



### NHED ESSER Programmatic Monitoring Corrective Action Plan

(Use a separate form for each Corrective Action Item)

LEA Name:

Diane Clary  
Name of person completing this form

2/12/24  
Date

Finding Number:

Description of Finding:

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

- (1) Partially implemented
- (2) Fully implemented
- (3) No further action required (provide detailed explanation below)

If option (1) is selected, please explain the implementation status as well as the anticipated completion date in the space below:

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Anticipated Completion Date: 2/1/24

If option (2) or (3) is selected, please explain how the plan was implemented or why no further action is required in the space below:

Please see attached

Please see Attached internal controls, currently in place at Cocopia School district.

No further action required

Please return to [Ellen.C.Podgorski@doe.nh.gov](mailto:Ellen.C.Podgorski@doe.nh.gov) at the Division of Learner Support