**Ohio Department of Education**

**Office of Career-Technical Education**

**Voluntary Compliance Plan (VCP) for Remedial Action to Comply with Civil Rights Requirements**

**District/College/Institution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Contact Name and Telephone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Areas (s) from Letter of Findings to be addressed.** | **Specific step(s) to be taken**  **including the person assigned to complete the task.** | **Evidence to be submitted as**  **support for completed action step**  **including date action is to be**  **completed.** | **Describe steps to insure ongoing**  **compliance and person assigned to monitor.** |
|  |  |  |  |

Superintendent/President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

MOA/OCR Coordinator Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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