

Action Plan

Lead Agency:	Project Number ¹ : 0187-XX-XXXX	Program Reviewer(s):
Date of Site Visit:	Date report received:	Action Plan submitted to TARC and NYSED:
Name of person(s) and role(s) completing Action Plan:		
<p>Recently your agency received an on-site monitoring visit by the 21st CCLC Technical Assistance Resource Center (TARC) and the following indicators were found to be partially and/or not compliant. Please outline an action plan describing how your program will address the indicator(s) and bring them into compliance. Submit the action plan, along with any supporting documentation, to the TARC and NYSED within 30 days of receiving the report. Additionally, let your TARC know if you need any technical assistance in completing work towards this indicator; they would be happy to offer assistance if needed.</p>		

Indicator of Success	Description of Indicator	Improvement Steps and Strategies	Person(s) Responsible	Timeline for Improvement	Resources Needed

¹ Project number example: 0187-19-7150; 0187 indicates to NYSED that it is a 21st CCLC program; 19 indicates the program year (July 1, 2018-June 30, 2019 and after June 30, 2019, the year changes to 20; 7150 (last four digits) indicates the grant project number