

Attachment 7: Corrective Action Plan (CAP)

District Name: _____

The purpose for completing Attachment 7 is to identify actions that the district will take to correct the findings of noncompliance.

Directions: This document is Georgia’s planning tool used to address noncompliance. Per State guidance, the district must submit Prong 1 and Prong 2 data in a timely manner to ensure verification of correction no later than one year from notification of noncompliance. If the State identifies additional areas of noncompliance using other General Supervision Systems, then the district must update the document to maintain a comprehensive CAP.

Submission Due Dates:

Prong 1: _____ **Prong 2:** _____ **Verification of Correction:** _____

Responsible

Person for CAP: _____ **Phone:** _____ **Email:** _____

1. What is the area of noncompliance?
2. What General Supervision System was used to identify this noncompliance?
3. Briefly describe the finding of noncompliance (e.g., level, nature, etc.).

4. Briefly describe the root cause of the noncompliance.

5. List the corrective action planning members below.

<i>Stakeholder Name</i>	<i>Position</i>



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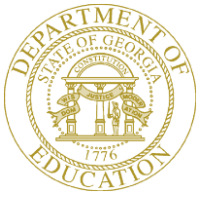
Directions for completing the CAP table:

Column 1 - How will the district ensure correction for each individual case of noncompliance and specific regulatory requirements?

Column 2 - When will the district complete these action steps?

Column 3 - What documentation will the district submit to the State to verify completion and correction of noncompliance (e.g., policies, procedures, practices, student records, etc.)?

Corrective Action Plan		
1. Corrective Action Steps	2. Timelines for Completion	3. Evidence of Correction

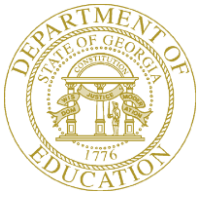


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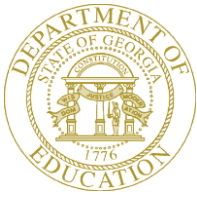
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