CORRECTIVE ACTION PLAN (CAP)

|  |  |
| --- | --- |
| **Agency:** |  |
| **Audit Period:** |  |
| **Audit Finding No.:** |  |
| Audit Finding Title (copy and paste this from the audit finding): |  |
| Specific steps to be taken to correct the situation (including a timetable for performance of the CAP) or reason why corrective action is not necessary (including disagreement with the finding): |  |
| Anticipated completion date: |  |
| Name(s) and Title(s) of contact person(s) responsible for corrective action: |  |
| **\*\*Information on completing your CAP can be found in*****Guidelines for Completing Corrective Action Plans*\*\*** |