

**ACTION PLAN FOLLOW-UP** (completed by TARC)

Date Action Plan approved by TARC:

Date when all areas are in full compliance and verified by TARC:

**ACTION PLAN**

Recently your program received a Site Monitoring Visit (SMV) by the 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 to the TARC within 30 days of receiving the report with columns 3-5 completed. The objective is for your

program to achieve full compliance within six months of the date the report is received. In order to obtain full compliance, all indicators must be supported by documentation that is sent to the TARC. Please contact the TARC if you need any technical assistance in completing any area of this Action Plan.

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| **Program Name:** | **Project Number**1: 0187- 22- | **Program Reviewer(s):** |
| **Date of SMV:** | **Date SMV Report Sent:** | **Date Action Plan Submitted to TARC:** |
| **Name of person(s) and role(s) completing Action Plan:** | | |

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| **Indicator**  **of Success** | **Description of Indicator** | **Improvement Action Steps and Strategies** | **Person(s)**  **Responsible** | **Timeline for**  **Improvement**  **(MM/DD/YY)** | **Date TARC Verified Completion**  **(MM/DD/YY)** |
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**Additional notes** (*completed by TARCs as needed)*:

1 Project number example: 0187-21-7150; 0187 indicates to NYSED that it is a 21st CCLC program; 21 indicates the program year (July 1, 2020-June 30, 2021 and after June 30,

2021, the year changes to 22; 7150 (last four digits) indicates the grant’s project number.