpatrol.com](http://www.gocivilairpatrol.com).

13.2. Disclaimer. All inspection reports, and associated correspondence containing discrepancy information, will include the following statement:

***"This is a PRIVILEGED DOCUMENT that cannot be released in whole or part to persons or agencies outside Civil Air Patrol or USAF, nor can it be republished in whole or part in any publication not containing this statement, including the Civil Air Patrol magazines and general use pamphlets, without the express approval of the National Commander of the Civil Air Patrol and Commander of CAP-USAF."***

***"FOR OFFICIAL CAP USE ONLY"***

13.3. Commendables. A Commendable indicates a highly effective process that results in exceeding mission requirements. Include results over time from designated process points (ex: input-output; before-after) that are measurable and quantifiable (i.e., performance metrics). Commendables must apply directly to a compliance question. A commendable must be process oriented. It should save money, or resources, or otherwise benefit members or mission execution. The unit must provide supporting documentation to verify that the process does in fact save money, or resource hours or present benefits to members and/or mission. All questions listed on a tab are considered "mission" for the purposes of determining a commendable. No specified minimum period is required to demonstrate a "sufficient period of time." It is simply the period necessary to demonstrate cost or resource-hour savings, or to demonstrate benefits to the members and/or the mission. The inspection Team Chief's decision whether to accept a proposed Commendable is final. Commanders are encouraged to highlight programs they consider meet the threshold of a commendable action by uploading a narrative statement as part of the inspection documentation. Commendables will be considered in grading as part of the "innovation" element contained the 4-tier grading system.

13.4. Discrepancy. A discrepancy is any deficiency that is a violation of a compliance element in a regulation or a directive statement in a legacy regulation that has no defined compliance elements. Discrepancies require a written response. Units may use the IKB information as guidance to close discrepancies. The IKB is a direct reflection of the worksheet it addresses and is not an authoritative source. The discrepancy verbiage will be copied directly from the worksheets to the report and the DTS.

13.5. Reports.

13.5.1. CAP/IG and CAP-USAF/IG will receive a copy of the CI report and will review and sign the report as designees for their commanders. The Wing IG will receive a copy of the SUI report and will review and sign the report as designees for their commanders. Both CI and SUI reports are available in eServices.

13.5.2. Following edits to the report, it will be finalized and electronically sent to the inspected unit commander and the remainder of the distribution list. The report will be uploaded into eServices, the official repository for all reports.

**14. CAP Readiness Exercises.** CAP Readiness Exercises (CREs) are planned, executed, and practical evaluations to validate unit readiness through performance-based observation of mission essential tasks (METs) as tasked by a specific plan jointly planned and evaluated by CAP/IG and CAP-USAF/IG or their designees. The IG will define the exercise evaluation objectives based on National Commander and CAP-USAF/CC input and provide those objectives to the wing in the form of METs. The wing will then plan an exercise where each MET is executed. Region and Wing IGs will assess these exercises on behalf of CAP Region and CAP-USAF Detachment commanders because they have the independence to assess wing performance against METs and the wing's ability to generate, employ, and sustain operations for an indeterminate timeline.

14.1. Generation. The process to provide a systematic, wing-wide, approach to selecting, resourcing, and preparing wing units and resources for operational employment.

14.2. Employment. Operational use of wing units and resources to prosecute CAP mission set.

14.3. Sustainment. The provision of logistical and personnel services required to maintain and prolong operations until successful mission accomplishment.

14.4. CRE Planning and Execution. Incorporating defined commander intent, Region and Wing IG program planners, in consultation with CAP/IG and CAP-USAF/IG, or their designees, will design and evaluate exercises on either a functional or full-scale basis. Functional exercises will evaluate a particular capability within the wing. Full-scale exercises will evaluate multiple mission capabilities within the wing. It will include several (or all) units that work together for the generation, employment, and sustainment of those functions (e.g., a Search and Rescue (SAR) or Disaster Relief (DR) exercise). These exercises will be designed using a framework for commanders and IGs to build effective, integrated, and relevant exercises utilizing the concept of "S2R4:" scope, scale, rigor, relevance, recurrence, and reporting. These events may include multiple wings or regions and external partners (e.g., Falcon Virgo missions) and the planning and execution would include all participants.

14.5. CRE Grading. Deficiencies, strengths, and recommended improvement areas will be assigned to METs being evaluated. METs will be evaluated based on the severity level and number of deficiencies assessed. The wing's readiness to execute CAP's mission set will be based on three grades: READY-YES, READY QUALIFIED-YES, READY-NO.

14.5.1. Ready-Yes. Zero discrepancies or multiple MINOR discrepancies.

14.5.2. Ready-Qualified Yes. At least 1 SIGNIFICANT discrepancy or multiple MINOR discrepancies having a potential negative impact on the mission.

