

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC)
CORRECTIVE ACTION PLAN (CAP) TEMPLATE**

Fiscal Year	Corporate Name and Corporate Address	Date listed on Cover Letter of Monitoring Report	Date CAP Due to SAPC Contract Program Auditor

I. Corrective Actions: Complete the following table to detail the actions your agency will take to correct the noncompliance in a timely manner. Strategies must be identified in those areas that are contributing to the noncompliance. This CAP must be submitted to SAPC Contract Program Auditor for approval by the due date. All noncompliance must be corrected immediately in accordance with your County Contract.

Program Monitoring Summary Report (Section, Number, Contract Number)	Requirement	Finding	Corrective Action

CORRECTIVE ACTION PLAN (CAP) TEMPLATE

Fiscal Year	Corporate Name and Corporate Address	Date listed on Cover Letter of Monitoring Report	Date CAP Due to SAPC Contract Program Auditor

Program Monitoring Summary Report (Section, Number, Contract Number)	Requirement	Finding	Corrective Action

CORRECTIVE ACTION PLAN (CAP) TEMPLATE

Fiscal Year	Corporate Name and Corporate Address	Date listed on Cover Letter of Monitoring Report	Date CAP Due to SAPC Contract Program Auditor

Program Monitoring Summary Report (Section, Number, Contract Number)	Requirement	Finding	Corrective Action

CORRECTIVE ACTION PLAN (CAP) TEMPLATE

Fiscal Year	Corporate Name and Corporate Address	Date listed on Cover Letter of Monitoring Report	Date CAP Due to SAPC Contract Program Auditor

Program Monitoring Summary Report (Section, Number, Contract Number)	Requirement	Finding	Corrective Action

CORRECTIVE ACTION PLAN (CAP) TEMPLATE

Fiscal Year	Corporate Name and Corporate Address	Date listed on Cover Letter of Monitoring Report	Date CAP Due to SAPC Contract Program Auditor

Program Monitoring Summary Report (Section, Number, Contract Number)	Requirement	Finding	Corrective Action

CORRECTIVE ACTION PLAN (CAP) TEMPLATE

Fiscal Year	Corporate Name and Corporate Address	Date listed on Cover Letter of Monitoring Report	Date CAP Due to SAPC Contract Program Auditor

Signatures of individuals completing CAP	Print name and Title	Date

To be completed by SAPC staff only:

Signature of SAPC Contract Program Auditor	Approved or Not Approved	Date

CPA Comments

--