

**ILLINOIS STATE BOARD OF EDUCATION**

Innovation and Improvement Division

100 North First Street, N-242

Springfield, Illinois 62777-0001

**FY 2012**

**ILLINOIS 21st CENTURY COMMUNITY LEARNING CENTERS PROGRAM**

**CORRECTIVE ACTION FORM**

**Directions:** Use a separate sheet for each item for which you, the grantee, checked "Needs Improvement."

APPLICANT NAME/FISCAL AGENT	REGION, COUNTY, DISTRICT, TYPE CODE	
ADDRESS (Street, City, State, 9 Digit Zip Code)	COHORT YEAR	COUNTY
	TELEPHONE (Include Area Code)	
CONTACT PERSON	FAX (Include Area Code)	
E-MAIL	ENTER THE COMPLIANCE ITEM NUMBER FOR THIS CORRECTIVE ACTION	

**Corrective Action Plan:**

A. Who will be responsible for implementing the Corrective Action?

B. What action(s) will be taken to correct the finding?

C. What are the expected dates of implementation and completion?

D. How will the actions be documented?

E. How will the results of the action be evaluated to determine if the improvement occurred?

\_\_\_\_\_  
Project Director's Name (Typed or Printed)

\_\_\_\_\_  
*Original* Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's Name (Typed or Printed)

\_\_\_\_\_  
*Original* Signature

\_\_\_\_\_  
Date