**Overview:** TCP’s subcontractors shall utilize the Corrective Action Plan Response form to address contract deficiencies included in Deficiency Notices and Monitoring Reports issued by TCP. This form should be used to note contract deficiencies identified by TCP, provide an explanation of how the deficiencies cited will be addressed and to indicate the date that the deficiencies were addressed.

### Contract/Provider Information

Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Corrective Action Plan Response

Corrective Action Plan in response to:

[ ] Contract Deficiency Notice [ ] Desk Audit/Site Visit Audit Report [ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Deficiency as outlined in your issued Deficiency Notice or Monitoring Report:** | **Provider Response**  | **Date to correct deficiency as identified by TCP** | **Date deficiency was rectified by the Provider** |
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### Provider Acknowledgement

**By signing below, you acknowledge that your program has accurately addressed and rectified all noted deficiencies as outlined in your issued Corrective Action Plan.**

|  |  |
| --- | --- |
|  |  |
| **Program Manager Name**  |  |

|  |  |
| --- | --- |
|  |  |
| **Program Manager Signature** | **Date** |

|  |
| --- |
| **TCP Staff Only**  |
| **Corrective Action Plan Response Approved:** **Yes** [ ]  **No** [ ] **If not approved, reason for non-approval:**

|  |
| --- |
|  |

**If resubmission needed, Date of required resubmission:**

|  |
| --- |
|  |

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|  |  |
| --- | --- |
|  |  |
| **TCP Staff Signature** | **Date** |