

Sample CAP Form

CAP Cover Page

The RAP Team, as listed below, has created the Corrective Action Plan 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 Comments

Local CAP Clarification

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Date: _____

Date: _____

MDE Verification/Closeout Comments

ISD Monitor/TA Provider Verification Clarification

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Date: _____

Date: _____

CAP Activity Page

CAP Activity Name: _____

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 the results?

2. What will the district do to correct the problem? Describe the CAP activity in as much detail as possible.

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)?

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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)?