



Illinois State Board of Education

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

21ST CENTURY COMMUNITY LEARNING CENTERS PROGRAM CORRECTIVE ACTION FORM

WELLNESS 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 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 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

Signature of Project Director

Date

Print/Type the Name of Administrator

Signature of Administrator

Date