

# CORRECTIVE ACTION PLAN SAMPLE FORM

PPA: FEIN: VCN:

PROVIDER: CONTACT NAME: CONTACT TITLE: PHONE: E-Mail: FAX:

AUDIT INFORMATION: Audit Scope Period: Audit Type: ☐ CPA Audit ☐ OSA Audit ☐ EOHHS Review ☐ Agency Review

FINDINGS (Check One): ☐ A-133 ☐ Non A-133 Did the Auditor Recommend Recovery of Funds to the Commonwealth?

AUDIT FINDINGS INCLUDE: ☐ Internal Control Issues ☐ Compliance Issues ☐ Financial Ratio Issues

IDENTIFIED ISSUES	CORRECTIVE MEASURES	TIME FRAME	ACTION DEEMED SUCCESSFUL WHEN	MEANS OF EVALUATION	NAME & TITLE OF PERSON RESPONSIBLE FOR THIS ISSUE
<i>Note: The use of alternative formats for the presentation of Corrective Action Plans is acceptable as long as all the elements (e.g., timeframes, means of evaluation, etc.) of the standard format are included.</i>					
A review of the XYZ Corp. Independent Auditor's Report on Internal Control and Compliance and the respective Schedule of Findings & Questioned Costs for the Fiscal Year ended June 30, 2005 noted the following reportable conditions:					
				Board of Directors  June 30, 2006 Audited Financial Statements and UFR.	

The terms of this Corrective Action Plan have been reviewed and approved by the Provider Board of Directors.

The Board recognizes that contracting qualification approval is contingent upon compliance with the provisions of this plan and that failure to fulfill agreement provisions in a timely, and complete manner may result in contract termination or other action by the Commonwealth.

Additional Attachments: **Schedule of Findings and Questioned Costs**

APPROVED: For the Board of Directors of the Provider

Date:

ACCEPTED: For the Commonwealth of Massachusetts

Date: