

## Corrective Action Plan Template

**Use and Instructions:** This Template is provided to you by the Tennessee Department of Children's Services (DCS) Office of Internal Audit. This template is to assist you with providing corrective actions to findings noted in an audit/monitoring report. The use of this template is optional. If you prefer not to use this template, please use your own document and make sure the corrective action measures are proper to remedy the findings. If you decide to utilize this template, please print in blue or black ink or type the information required to complete this document. You may also attach additional documentation, if needed. Enter your name, title, and the date that you signed this document in the designated space below. Then, sign your name in ink or electronically. Scan the completed document into a PDF format (or complete this template) and email all pages to DCS program management.

### Section A. Agency/Subrecipient/Contractor

|   |
|---|
| <b>Agency/Subrecipient/Contractor Name:</b>             |
| <b>Agency/Subrecipient/Contractor Mailing Address:</b>  |
| <b>Agency/Subrecipient/Contractor Agreement Number:</b> |
| <b>Program Name:</b>                                    |

### Section B. Agency/Subrecipient/Contractor Responsible Principal(s)

|                                   |
|-----------------------------------|
| Name and Title:<br>Email Address: |
|                                   |
| Name and Title:<br>Email Address: |
|                                   |
| Name and Title:<br>Email Address: |
|                                   |

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**Section C. Audit/Monitoring Review and Report Dates**

|                     |
|---------------------|
| Date of the Review: |
| Date of the Report: |

**Section D. Corrective Action Plan Due Date**

|  |
|--|
| Corrective Action Plan Due not later than: |
|--|

**Section E. Findings and Corrective Action Measures**

|                   |
|-------------------|
| <b>Finding 1:</b> |
|-------------------|

**Corrective Action Measures:**

|  |        |        |       |        |       |        |
|--|--------|--------|-------|--------|-------|--------|
| <p><b>a.</b> Identify the name(s) and position title(s) of the employee(s) responsible for ensuring that the finding is fully and permanently corrected:</p> <table><tr><td>Name:</td><td>Title:</td></tr><tr><td>Name:</td><td>Title:</td></tr><tr><td>Name:</td><td>Title:</td></tr></table> | Name:  | Title: | Name: | Title: | Name: | Title: |
| Name:  | Title: |        |       |        |       |        |
| Name:  | Title: |        |       |        |       |        |
| Name:  | Title: |        |       |        |       |        |
| <p><b>b.</b> Describe the step-by-step procedures implemented that correct the finding:</p>  |        |        |       |        |       |        |
| <p><b>c.</b> Detail below and/or attach any dated supporting documentation or a future timeline for implementing these <b>step-by-step</b> procedures to ensure future compliance:</p>   |        |        |       |        |       |        |
| <p><b>d.</b> Use the space below to detail how current and/or new staff will be informed of the above <b>step-by-step</b> procedures (e.g., handbook, training, etc.):</p>   |        |        |       |        |       |        |
| <p><b>e.</b> For verification and follow-up purposes, provide any dated supporting documentation which may include copies of a new policy, staff training signature</p>  |        |        |       |        |       |        |

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page(s), etc. Also, the document where the above supporting documentation will be retained:

**Finding 2:**

**Corrective Action Measures:**

**a.** Identify the name(s) and position title(s) of the employee(s) responsible for ensuring that the finding is fully and permanently corrected:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**b.** Describe the step-by-step procedures implemented that correct the finding:

**c.** Detail below and/or attach any dated supporting documentation or a future timeline for implementing these **step-by-step** procedures to ensure future compliance:

**d.** Use the space below to detail how current and/or new staff will be informed of the above **step-by-step** procedures (e.g., handbook, training, etc.):

**e.** For verification and follow-up purposes, provide any dated supporting documentation which may include copies of a new policy, staff training signature page(s), etc. Also, the document where the above supporting documentation will be retained:

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**Finding 3:**

**Corrective Action Measures:**

**a.** Identify the name(s) and position title(s) of the employee(s) responsible for ensuring that the finding is fully and permanently corrected:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**b.** Describe the step-by-step procedures implemented that correct the finding:

**c.** Detail below and/or attach any dated supporting documentation or a future timeline for implementing these **step-by-step** procedures to ensure future compliance:

**d.** Use the space below to detail how current and/or new staff will be informed of the above **step-by-step** procedures (e.g., handbook, training, etc.):

**e.** For verification and follow-up purposes, provide any dated supporting documentation which may include copies of a new policy, staff training signature page(s), etc. Also, the document where the above supporting documentation will be retained:

I certify by my signature below that I am authorized by the Agency/Subrecipient/Contractor to sign this document. As an authorized representative of the Agency/Subrecipient/Contractor, I fully understand the identified finding(s) above require corrective action and agree to fully implement the corrective action measures within the required timeframe.

I also understand that failure to fully and permanently correct the findings may result in termination of the grant/contract agreements with DCS and may result in the placement of the

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Agency/Subrecipient/Contractor or and its responsible principals on the Disqualified List maintained by the U.S. Government and/or the State of Tennessee.

\_\_\_\_\_  
Signature of Authorized Agency/Subrecipient/Contractor Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Agency/Subrecipient/Contractor Official

\_\_\_\_\_  
Title

**For DCS Officials. Do not write in the space below**

**Corrective Action Pan ACCEPTED** :

\_\_\_\_\_  
Signature of Authorized DCS Representative

\_\_\_\_\_  
Date

**Corrective Action Pan REJECTED** :

\_\_\_\_\_  
Signature of Authorized DCS Representative

\_\_\_\_\_  
Date

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