



21 CCLC Grantee Compliance Plan

Grantee: _____

Date Created: _____

Projected Date of Completion: _____

Program Director: _____

Date of Completion: _____

State Monitor Sign-off: _____

As Program Director, I agree to make the corrections outlined below to bring my 21 CCLC program into complete compliance by the date specified above.

Program Director's Signature

Non-compliant Items:	Action Plan/Timeline	Responsible Personnel	TA/Resources Needed

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