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| SECTION 1 **Review/Action Information** |

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| **LOCAL PUBLIC AGENCY** | **MASTER CERTIFICATION NUMBER** | | **KEY NUMBER**    **disTYPE** | |
| **PROJECT NAME** | | | **AREA** | **RESPONSE DUE DATE** |
| **ISSUE:**         **FINDINGS**:  *Explain the issue and circumstances and any prior contact or discussion with agency. Be specific by including dates and specific requirements or documents discussed.* ***\*\*Attach any correspondence or supporting documentation to the form related to the cited issue\*\****    **FINDING IMPACT**:    **CORRECTIVE ACTION REQUIRED** Yes  No  *Explain and identity if action is required or is recommended* | | | | |
| ODOT REVIEWER (CERTICATION PROGRAM MANAGER, LOCAL AGENCY LIAISON, OR SUBJECT MATTER RESOURCE) | | | | |
| **NAME AND TITLE** | | SIGNATURE DATE | | |

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| SECTION 2LOCAL PUBLIC AGENCY | |
| **LOCAL PUBLIC AGENCY CORRECTIVE ACTION REPORT OR RESPONSE TO RECCOMMENDATION \*\*Attach any correspondence to the form related to the cited issue\*\***    *Please respond with a written corrective action plan that details the corrective action of the cited issue, the cause of the cited issue, and actions taken to prevent recurrence by response due date in Block 6.* | |
| NAME | SIGNATURE DATE |

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| **SECTION 3**  **ODOT RESPONSE TO LPA CORRECTIVE ACTION REPORT** | |
| **ODOT RESPONSE**  ACCEPTED  DENIED | **11. Review DATE** |
| **Comments** | |
| **ODOT Reviewer**  **NAME** | SIGNATURE DATE |

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| **Section 4**  **Final Resolution** | |
| **Comments** | |
| **Local Agency Liaison**  **Recommend Approval Yes**  **No** | **Date** |
| **Other**  **Recommend Approval Yes**  **No** | **Date** |
| **Certification Program Manager**  **Recommend Approval Yes  No** | **Date** |

**Date closed**

REPORT INSTRUCTIONS

## Section 1

* Enter LPA Name. The corrective action form will be logged into the LPA certification database for tracking purposes.
* Enter Master Certification Number.
* Enter Key Number (if applicable).
* Enter Project Name (if applicable).
* Enter Area of concern. (Consultant Selection, Design, Ad Bid & Award, Construction Administration, Title VI, General Conditions, Quality Program Plan, etc.)
* Enter the due date given the LPA to provide a response to the Review and Corrective Action Report. Most issues will need a response within 30 days.
* **Finding:** Clearly state the details of the finding followed by a reference to the Local Agency Guidelines Manual, FHWA regulations or State statues.
* **Finding Impact:** Describe the impact that the finding has or could have on the successful completion of the project, future projects, or maintaining agency’s certification status.
* **Corrective Action Required:** Explain and identity if action is required or recommended
* Fill in the name and title of the ODOT reviewer. Reviewer should consult with the region and ODOT Certification Program Manager (CPM), Local Agency Liaison (LAL) or Subject Matter Resource (SMR) initiates the Corrective Action Report and will sign and date.

## Section 2

* Certified LPA response. The LPA is responsible for developing and documenting the plan to correct the deficiency**.** Provide a narrative of what happened and how it occurred along with the suggested solution. Upon review of the LPA’s reply, the originator of the Correction Action Report will enter comments regarding acceptance or denial of the LPA’s response. This block may also contain any comments regarding follow-up. CPM will be advised of the LAL’s comments and recommendations to approve or deny LPA’s corrective action plan.
* The Certified LPA will sign and date

## Section 3

* ODOT will review the Certified LPA review and corrective action plan and accept or deny the plan.
* Enter review date
* Enter ODOT’s response to LPA’s corrective action plan.
* ODOT review will sign and date

## Section 4

* Final Resolution Comments
* ODOT LAL, Other/SMR and Certification Program Manager recommend approval and date
* Close date

***If the LPA does not follow their correct action plan or if they are unable to correct the issue/deficiency they may receive possible probation and/or suspension of the LPA’s certification status.***

**PROCESS**

1. Reasons
   1. Project deficiencies
      1. Failure to meet supplemental
      2. Failure to follow the approved program plan
      3. Failure to submit required forms in a timely manner
      4. Failure to properly monitor Civil Rights
      5. Chronic construction issues
      6. Failure to close projects in a timely manner – define timely
   2. Program deficiencies
      1. Failure to meet terms of Master Certification Agreement
      2. Changing key staff without CPO approval
      3. Inadequate staffing resources
      4. Lack of appropriate staff training
      5. Lack of sufficient financial controls
      6. Systemic slippage of fund obligation dates
      7. Non-compliant legislative changes in Federal regulation and/or State statutes
   3. Unsatisfactory results from an audit, program or project review
   4. Deficiencies that would result in non-participating work
2. Steps
   1. Unsatisfactory Performance –
      1. Verbal communication with agency
         1. Follow-up meeting
      2. Written notification of issue
      3. LPA response within 30 days
      4. ODOT review of response and plan within 30 days
      5. Approve plan or recommendations for agency plan
      6. Monitoring (Programmatic is CPO and Project is LAL)
      7. Show good effort toward remedying the issue on future projects
      8. Return to satisfactory status/or
   2. Suspension
      1. Case by case basis
      2. Based on circumstances of the severity of the issue
      3. LPA non-responsive
      4. Repeats action
      5. Unwilling or unable to perform at the level necessary to satisfy federal requirements
      6. LPA lacking resources and unable to perform acceptably
      7. LPA performing with willful neglect
         1. Suspension time, 1, 2, or 3 years?
   3. Other sanctions
      1. Limit the LPA’s certification authority
      2. Allow certification on a project to project basis
      3. Allow certification on specific discipline’s