**CORRECTIVE ACTION PLAN**

Proposed Resolution of Noncompliance Findings

**ARS §15-756.08**

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| **LEA:** |
| **Date:** | **EL Coordinator:** |
| **EL Education Program Specialist:** |

**Instructions:** Please review your LEA’s *Corrective Action Letter* and identify the noncompliant finding(s) to be addressed in your *Corrective Action Plan* (CAP). Complete the *Corrective Action Plan* template below and submit electronically to ADE with all applicable documentation supporting the resolution of noncompliant finding(s). Once your *CAP* is submitted, ADE will review the *Corrective Action Plan*, if revisions to the *CAP* are necessary, your EL Education Program Specialist will document feedback on the CAP electronically and return it to you for revisions. You will then have 5 business days to submit necessary revisions. Within thirty calendar days after receiving an approved and signed copy of the *Corrective Action Plan* and the *Corrective Action Plan Approval letter* from ADE, the LEA shall begin implementing the measures set forth in the *CAP.*

**The LEA certifies that all Corrective Action items listed in this attachment have been or will be implemented according to the dates indicated on the *Corrective Action Plan*.**

Date

Signature of EL Coordinator

Telephone Number

Print Name of EL Coordinator

Signature of LEA Leader
(*District Superintendent or Charter Leader*)

Date

Telephone Number

Print Name of LEA Leader
(*District Superintendent or Charter Leader*)

Please submit required forms and documentation electronically, via email, to:

OELASMonitoring@azed.gov

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| **LEA:** |  | **DATE:** |  |

**ANSWER THE FOLLOWING QUESTIONS for each noncompliant finding. YOUR COMPLETED CORRECTIVE ACTION PLAN IS DUE BACK TO ADE *WITHIN 60 DAYS* OF RECEIPT OF MONITORING REPORT.**

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| **NONCOMPLIANT FINDING(S) TO BE ADDRESSED**(from *Corrective Action Letter*) | **WHAT & HOW***What specific* ***steps*** *will your LEA take to resolve this finding? What do these* ***steps*** *look like and/or sound like when implemented effectively?* | **EVIDENCE***What piece(s) of evidence will demonstrate that your LEA is now in compliance**for this finding?* | **PERSON(S) RESPONSIBLE** | **Completion Date** |
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**Approving Education Program Specialist in OELAS: Date:**