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

<table>
<thead>
<tr>
<th>Area(s) from Letter of Findings to be addressed.</th>
<th>Specific step(s) to be taken including person assigned to complete the task and date of completion.</th>
<th>Evidence to be submitted as support for completed action step including date for submission of evidence.</th>
<th>Describe steps to insure ongoing compliance and person assigned to monitor.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Administration</td>
<td>Action Step, Finding 1: A district level administrator will be designated and approved by Board resolution to serve as the Title IX and Section 504 Coordinator. The superintendent will be responsible for this action step. The board will act on this by vote at the April 9, 2020 board meeting.</td>
<td>Evidence, Finding 1: Minutes of the board meeting along with a board resolution will be submitted as evidence that the Title IX and Section 504 Coordinator has been approved by the board. This will be accomplished at the April 9, 2020 board meeting and evidence will be submitted by May 1, 2020.</td>
<td>Ongoing monitoring of Finding 1: The superintendent will annually, at each April board meeting, review the assignment of staff to the Title IX and Section 504 Coordinator positions and re-assign as necessary. Immediate action will be taken in situations where the position becomes vacated by the unplanned departure of the assigned staff.</td>
</tr>
</tbody>
</table>

Use wording and Item number from the Letter of Findings (LOF).

Action step must be detailed to include the exact specific actions(s) and who, by name and title, will be the person responsible for carrying out the action step and the date the action will be completed.

Evidence must be provided to assure action step was completed as stated. The type of evidence needs to be listed as well as the date that it will be forwarded to ODE.

After review by the MOA/OCR Coordinator, the VCP will be signed, dated and returned to the district along with an approval letter.

Superintendent/President: ____________________________ Date: ____________

MOA/OCR Coordinator Approval: ____________________________ Date: ____________

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Document Revised 08/2020