ILLINOIS
STATE BOARD OF
EDUCATION

100 North First Street, E-222
Springfield, Illinois 62777-0001

NITA M. LOWEY 21ST CENTURY COMMUNITY LEARNING CENTERS PROGRAM CORRECTIVE ACTION FORM

WELLNESS AND STUDENT CARE DEPARTMENT

APPLICANT NAME / FISCAL AGENT	REGION, COUNTY, DISTRICT, TYPE CODE (RCDT)
ADDRESS (Street, City, State, ZIP Code)	
COHORT YEAR/GRANT NUMBER	TELEPHONE (Include area code)
CONTACT PERSON	EMAIL

SELECT THE CORRECTIVE ACTION BOX RELATED TO NON-COMPLIANCE:

☐ A. PROGRAM ORGANIZATION ☐ B. PROJECT DESIGN ☐ C. ACADEMIC PROGRAMMING

☐ D. BUILDING SUPPORTIVE RELATIONSHIPS IN AFTER SCHOOL ☐ E. DATA COLLECTION ☐ F. FISCAL ☐ G. QUALITY ASSURANCE

CORRECTIVE ACTION PLAN: Please use a separate sheet for each Corrective Action

A.	Who will be responsible for implenting 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 actions be documented?
E.	How will the results of the action be evaluated to determine of the improvement occurred?

_____ _____ _____

Print/Type the Name of Project Director | ***Digital or Original Signature*** of Project Director | Date

_____ _____ _____

Print/Type the Name of Administrator | ***Digital or Original Signature*** of Administrator | Date

Print Reset Form