

CORRECTIVE ACTION PLAN

BNATP: [PROGRAM NAME & NUMBER]

Prepared by: [NAME, TITLE]

DATE: [MM/DD/YYYY]

DATES OF PROG CLUSTER SCORES REPORT: [DATE TO DATE]

Identification and Rationale	Goals and Measures	Monitoring Method(s)	Responsible Party	Evaluation
<p>Based on the 12 month Program Cluster Score Report, identify mean score below 80%, OR, any Test Content Cluster Area score below 75%, regardless of mean score.</p> <p>State rationale(s) for mean score below 80%.</p> <p>State rationale(s) for <u>each</u> Test Content Cluster score below 75%.</p> <p>NOTE: Corrective Action Plan must be submitted to the Department within 30 days of receipt of the 12 month Program Cluster Score Summary Report.</p> <p>Submit to: Illinois Depart of Public Health Training & Technical Direction Unit, LTC Field Operations Jennifer Kempiners, PSA 525 W. Jefferson, 4th Floor Springfield, IL 62761</p>	<p>State overall goal(s) for mean score below 80%.</p> <p>State goal(s) for <u>each</u> specific Test Content Cluster Area score below 75%, regardless of mean score.</p> <p>List and explain measure(s) to be implemented or systemic changes to be made to ensure that the low score(s) will not recur.</p>	<p>Indicate how the program plans to monitor its performance to ensure that implementation of the corrective action plan occurs and is maintained.</p> <p>Attach a sample of program’s monitoring form, if used.</p>	<p>Indicate who is responsible to implement the corrective action plan.</p> <p>Indicate who is responsible to monitor for compliance.</p>	<p>Identify how the corrective actions will be evaluated.</p> <p>Attach a sample of program’s evaluation form, if used.</p>