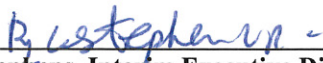




**COBB COUNTY COMMUNITY SERVICES BOARD  
DOUGLAS COUNTY COMMUNITY SERVICES BOARD**

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<b>Policy # 6006</b>	<b>Corrective Action Plan External Review</b>
<b>Origination Date: May 15, 2006</b>	
<b>Revision Date: April 2, 2009, January 19, 2012, September 30, 2013, April 22, 2016</b>	
<b>Reviewed Date: May 4, 2007; May 2, 2008; May 21, 2010; December 8, 2014</b>	
<b>Approved:</b> 	
<b>Bryan G. Stephens, Interim Executive Director</b>	

**POLICY:**

It is the policy of the Cobb County Community Services Board and the Douglas County Community Services Board (CSB) to provide a detailed Corrective Action Plan following the identification of problems by an external review/audit. Additionally, the Corrective Action Plan (CAP) will be monitored monthly by the Ethics & Compliance Committee.

**PROCEDURE:**

At the completion of the exit conference, identified agency staff will immediately begin the corrective action process. All identified deficiencies that can be addressed immediately will be resolved.

Once the Cobb County Community Services Board and the Douglas County Community Services Board receives the formal written review/audit summary from the external review organization, an identified member of the Ethics and Compliance Committee will arrange a meeting of programs with identified deficiencies.

Each Department Director will be notified and will be provided with a copy of the audit summary. Each Department Director will designate additional staff to participate in the corrective action process.

The Chief Quality Officer/Compliance Officer, in cooperation with the Department Directors and with the oversight of the Ethics and Compliance Committee, will complete or assist with the completion of the CAP. Upon its completion, the CAP will be reviewed by the Executive Director and sent to the external review organization per their timeline and guidelines. Any required follow-up reports will be completed in a similar manner.

The Ethics and Compliance Committee will ensure the appropriate forms are completed with the following elements:

- Date the problem was identified
- Description of the identified problem
- Plan of correction
- Responsible party
- Target date

- Detailed description of how the problem was resolved or detailed description of the steps taken toward completion and/or any barriers to completion of the CAP
- Date corrective action was completed
- Timelines for necessary improvements, which will not exceed 90 days
- Any additional information that may be required by the external review agency

The Ethics and Compliance Committee will coordinate a monthly update of the CAP until all identified issues are resolved and will oversee any necessary follow-up with the Department Directors.