Agency Name:

Deficiency Description *(****Outline the circumstances why an exception to the BLS staffing standard is required)****:*

| Strategic Action  **Action(s) to address the issues stated above** | Resources Required  **What is needed to carry out the action?** | Responsible Person(s) | Start Date | Planned Completion Date | Comments |
| --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |

Office Use Only

Approved by BEMS:

Date Approved: