

**NHDOE Federal Funds Monitoring  
Corrective Action Plan**

*(Use a separate form for each Corrective Action Item)*

Subrecipient contact: *SPETRALIA@SAK50.ORG*  
Subrecipient: *Salvatore Petralia for New Castle School Dist.*  
Action Item: *FINDING #01*  
Description: *Revised/Adopted Board Policies*  
Date: *10/26/21*

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):

*SPetralia*  
Name of person completing this form

*10/26/21*  
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:

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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 New Castle School Board Approved Policy GABD AND Policy ADB at the October 4, 2021 School board meeting. The New and Revised policies will be posted on the District's website.*

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

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