

**NHED ESSER Programmatic Monitoring
Corrective Action Plan**

(Use a separate form for each Corrective Action Item)

LEA Name:

Suscin Wheeler
Name of person completing this form

1/26/2023
Date

Finding Number: 1

Description of Finding: documentation

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:

the LEA is submitting additional documentation regarding
discussions of grant activities they will continue to document
ongoing activities (ie at board meetings, administrative meetings,
and involve community thru newsletters + website.
Anticipated Completion Date: ongoing

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 return to Ellen.C.Podgorski@doe.nh.gov at the Division of Learner Support

NHED ESSER Programmatic Monitoring Corrective Action Plan

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LEA Name:

Susan Wheeler
Name of person completing this form

1/26/2023
Date

Finding Number: 3

Description of Finding: Documentation with Cornerstone Academy

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:

Anticipated Completion Date:

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:

After much research we were able to come up with an email from
DEA administration. They had reached out with no response
the school was not open during this time. They have at
other times not accepted funds (email is attached) as we
have reached out for other funding.

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NHED ESSER Programmatic Monitoring Corrective Action Plan

(Use a separate form for each Corrective Action Item)

LEA Name:

Susan Wheeler
Name of person completing this form

1/26/2023
Date

Finding Number: V1

Description of Finding: contract for windows equipment + inventory management procedure.

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:

Anticipated Completion Date:

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:

Have received contract (attached) from Granite State Glass
And have attached procedure that the SMD will be
putting into place. (attached)

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