**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH**

**SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC)**

**CORRECTIVE ACTION PLAN (CAP) TEMPLATE**

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| **Fiscal Year** | **Agency Name and main address** | **Date listed on Cover Letter of Monitoring Report** | **Date CAP Due to SAPC Contract Program Auditor** |
| Choose an item. |  | Click here to enter a date. | Click here to enter a date. |

**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** |
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**Signatures of individuals completing CAP Print name and Title Date**

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**To be completed by SAPC staff only:**

**Signature of SAPC Contract Program Auditor Approved or Not Approved Date**

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**CPA Comments**

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