

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*****