

**NHDOE Federal Funds Monitoring
Corrective Action Plan**

(Use a separate form for each Corrective Action Item)

Subrecipient contact: Amber Wheeler

Subrecipient: Chichester School District


Action Item: To provide a completed policy and evidence that the School Board has adopted the Gun Free School Act Policy of 1994.

Description: Update Policy to include the Gun Free School Act Policy veribage.

Date: 10/27/21

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):

Amber Wheeler 
Name of person completing this form

10/27/2021
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:

Currently our attorney is working on updating several policies and the Gun Free School Act has been included. Once it is completed we will submit the approved policy.

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:

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

The New Hampshire Department of Education does not discriminate on the basis of race, color, religion, marital status, national/ethnic origin, age, sex, sexual orientation, or disability in its programs, activities and employment practices.

**NHDOE Federal Funds Monitoring
Corrective Action Plan**
(Use a separate form for each Corrective Action Item)

Subrecipient contact: Amber Wheeler

Subrecipient: Chichester School District

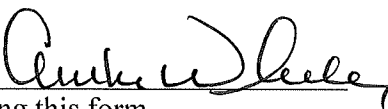
Action Item: Provide a copy of the federally compliant time and effort document to be used across all programs, as well as, ensure that the procedures is being utilized and time and effort forms are collected.

Description: The new implemented forms should be implemented and signed by all employees paid in the activities Title I and Title II as mentioned in finding.

Date: 10/27/21

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):

Amber Wheeler 
Name of person completing this form

10/27/2021
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:

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:

The school district has received the required forms and signatures are being completed upon completion of the hours performed. The School District obtained the retroactive signatures necessary to be in compliance. There has been a new form that has been created to be able to allow any district to come it. Please see attached.

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

The New Hampshire Department of Education does not discriminate on the basis of race, color, religion, marital status, national/ethnic origin, age, sex, sexual orientation, or disability in its programs, activities and employment practices.

Time & Effort
Personnel Activity Report

_____ School District – SAU 53

I hereby certify this report is an accurate representation of the total activity for the assignment below expended during the period indicated

Employee Name:

Grant Information (i.e. Title IA, Title II, Adult Ed):

Time spent on that Grant (percentage 100% or hours): 100%

Time period of work performed:

Pay period(s):

Employee Certification:

I hereby certify the information contained in the Time & Effort Report accurately reflects time and effort distribution for the period reported.

Employee Signature

Supervisor Certification:

I hereby certify I have firsthand knowledge of the Time & Effort distribution for this employee for the period reported.

Supervisor Signature

Time & Effort
Personal Activity Form
Chichester Central School- SAU 53

I hereby certify this report is an accurate representation of the total activity for the assignment below expended during the period indicated.

Employee name: Tony Cipriano

Grant information (i.e. Title I, Title II, etc.): FY 19/20 Title IIA

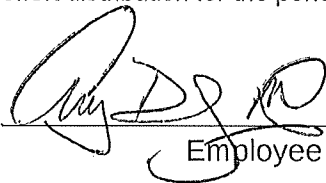
Time spent on that Grant (percentage or hours): 10.5 hours

Time period of work performed: August 4,5,6, 2020 - 8:30-12:00

Pay Periods: reported November 2020

Employee Certification:

I hereby certify the information contained in the Time and Effort report accurately reflects time and effort distribution for the period reported.

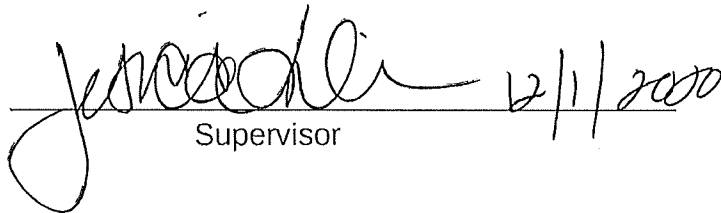


Employee

12/1/2020

Supervisor Certification:

I hereby certify I have firsthand knowledge of the Time and Effort distribution for this employee for the period reported.



Supervisor

12/1/2020

Time & Effort
Personal Activity Form
Chichester Central School- SAU 53

I hereby certify this report is an accurate representation of the total activity for the assignment below expended during the period indicated.

Employee name: Chris Gagnon

Grant information (i.e. Title I, Title II, etc.): FY 19/20 Title II A

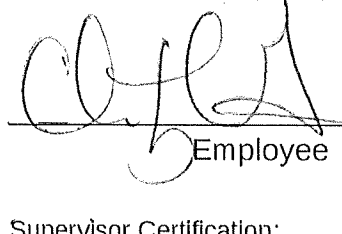
Time spent on that Grant (percentage or hours): 10.5 hours

Time period of work performed: August 4,5,6, 2020 - 8:30 -12:00

Pay Periods: reported November 2020

Employee Certification:

I hereby certify the information contained in the Time and Effort report accurately reflects time and effort distribution for the period reported.



Employee 12/01/2020

Supervisor Certification:

I hereby certify I have firsthand knowledge of the Time and Effort distribution for this employee for the period reported.



Supervisor 12/1/2020

Time & Effort
Personal Activity Form
Chichester Central School- SAU 53

I hereby certify this report is an accurate representation of the total activity for the assignment below expended during the period indicated.

