BNATP Code & Name Prepared by Name & Title DATE: [mm/dd/yyyy]

DATES OF PROG CLUSTER SCORES REPORT:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Identification and Rationale  | Goals and Measures  | Monitoring Method(s) | ResponsibleParty | Evaluation |
| Based on the Annual (12 month) Program Cluster Score Report, identify two or more scores or mean (total) below goal IF the first-time pass rate on the certification exam is below 90%.Communicating Information Goal 50%Performing Basic Nursing Skills Goal 70%Performing Personal Care SkillsGoal 70%Performing Basic Restorative SkillsGoal 70%Providing Mental Health & Social Services Goal 50%Providing Resident’s RightsGoal 50%NOTE: Corrective Action Plan must be submitted to the Department within 30 days of receipt of the Annual Program Cluster Score Summary Report.Submit to: Illinois Department of Public HealthEducation & Training Unit525 W. Jefferson, 4th FloorSpringfield, IL 62761Fax: 217 – 557 – 3363Email: dph.bnatp@illinois.gov\*\*do not mail\* | State goal(s) for each specific Test Content Cluster Area score below the goal. List and explain measure(s) to be implemented or systemic changes to be made to ensure that the low score(s) will not recur. | Indicate how the program plans to monitor its performance to ensure that implementation of the corrective action plan occurs and is maintained.Attach a sample of program’s monitoring form, if used. | Indicate who is responsible to implement the corrective action plan.Indicate who is responsible to monitor for compliance. | Identify how the corrective actions will be evaluated. Attach a sample of program’s evaluation form, if used. |

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