

NC ESG Corrective Action Instructions and Form

Instructions for Completing the Corrective Action Form

Subrecipient must provide a written response detailing specifically how the agency will address each finding/concern. The response must assure that the finding/concern identified will be corrected to ensure ESG program compliance per HUD policy, DHHS_DAAS ESG Guidelines and ESG Contract. **A concern will likely lead to a finding if not corrected.**

The corrective action submission **must include a corrective action plan** of how the organization will take steps to assure that the FINDING/CONCERN cited will not be repeated. A progress report will be requested by the NC ESG Office every three (3) months until the end of the contract period or otherwise stated timeline. A *release of corrective action* letter will be sent to the organization once the corrective action has been resolved.

The corrective action submission must include:

- Identification of the issue (finding/concern)
- Steps toward correcting the finding/concern
- The employee(s) responsible for carrying out these steps
- Dates for beginning and completing steps for corrective action
- Internal control measures that will be instituted
- Any training that will take place including the topic, who will be giving the training and where it is to be held.
- How the organization will assure identified findings/concerns will not be repeated and will remain in compliance with HUD policy, DHHS_DAAS ESG Guidelines and ESG Contract.
- Attachments amending any policies, procedure or implementing policies/procedures as a result of the finding/concern.

Instructions for Submitting the Corrective Action Form

****Please refer to the attached letter for Corrective Action Plan Due Date**

- Hard copy submission with original signatures must be mailed to:
ESG Program
Division of Aging and Adult Services
NC Department of Health and Human Services
2101 Mail Service Center
Raleigh, NC 27699-2101
- Electronic copy submission must be sent to:
NCESG@DHHS.NC.GOV

NC ESG Corrective Action Form

Organization Name:		Date:	
Grant Number:			
Contact Person:		Contact Person Title:	
Contact Person Email:			
Contact Person Phone:			

Corrective Action Plan

Identification of the Issue(s) (findings/concerns):

Specific steps, date and employees responsible for correcting the identified issue(s) to ensure the identified issues will not be repeated and remain in compliance:

Specific steps, date and employees responsible for correcting the identified issue(s) continued:

Any training that will take place including the topic, who will be giving the training and where it is to be held.

List of Attachments:	
Date Corrective Action Will Be Implemented	
Date Corrective Action Will Be Completed	
Contract Signature Authority's signature	
Date	

FOR USE BY THE NC ESG OFFICE ONLY	
Received By	_____
Date Received	_____
Decision	_____
Notes	_____