



STATE OF SOUTH CAROLINA
DEPARTMENT OF EDUCATION

Mick Zais
Superintendent

1429 Senate Street
Columbia, South Carolina 29201

School District _____

Date Submitted: _____

Submitted by: _____

Signature/Title: _____

I. WRITTEN CORRECTIVE ACTION PLAN:

#	Discrepancy	Corrective Action Plan of Implementation	Date Implemented
1			
2			
3			
4			

II. OTHER FINDINGS:

#	Discrepancy	Corrective Action Plan	Date Implemented
1			
2			
3			
4			

III. RECOMMENDATIONS:

Please return this document with attachments to:

*The South Carolina Department of Education
Division of Operations and Support
Medicaid Services
1429 Senate Street, Room 706
Columbia, SC 29201
Revised 1-17-12*

#	Recommendation	Action taken to Implement Recommendation
1		
2		
3		
4		

IV. PROOF OF IMPLEMENTATION: (Attach Hard Copies Please).

#	Attached Hard Document	Discrepancy Addressed
1		
2		
3		
4		

V. COMMENTS:

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