

**Miami-Dade County Public Schools
Specialized Programs – Charter School Operations
Compliance Review Action Plan**

School: _____ School Region / Location Number: _____

Administrator: _____ Date: _____

Action Plan Due Date: _____
(10 calendar days from the date this review was released to the Charter School via CSCMS)

School Phone: _____ Admin. Phone: _____

Administrator's dadeschools.net e-mail Address: _____

The Charter School's Administrator is responsible for completing this non-compliance **Action Plan**. Please duplicate the second page as needed, responding on a separate sheet for each area of the Compliance Review that was scored deficient or submitted late. This page must be completed once as the cover page for the entire action plan.

Please place an "X" for each area of Non-Compliance:

	COMPLIANCE REVIEW CATEGORIES	Non-Compliance Area:
1.	Student Services	
2.	Curriculum and Instruction	
3.	Reading Curriculum	
4.	Assessment	
5.	Personnel	
6.	Governance	
7.	Facilities and Environment	
8.	Communication Parent/School	
9.	Insurance	
10.	Food Service	
11.	Transportation	
12.	Finance	
13.	ESE	
14.	ESOL Services	

Total number of pages submitted including this cover page: _____

As the Charter School Administrator and the Governing Board Chairperson we have reviewed all comments within the Annual Charter School Compliance Review and are submitting the attached Action Plan to correct all deficient areas.

Although the Action Plan is due 10 calendar days from the date released to you in CSCMS, it must be submitted by attaching it to the June "Action Plan" benchmark in CSCMS.

Please note that Specialized Programs - Charter School Operations may return for a follow-up visit to assure compliance.

Administrator Name Printed

Board Chairperson Name Printed

Administrator Signature / Date

Board Chairperson Signature / Date

**Miami-Dade County Public Schools
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Category:

Criteria Number:

Criteria Statement from Compliance Review:

Compliance Action Plan: