CORRECTIVE ACTION PLAN TEMPLATE

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| **Subrecipient** |  |
| **Contract #** |  |
| **Period of Performance** |  |
| **Date of Corrective Action Letter** |  |

Describe how you will address the deficiencies outlined in your corrective action letter. Progress on each item will be tracked using the table below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Deficiencies**  (Per Corrective Action Letter) | **Planned Actions**  (Including expected outcomes) | **Completed Actions**  (To Date) | **Results / Outcomes**  (To Date) | **Status\*** | **Target Completion Date** | **Actual Completion**  **Date** |
| **1** | * **Instructions: Please use bullets to complete this section. Field will expand to accommodate text. Additional rows may be added as needed.** | * **Instructions: Please use bullets to complete this section. Field will expand to accommodate text. Additional rows may be added as needed.** | * **Instructions: Please use bullets to complete this section. Field will expand to accommodate text. Additional rows may be added as needed.** | * **Instructions: Please use bullets to complete this section. Field will expand to accommodate text. Additional rows may be added as needed.** | **See key below table – Options are IP, C or NYS** | **MM/DD/YY** | **MM/DD/YY** |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |

**\*IP = In Progress, C = Complete, NYS = Not Yet Started**

If any of the above will not be completed by the target date, please explain the discrepancy.

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| **Instructions: Field will expand to accommodate text.** |

Describe any technical assistance needed from SDWP.

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| **Type of Technical Assistance Needed** | **Deficiencies Expected to Be Addressed by Technical Assistance** |
| **Instructions: Field will expand to accommodate text. Additional rows may be added as needed.** | **Instructions: Field will expand to accommodate text. Additional rows may be added as needed.** |
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