|  |
| --- |
| *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**: |  |

|  |
| --- |
| **Subrecipient Corrective Action Plan Table – Aggregate Responses** |
| # | DeficiencyDescription | Actions to be taken(Prospective & Preventative) | Indicator the Deficiency is Resolved | Status Tracking and Reporting | Resources | Staff Lead | PlannedCompleteDate | Completion Confirmed Review Date |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

*(add more lines as necessary)*