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|  | **Tennessee Department of Human Services**  **SSBG Corrective Action Plan** |

**Instructions**: Please complete form in full. Attach additional documentation, if necessary. Form must be signed by the agency’s authorized signatory. Submit form as a PDF to [ssbg.dhs@tn.gov](mailto:ssbg.dhs@tn.gov).

**Section A. Institution Information**

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| --- | --- |
| Name of Agency: | Agreement No. |
| Mailing Address: | |

**Section B. Responsible Principal(s) and/or Individual(s)**

|  |  |
| --- | --- |
| Name and Title: | Email Address: |
| Name and Title: | Email Address: |

**Section C. Corrective Action Plan Detail**

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| Date Issued: | Date Submitted to SSBG: |
| Where will the Corrective Action Plan documentation be retained? | |
| How will staff be (re)informed of the policies and procedures implemented to address the finding (Example: handbook, training, etc.)? | |

**Section D. Findings**

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**Section E. Corrective Measures**

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| Describe the **step-by-step** procedures that will be implemented to correct the finding: |
| Date procedures will be implemented: |
| Recurrence schedule (Example: daily, monthly, etc.): |

**Section F. Certification**

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| I certify by my signature below that I am authorized by the institution to sign this document. As an authorized representative of the institution, I fully understand the corrective measures identified above and agree to fully implement these measures within the required time frame.  I also understand that failure to fully and permanently correct the findings in my institution’s Program may result in termination from the program and in the placement of the institution and its responsible principals on the Disqualified List maintained by the U.S. Government and/or the State of Tennessee. | |
| Name of Authorized Signatory: | Title: |
| Signature of Authorized Signatory: | Date: |