

Sample FM CAP Form

FM CAP Cover Page

The RAP Team, as listed below, has created the FM Finding Page(s) and will assure that all responsible parties complete the tasks and activities and provide evidence of correction.

<i>Name</i>	<i>Position</i>	<i>Date</i>

MDE CAP Clarification/Approval Comments	Local CAP Clarification
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Date: _____

Date: _____

MDE Verification/Closeout Comments	TA Provider Verification Clarification
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Date: _____

Date: _____

FM CAP Finding Page

Focused Monitoring Findings: **Prepopulated in CIMS**

1. Based on your RAP team activities, what are the underlying problems that caused the noncompliance? How may district policies, procedures and practices, or the lack of supports, have contributed to these results?

2. Required Corrective Action:

Prepopulated in CIMS

3. Activities, dates they will occur, and name/title of person responsible.

<i>Activities</i>	<i>Date/Deadline(s)</i>	<i>Name/Title of Person Responsible</i>

4. What documentation will your local have available as evidence that your tasks and activities were completed (e.g., meeting notes, agendas, new procedures)?

5. How will the local monitor data on a monthly basis to determine that the tasks and activities listed in #3 have corrected the noncompliance (e.g., monthly data pulls, monthly record reviews)?

If an assurance statement is required, please upload it into CIMS onto this page.

MDE Findings Comments

Local Findings Clarification

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Date: _____

Date: _____