

NHDOE Federal Funds Monitoring
Corrective Action Plan

(Use a separate form for each Corrective Action Item)

Subrecipient contact: Toni Butterfield

Subrecipient: Lisbon Regional School District

Action Item: complete + implement policies - Drug Free Workplace - update Prohibiting ~~and~~ ^{The} Abetting + Aiding of sexual abuse - create NEW

Description:

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:

Both policies are being brought to the school board meeting on 11/17/21 for first reading. The second reading and final approval will take place on 12/8/21.

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.

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**NHDOE Federal Funds Monitoring
Corrective Action Plan**

(Use a separate form for each Corrective Action Item)

Subrecipient contact: Toni Butterfield

Subrecipient: Lisbon Regional School

Action Item: Develop written time and effort procedure with appropriate internal controls in place

Description: The procedure should include needed time and effort templates for employee use to ensure compliance.

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:

We are creating and implementing a time & effort procedure along with all the necessary templates for moving forward. Clearly we need to educate our principals and staff, again and again, on the proper documentation for time and effort, as well as the approval process. We appreciate your assistance.

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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