14.5.3. Ready-No. At least 1 CRITICAL discrepancy or multiple SIGNIFICANT discrepancies having a widespread negative impact on the mission.

14.5.4. If  $\geq 51\%$  of evaluated METs are graded Ready-Yes, the unit is READY-YES. If  $< 51\%$  of evaluated METs are graded READY QUALIFIED-YES, the unit is READY QUALIFIED-YES. Any one MET graded READY-NO results in a READY-NO grade. Criteria for grading specific METs are determined during the planning process based on the objectives and METs shown in the operations plan (OPLAN) for the exercise. The OPLAN and grading rubric will be provided to the wing commander prior to exercise execution.

14.5.5. Receipt of a READY-NO Grade. The wing receiving a READY-NO grade will, using the evaluation report provided after the exercise, conduct an after-action review (hotwash) to identify areas of improvement and will provide a corrective action plan to include root cause analyses for all READY-NO graded METs within 160 days of the exercise termination. A repeat CRE will occur within 180 days or when the corrective action plan is approved by CAP/IG and CAP-USAF/IG, whichever is sooner.

**15. Compliance Analyses.** Authority and Oversight. Compliance analyses are conducted under the direction of the Deputy Inspector General for Compliance Analyses (IGU), who is responsible for planning, coordinating, and supervising all IG-led compliance analysis activity.

15.1. Distinction from CAP/FM Audits. Compliance analyses conducted by the IG program are distinct from financial audits or reviews administered by the Financial Management Directorate (CAP/FM), including those performed in coordination with external audit firms or in support of the annual consolidated financial statement audit. CAP/FM retains exclusive responsibility for managing all required fiscal audits and CPA engagements. IG compliance analyses do not duplicate those functions but complement them by identifying procedural weaknesses, compliance gaps, or internal control concerns within CAP programs and units.

15.2. Scope and Application. Compliance analyses may be initiated in the following contexts:

15.2.1. As part of a scheduled oversight cycle;

15.2.2. In response to risk-based indicators or performance concerns;

15.2.3. Following complaints, referrals, or systemic issues identified by IG inspections or assessments;

15.2.4. In support of workplace effectiveness reviews at National Headquarters or subordinate administrative functions.

15.3. Compliance analyses may evaluate a wide array of compliance areas, including but not limited to:

15.3.1. Membership administration and documentation,

15.3.2. Property accountability,

15.3.3. Training records and certification tracking,

15.3.4. Contract administration and procurement actions (non-fiscal),

15.3.5. Adherence to policy and regulatory procedures.

15.4. Execution Standards. All compliance analyses must comply with the following standards:

15.4.1. Independence: Compliance analysis personnel must maintain independence in both appearance and fact.

15.4.2. Objectivity: All findings and conclusions must be evidence-based and free from bias.

15.4.3. Documentation: Workpapers must support findings and align with CAP records management guidance.

15.4.4. Quality Assurance: Reports are reviewed internally prior to final release.

15.5. Compliance Analysis Process

15.5.1. Notification: The Office of Primary Responsibility (OPR), along with relevant organizations and/or units, will be notified in writing no less than 15 business days prior to the initiation of a compliance analysis.

15.5.2. Data Collection: Participants must submit requested documents and information to the IG compliance analysis team by pre-established secure means.

15.5.3. Interviews: Remote or virtual interviews may be conducted to clarify or supplement document reviews.

15.5.4. Findings and Reporting: Findings will be documented and categorized by severity. Units will receive a final compliance analysis report and be required to submit a Plan of Action within 30 days.

15.5.5. Follow-Up: The IG program will validate corrective actions and track resolution in the designated system of record.

15.6. Application of Results. Findings from compliance analyses will inform:

15.6.1. Command decisions on training, accountability, and compliance;

15.6.2. Broader trends in operational effectiveness at NHQ and across the enterprise;

15.6.3. Targeted support or interventions to address identified systemic issues.

15.7. Confidentiality and Referral Protocol. If a compliance analysis reveals indications of fraud, waste, abuse, or misconduct, the matter will be referred to the appropriate IG, legal, or law enforcement authority in accordance with CAP regulations.

**16. Maintenance and Disposition of Reports.** The official repository for final CI, SUI, CRE, and Compliance Analysis reports is eServices.

**17. Awards.**

17.1. Program Excellence Awards. To foster program excellence and innovation, formal recognition will be given to any region HQ, wing, or subordinate unit receiving an overall inspection grade of "HIGHLY EFFECTIVE" on a CI, SUI, or CRE. National Headquarters will provide a streamer and certificate to acknowledge this accomplishment. This award is not retroactive and applies to CIs, SUIs, and CREs completed after issuance of this regulation. Region, Wing, and NHQ-chartered unit awards are validated by CAP/IG upon publication of the final inspection report and subordinate unit awards are validated by the wing IG upon publication of the final inspection report.

REGENA M. AYE  
Major General, CAP  
Commander

**Attachment 1**  
**COMPLIANCE ELEMENTS**

Worksheet and Tab	#	Compliance Question	How to Verify Compliance	Discrepancy Write-up	How to Clear Discrepancy
E-1 CI	09	Are SUIs accomplished IAW CAPR 20-3?			
		a) If any subordinate unit received an overall INEFFECTIVE grade, was it reinspected within 90 days of the original inspection?	a) Review SUIs of subordinate units receiving an overall grade of INEFFECTIVE to verify reinspection compliance.	A) (Discrepancy): [xx] (E1 Question 9a) Wing did not complete a reinspection within 90 days of any subordinate unit(s) that received an overall grade of INEFFECTIVE IAW CAPR 20-3 para 10.14.	a) Complete an SUI on the INEFFECTIVE subordinate unit(s). Attach a copy of SUI to this discrepancy in the DTS and a Plan of Action (PoA), approved by the Wing/CC, as required by 20-3, paragraph 12.1.2.
		b) If a subordinate unit exceeded the 27- month limit for accomplishing SUIs, was the unit required to stand down?	b) Review eServices Commanders Dashboard to determine if SUIs exceeded 27- month window. Wing will provide documentation of the stand down.	b) (Discrepancy): [xx] (E1 Question 9f) Subordinate unit exceeded the 27- month window between SUIs and was not required to stand down IAW CAPR 20-3 para 10.3.  List each subordinate unit affected.	b) Upload Stand down documentation to DTS. Attach a Plan of Action (PoA) in DTS approved by the Wing/CC, as required by 20-3, paragraph 12.1.2.

Worksheet and Tab	#	Compliance Question	How to Verify Compliance	Discrepancy Write-up	How to Clear Discrepancy
E-1 CI	11	Did the wing establish an SUI travel budget as part of the Annual Training Plan and submit it to Region?	h) Check WMIRS (or successor system) for a SUI travel budget in the Annual Training Plan.	h) (Discrepancy): [xx] (E1 Question 11) Wing failed to develop a travel budget for the Annual Training Plan and load it into WMIRS IAW CAPR 20-3 para 10.9.	h) Develop a SUI travel budget for the Annual Training Plan and load it into WMIRS. Attach a copy of the Annual Training Plan to the discrepancy in the DTS. Attach a copy of a PoA, approved by the Wing/CC, as required by 20-3, paragraph 12.1.2.
E-3 CI	05	Are SUIs conducted within the maximum 27 months as required?	Review uploaded SUIs to ensure SUIs are accomplished within the maximum 27 months as required.	(Discrepancy): [xx] (E3 Question 5) Wing failed to ensure SUIs were conducted within the maximum 27 months as required IAW CAPR 20-3 para 10.3. NOTE:  List each subordinate unit affected.	Ensure each unit has been inspected. Attach a PoA, approved by the Wing/CC, as required by 20-3, paragraph 12.1.2.

Worksheet and Tab	#	Compliance Question	How to Verify Compliance	Discrepancy Write-up	How to Clear Discrepancy
E-3 CI	07	Were SUI inspections conducted with at least two qualified inspectors?	a) Provide listing of qualified SUI team inspectors from eServices Member reports for IG Course Completion.	a) (Discrepancy): [xx] (E3 Question 7) SUI inspections were not conducted with at least two qualified inspectors IAW CAPR 20-3 para 10.4.1.	a) Attach a PoA, approved by the Wing/CC, as required by 20-3, paragraph 12.1.2.
E-3 CI	08	Were all applicable SUI sections inspected?	Review sampling of SUIs taken from eServices.  Review SUI reports and commander's dashboard for IG information.	(Discrepancy): [xx] (E3 Question 8) All applicable SUI sections were not inspected IAW CAPR 20-3 para 10.2.	Another SUI must be accomplished with all applicable sections. Attach a copy of the completed SUI report to the discrepancy in the DTS and a PoA as required by 20-3, paragraph 12.1.2.

