

Date Received (MM/DD/YYYY) (Completed By The CBO Audit Lead)	Brief Description of Issue (Completed By The CBO Audit Lead)	Condition Language (Completed By The CBO Audit Lead)	Detailed Description of the Issue (Highlights what happened) (Remaining details to be completed by P-12 Organization)	Root Cause Analysis for the Issue (Highlights what is happened)	Mitigation: Describe the process that the organization is developing to prevent the # of individuals or organizations impacted	# of Individuals Impacted	Action Taken to Resolve System/Operational Issues	Date System/Operational Remediation Initiated (MM/DD/YYYY)	Date System/Operational Remediation Completed (MM/DD/YYYY)	Actions Taken to Resolve Negatively Impacted Individuals Including Outreach/Deviation and Waiver	Date Individual Outreach and Remediation Initiated (MM/DD/YYYY)	Date Individual Outreach and Remediation Completed (MM/DD/YYYY)

Participant First Name	Participant Last Name	Participant ID	Reason for Extension	Explain Why the Extension Was Beneficial to Participant	Notification of Extension Given to Participant?	Was Appeal Language Included in the Letter? (Y/N)	Did the Participant Appeal? (Y/N)	Date of the Appeal Request (MM/DD/YY)	Was the Approved Service Added to the Care Plan? (Y/N)	If Yes, Provide the Date it Was Added. (MM/DD/YY)	Was Emergency Care Provided? (Y/N)	When Was Emergency Care Provided?	(Other Data Requested)	(Other Data Requested)	(Other Data Requested)
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