



**PA Department of Education  
BUREAU OF COMMUNITY AND STUDENT SERVICES**

**21<sup>ST</sup> CENTURY COMMUNITY LEARNING CENTERS PROGRAM  
Monitoring Report Addendum - CORRECTIVE ACTION PLAN  
2009-2010**

21CCLC monitoring visits are conducted to ensure that programs are in compliance with 21CCLC federal and state requirements as well as the grantee’s specific contract with the Pennsylvania Department of Education (PDE). If a monitor notes requirements that are not in compliance with the grant, a Corrective Action Plan is submitted to PDE and the grantee.

Within this CAP, the monitor provides the grantee with the issue of non-compliance and recommendation for the program to be brought into compliance. **The grantee is required to respond within three (3) weeks of receipt of the CAP.** The grantee must describe the action(s) that will be taken to address non-compliance issues, identify the individual(s) responsible for this action, and provide the projected date of completion. Once the completed Corrective Action Plan is received from the grantee, the monitor will schedule a follow up visit to discuss the action(s) being taken. A report of this follow up visit will be provided to PDE and the grantee. **Failure to complete the Corrective Action Plan may result in disciplinary action.**

<b>GRANTEE INFORMATION</b>
Grant Agreement #
Cohort.
Date(s) of Monitoring
Location(s) of Visit
Program/Grantee Name
Grantee County

Lead Agency Administrator
PDE Program Officer
STATE REVIEWER Lead Monitor

**CORRECTIVE ACTION PLAN**

<b>Issue of Non-Compliance</b>
<i>Recommendation:</i>
<b>Grantee's Action Plan</b> <i>To be completed by 21CCLC Grantee:</i>
<i>Action Taken:</i>
<i>Individual Responsible:</i>
<i>Projected Date of Completion:</i>

**Date CAP Submitted by Monitor:** \_\_\_\_\_

**Date CAP Completed by Grantee:** \_\_\_\_\_

**21CCLC Program Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Superintendent/Executive Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please mail, email, or fax the completed form no later than *[insert date, 3 weeks from receipt]* to:

**Shileste Morris**  
**Youth Development Program Manager**  
**Center for Schools and Communities**  
**275 Grandview Ave.**  
**Camp Hill, PA 17011**  
**(717)763-1661 (phone)**  
**(717)763-2083 (fax)**