Worksheet and Tab	#	Compliance Question	How to Verify Compliance	Discrepancy Write-up	How to Clear Discrepancy
E-3 CI	09	Are SUI discrepancies closed within 90 days?	Review DTS files for SUIs that took more than 90 days to close.	(Discrepancy): [xx] (E3 Question 9) Wing failed to ensure DTS items were closed within 90 days IAW CAPR 20-3 para 10.11. NOTE:  List each subordinate unit affected.	Ensure each unit has closed all DTS items.  Attach a PoA, approved by the Wing/CC, as required by 20-3, paragraph 12.1.2.
E-3 CI	10	Are Commanders Inspection Management Boards (CIMB) meeting quarterly?	Review CIMB minutes uploaded to unit's CI documentation file	(Discrepancy): [xx] (E3 Question 10) Commanders Inspection Management Boards not held quarterly as required IAW CAPR 20-3 para 2.1.1.	Attach a PoA, approved by the Wing/Region commander as required by 20-3, paragraph 12.1.2.
E-3 CI	11	Were mid-cycle CSAP compliance inspections performed and submitted to the next higher echelon commander and IG for review and entry into the Discrepancy Tracking System (DTS)?	Review DTS for presence of mid-cycle CSAP compliance inspections.	(Discrepancy): [xx] (E3 Question 11) Mid-Cycle CSAP compliance inspections were not performed, submitted, and/or uploaded to DTS as required IAW CAPR 20-3 para and 11.3.	Attach a PoA, approved by the Wing/Region commander as required by 20-3, paragraph 12.1.2.

Worksheet and Tab	#	Compliance Question	How to Verify Compliance	Discrepancy Write-up	How to Clear Discrepancy
E-3 SUI	12	Were mid-cycle CSAP compliance inspections performed and submitted to the next higher echelon commander and IG for review and entry into the Discrepancy Tracking System (DTS)?	Review DTS for presence of mid-cycle CSAP subordinate unit inspections.	(Discrepancy): [xx] (E3 Question 12) Mid-Cycle CSAP subordinate unit inspections were not performed, submitted, and/or uploaded to DTS as required IAW CAPR 20-3 para 11.2 and 11.3.	Attach a PoA, approved by the Wing/Region commander as required by 20-3, paragraph 12.1.2.

## **Attachment 2**

### **INSPECTION GLOSSARY OF TERMS**

**Agency.** In the context of this regulation, it refers to the CAP echelon (wing, region, national) or external stakeholder (CAP-USAF, ACC/IG, DOD/IG, CAP Board of Governors) requesting, authorizing, or conducting the inspection at issue.

**Assistant Inspector General (IGA).** A CAP Member who has been appointed by the wing or region CC as an Assistant Inspector General.

**CAP Mission Set.** The three congressionally mandated missions of Civil Air Patrol: Emergency Services, Cadet Programs, and Aerospace Education.

**Commendable.** Indicates a highly effective process implemented that results in exceeding mission requirements.

**Compliance Analysis.** A systemic review of an organization's processes and procedures by an independent body – the CAP Inspector General program.

**CRITICAL Discrepancy.** Any discrepancy which results in (or could result in) widespread negative mission impact or failure.

**Day.** Calendar day unless otherwise specified.

**Discrepancy.** A deficiency which is a violation of a regulation that requires specific answers.

**Echelon.** A level of CAP command where the commander is a member of CAP Command Council (e.g., wing, region, or national commander).

**Fraud, Waste, and Abuse.** Fraud involves obtaining something of value through willful misrepresentation. Waste is the act of using or expending resources carelessly, extravagantly, or for no purpose. Waste can include activities that do not include abuse and do not necessarily involve a violation of law. Waste relates primarily to mismanagement, inappropriate actions, and inadequate oversight. Abuse is behavior that is deficient or improper when compared with behavior that a prudent person would consider reasonable and necessary business practice given the facts and circumstances, but excludes fraud and noncompliance with provisions of law, regulations, contracts, and grant agreements. Abuse also includes misuse of authority for personal financial interests or those of an immediate or close family member or business associate.

**Inspection.** An evaluation intended to determine the effectiveness of unit management and regulatory compliance programs. The inspection may be a graded or non-graded inspection.

**Inspection Augmentee (IA).** An inspection team member who has completed the Introduction to Inspection Course, the Inspection Augmentee Course, and is mentored by the IG or IGA.

**Inspector General (IG).** A CAP member who is appointed by the National Commander to the position of Civil Air Patrol Inspector General (CAP/IG) or who has been appointed to the position of Region or Wing Inspector General by the individual's respective region or wing commander.

**Legacy Regulation.** For the purposes of this regulation only, a legacy regulation is defined as a CAP regulation that is still in effect but predates the adoption of defined compliance elements in revised regulations.

**Major Graded Area (MGA).** One of four areas by which unit effectiveness is evaluated. The MGAs are Executing the Mission, Leading People, Managing Resources, and Improving the Unit.

**MINOR Discrepancy.** A deviation from compliance elements which, if left uncorrected, may limit mission effectiveness.

**OBSERVATION.** A special inspection report entry the inspectors can use to pass on information that may be useful to the inspected unit.

**Open Discrepancy.** A discrepancy from a prior inspection in which the unit's corrective actions are incomplete and have not been closed in accordance with this regulation.

**Repeat Discrepancy.** A subsequent iteration of the same discrepancy from the previous inspection.

**SIGNIFICANT Discrepancy.** A discrepancy which has or could have negative mission impact.

### Attachment 3 MAJOR GRADED AREAS

