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) | Responsible  Party | 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 75%  Performing Personal Care Skills Goal 75%  Performing Basic Restorative Skills Goal 75%  Providing Mental Health & Social Services Goal 50%  Providing Resident’s Rights Goal 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 Health  Education & Training Unit  525 W. Jefferson, 4th Floor  Springfield, IL 62761 Fax: 217 – 557 – 3363 Email: 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. |

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) | Responsible  Party | Evaluation |
|  |  |  |  |  |