

ACTION PLAN AGREEMENT

Your program recently received a Site Monitoring Visit (SMV) conducted by the Technical Assistance Resource Center (TARC). There were indicator(s) found to be **partially compliant** and/or **not compliant**. It is imperative for the program to improve these areas in order to achieve full compliance with the grant within six months, or by the date approved by the TARC in the final Action Plan Agreement (APA). Follow steps 1-3, below, within the required timeframe to complete the APA, then begin implementing the agreed-upon improvements. Once the Action Plan has been fulfilled, the TARC will issue a notification that you have achieved 100% compliance. If this Agreement is not completed and/or the required improvements in the Action Plan are not made by the final due date, the State Program Office will be engaged (see NYSED Accountability Review Process, below). **Items in grey boxes or with an asterisk are filled out by TARC team members.*

ACTIVITY REPORT
*Completed by the TARC

AP INITIATION DATE

Action Plan Agreement approved by TARC & emailed to NYSED.

MM/DD/YY

AP FULFILLMENT DATE

Action Plan completed. TARC verified all areas are in Full Compliance.

MM/DD/YY

OUT OF COMPLIANCE DATE

Actions on the plan have not been fulfilled. NYSED commences an Accountability Review of the program.

MM/DD/YY

Instructions for completing the Action Plan Agreement (APA)

| STEP | INSTRUCTION | TIMELINE |
|------|--|---|
| 1 | Complete the table below to create a draft Action Plan presenting how your program management team will address the indicator(s) identified in your SMV Report and bring them into full compliance. The TARC will complete the shaded columns 1,2,5 and 6. You will complete columns 3 and 4 . Consult the contents of SMV Report and/or contact the TARC for guidance, as needed. Due dates for completing actions should be attainable and demonstrate promptness. | Within 2 weeks of TARC's email to Program Director enclosing this form with SMV Report |
| 2 | Save your draft as an MS Word document, titled "[0187-YY-XXXX, your Program Name]-Action Plan-[Date sent to TARC]." Email this document as an attachment to the TARC team. | TARC date included in the SMV report (email) |

The TARC will review your draft Action Plan and either **(A)** return it with requests for revisions, or **(B)** return it with approval to initiate.

| | | |
|-----------|--|--|
| 3A | Make the required revisions , save the document replacing the date in the title with the NEW date, and email this final draft back to the TARC for approval. Proceed to Step 3B. | Within three business days |
| 3B | When you receive the final, TARC-approved Action Plan, NYSED is copied to the email. This formalizes the Agreement between the program and the state and initiates the Plan. Commence your improvement activities , progressing through each task, and communicating with the TARC as they monitor completion at checkpoints. | By the agreed-upon completion date(s). |

NYSED's Accountability Review Process

All 21CCLC subgrantees are required to operate their centers in full compliance with state and federal regulations. The approved Action Plan constitutes the subgrantee's agreement to comply with the regulations. A program that fails to achieve full compliance within the time stipulated in this agreement will be considered **out of compliance** and subject to an Accountability Review from NYSED to determine ramifications. The status of being out of compliance may jeopardize a program's continued funding through the 21CCLC grant.

***Section Completed by the TARC**

| COMMUNICATION LOG | | |
|--------------------------|---|---|
| Date | TARC Communication Activity & Method | Response/Outcomes |
| MM/DD/YY | Ex: TARC emailed SMV Report with Action Plan Agreement (APA) template to Program Director. | Ex: Program Dir. confirmed receipt on the same date. Director copied Executive Director and Site Coordinator. |
| MM/DD/YY | Ex: Draft APA received by TARC via email. | |
| MM/DD/YY | Ex: Confirmation call with Program Director to clarify items that are in question in draft APA. | Ex: Director agreed to alter a date and reassign a task to a different team member. |
| MM/DD/YY | Ex: Emailed to check in @ 2-week progress marker. | Ex: Director responded 2 days later with progress update. |
| MM/DD/YY | | |
| MM/DD/YY | | |
| MM/DD/YY | | |

Additional Case Notes: