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| --- | --- | --- | --- | --- | --- | --- |
| *Page to be completed by OHA-RWPB Monitoring Staff* | | | | | | |
| **Subrecipient Name:** | | | |  | **OHA-RWPB Staff:** |  |
| **Monitor Date:** | | |  | | | |
| * **Code A:** Requires a Corrective Action Plan completed at Exit Interview and issue addressed by the end of the next business day. * **Code B:** Requires a Corrective Action – satisfactory correction must be made by the end of the grant year. * **Code C:** Requires a Corrective Action – must be corrected before the next Annual monitor visit. | | | | | | |
| *Administrative Site Visit Survey* | | | | | | |
| **Code A** |  | | | | | |
| **Code B** |  | | | | | |
| **Code C**: |  | | | | | |
| *Programmatic Site Visit Survey* | | | | | | |
| **Code A** | |  | | | | |
| **Code B** | |  | | | | |
| **Code C**: | |  | | | | |
| *Fiscal Site Visit Survey* | | | | | | |
| **Code A** | |  | | | | |
| **Code B** | |  | | | | |
| **Code C**: | |  | | | | |
| *Quality Management Site Visit Survey* | | | | | | |
| **Code A** | |  | | | | |
| **Code B** | |  | | | | |
| **Code C**: | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subrecipient Corrective Action Plan Table – Aggregate Responses** | | | | | | | | |
| # | Deficiency  Description | Actions to be taken  (Prospective & Preventative) | Indicator the Deficiency is Resolved | Status Tracking and Reporting | Resources | Staff Lead | Planned  Complete  Date | Completion Confirmed Review Date |
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*(add more lines as necessary)*