



## CORRECTIVE ACTION PLAN TEMPLATE

Agency Name: \_\_\_\_\_

Time Period Being Addressed: \_\_\_\_\_

Type of Plan: (check appropriate selection)

- Proactive to Address Trending
- In Response to Reporting Concerns
- Did Not Meet Performance Expectations
- Other (specify reason)

Agency Representative Responsible for Plan Implementation: \_\_\_\_\_

Issue(s) Identified: \_\_\_\_\_

Steps to be Taken to Resolve the Issue(s):

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Date Plan was requested by OEWD: \_\_\_\_\_

Date Plan was submitted to OEWD: \_\_\_\_\_

Projected Plan Review Dates: \_\_\_\_\_

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative Name Printed

\_\_\_\_\_  
Title

Plan Approved By:

\_\_\_\_\_  
OEWD Contract Compliance Specialist Signature

\_\_\_\_\_  
Date