

**NHDOE Federal Funds Monitoring
Corrective Action Plan**

(Use a separate form for each Corrective Action Item)

Subrecipient contact: Toni Butterfield

Subrecipient: Bethlehem School District

Action Item: Create and implement policy GADA

Description: Prohibiting the Aiding and Abetting of Sexual Abuse policy
in accordance with ESEA E546

Date: 11/16/21

Please check the box that most appropriately matches the District's status in implementing the Corrective Action Plan (CAP). Please also provide any documentation that supports the District's assertion that the CAP has been fully implemented.

- (1) Partially implemented
- (2) Revised CAP being implemented
- (3) Fully implemented
- (4) No further action required (provide detailed explanation below):

Toni Butterfield
Name of person completing this form

11/16/21
Date

If options (1) or (2) are selected, please explain the implementation status &/or how the CAP was revised as well as the anticipated completion date in the space below:

GADA was approved for first reading at the 11/9/21 School Board meeting. 2nd reading approval will be in December. Minutes are attached from the 11/9/21 meeting.

December meeting will be
Corrective Action Plan Update or other explanation as necessary, (status date: 12/14/21)

If option (3) is selected, please explain how this was implemented in the space below:

Please return to the Bureau of Federal Compliance within 30 days of receipt.

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**NHDOE Federal Funds Monitoring
Corrective Action Plan**

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Subrecipient contact: Toni Butterfield

Subrecipient: Bethlehem School District

Action Item: update time and effort documentation

Description: Implement time and effort procedure in accordance with 2 CFR Part 200

Date: 11/16/21 retroactively come into compliance by having employees paid stipends complete a compliant time and effort form.

Please check the box that most appropriately matches the District's status in implementing the Corrective Action Plan (CAP). Please also provide any documentation that supports the District's assertion that the CAP has been fully implemented.

- (1) Partially implemented
- (2) Revised CAP being implemented
- (3) Fully implemented
- (4) No further action required (provide detailed explanation below):

Toni Butterfield

11/16/21

Name of person completing this form

Date

If options (1) or (2) are selected, please explain the implementation status &/or how the CAP was revised as well as the anticipated completion date in the space below:

we are creating and implementing a Time and Effort procedure and creating all the needed templates to assure compliance. We have created a stipend time and effort form to retroactively be signed by all participants in the 2019-2020 IDEA Activity # 82547. we will update as we move forward.

Corrective Action Plan Update or other explanation as necessary, (status date: / /)

If option (3) is selected, please explain how this was implemented in the space below:

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