

**NHDOE Federal Funds Monitoring  
Corrective Action Plan**

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

**Subrecipient contact:** Kristie LaPlante

**Subrecipient:** Wilton-Lyndeborough School District/SATU 63

**Action Item:** #2

**Description:** Time and Effort Reporting

**Date:** November 22, 2021 (revised from Nov 3)

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):

Kristie LaPlante  
Name of person completing this form

11/22/2021  
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:

The District plans to implement proper documentation and procedure. We will be reviewing previous time cards and work completed for a supervisor to certify. Moving forward, all grant related payrolls will be on appropriate forms and signed certify work was done.

Corrective Action Plan Update or other explanation as necessary, (status date: 1/31/22)

If option (3) is selected, please explain how this was implemented in the space below:

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