Employee name: Amy Binder

Grant information (i.e. Title I, Title II, etc.): FY 19/20 Title IIA


Time spent on that Grant (percentage or hours): 10.5 hours

Time period of work performed: August 4,5,6, 2020 - 8:30 -12:00

Pay Periods: reported November 2020

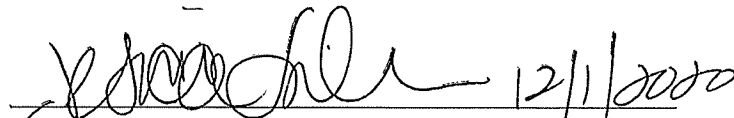
Employee Certification:

I hereby certify the information contained in the Time and Effort report accurately reflects time and effort distribution for the period reported.


Employee

Supervisor Certification:

I hereby certify I have firsthand knowledge of the Time and Effort distribution for this employee for the period reported.


Supervisor

Time & Effort
Personal Activity Form
Chichester Central School- SAU 53

I hereby certify this report is an accurate representation of the total activity for the assignment below expended during the period indicated.

Employee name: Kate Mara

Grant information (i.e. Title I, Title II, etc.): FY 19/20 Title IIA

Time spent on that Grant (percentage or hours): 10.5 hours

Time period of work performed: August 4,5,6, 2020 - 8:30 -12:00

Pay Periods: reported November 2020

Employee Certification:

I hereby certify the information contained in the Time and Effort report accurately reflects time and effort distribution for the period reported.

Katherine P. Mara 12/1/20/20
Employee

Supervisor Certification:

I hereby certify I have firsthand knowledge of the Time and Effort distribution for this employee for the period reported.

[Signature] 12/1/2020
Supervisor

Time & Effort
Personal Activity Form
Chichester Central School- SAU 53

I hereby certify this report is an accurate representation of the total activity for the assignment below expended during the period indicated.

Employee name: Bea Douglas

Grant information (i.e. Title I, Title II, etc.): FY 19/20 Title IIA

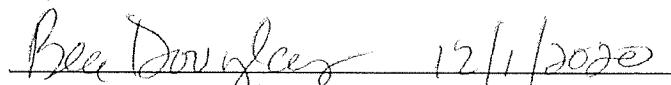
Time spent on that Grant (percentage or hours): 10.5 hours

Time period of work performed: August 4,5,6, 2020 - 8:30 -12:00

Pay Periods: reported November 2020

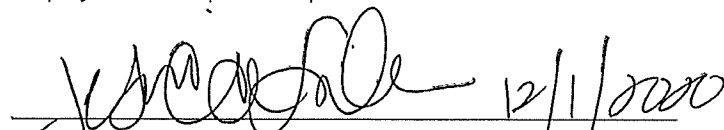
Employee Certification:

I hereby certify the information contained in the Time and Effort report accurately reflects time and effort distribution for the period reported.


Employee

Supervisor Certification:

I hereby certify I have firsthand knowledge of the Time and Effort distribution for this employee for the period reported.


Supervisor

Time & Effort
Personal Activity Form
Chichester Central School- SAU 53

I hereby certify this report is an accurate representation of the total activity for the assignment below expended during the period indicated.

Employee name: Sharon Reeves

Grant information (i.e. Title I, Title II, etc.): FY 19/20 Title I IA

Time spent on that Grant (percentage or hours): 10.5 hours

Time period of work performed: August 4,5,6, 2020 - 8:30 -12:00

Pay Periods: Reported November 2020

Employee Certification:

I hereby certify the information contained in the Time and Effort report accurately reflects time and effort distribution for the period reported.

Sharon Reeves 12/1/2020
Employee

Supervisor Certification:

I hereby certify I have firsthand knowledge of the Time and Effort distribution for this employee for the period reported.

[Signature] 12/1/2020
Supervisor

Title 1 Time & Effort
Personal Activity Form
Chichester Central School- SAU 53

I hereby certify this report is an accurate representation of the total activity for the assignment below expended during the period indicated.

Employee name: Kim Green

Grant information (i.e. Title I, Title II, etc.): SY 19/20 Title 1 A

Time spent on that Grant (percentage or hours): 100%

Time period of work performed: May 2020

Pay Periods: May 4 - May 15, 2020 and May 18 - May 29, 2020

Employee Certification:

I hereby certify the information contained in the Time and Effort report accurately reflects time and effort distribution for the period reported.

Kimberley Green 6/1/2020
Employee

Supervisor Certification:

I hereby certify I have firsthand knowledge of the Time and Effort distribution for this employee for the period reported.

Laura Orquell 6/1/2020
Supervisor

Title 1 Time & Effort
Personal Activity Form
Chichester Central School- SAU 53

I hereby certify this report is an accurate representation of the total activity for the assignment below expended during the period indicated.

Employee name: Kim Green

Grant information (i.e. Title I, Title II, etc.): SY 19/20 Title 1 A

Time spent on that Grant (percentage or hours): 100%

Time period of work performed: May 2020

Pay Periods: May 4 - May 15, 2020 and May 18 - May 29, 2020

Employee Certification:

I hereby certify the information contained in the
Time and Effort report accurately reflects time and
effort distribution for the period reported.

Kimberley Green 6/1/2020
Employee

Supervisor Certification:

I hereby certify I have firsthand knowledge
of the Time and Effort distribution for this
employee for the period reported.

Laura Dagnall 6/1/2020
Supervisor