

New Mexico Public Education Department Coordinated School Health & Wellness Bureau Administrative Review Corrective Action Plan

SFA Name	: 	New	Mexico School for the Deaf	
Administrative Review Conducted on:		11/10/2016		
Sites Selected for Review:		New Mexico School for the Deaf		
Data Carr	rective Action Plan was provided	Lto SEA:		
Date Corr	ective Action I lan was provided			
Due Date	for Corrective Action Plan:			
			entified during your Administrative Review. nted with the following:	
	The finding, and details specific to regarding the finding	the SFA	A summary of the regulation / requirement	
	The Code of Federal Regulations on number or alternate resource cita		Suggested guidance for the SFA in order to achieve compliance	
			SFA area for reply to state how, when and by whom corrections will be made	
	Please provide a detailed i	response to each find	ling in the spaces provided.	
[Finding #1		
	Technical Assistance Provided			
	Regulation / Citation and Summary			

SFA Suggested Guidance for Compliance

SFA Response
Finding #2
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Technical Assistance Provided
Regulation / Citation and Summary
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SFA Suggested Guidance for Compliance
SFA Response
Finding #3
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Regulation / Citation and Summary

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SFA Response
Finding #4
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SFA Suggested Guidance for Compliance
SFA Response
Finding #5
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Regulation / Citation and Summary
SFA Suggested Guidance for Compliance
SFA Response
Finding #6
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CEA Dogwood
SFA Response
Finding #7

Technical Assistance Provided
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SFA Suggested Guidance for Compliance
SFA Response
Finding #8
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CEA Despayer
SFA Response

Finding #9
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Finding #13
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Finding #44
Finding #14
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Finding #16

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SFA Response	
Finding #20	
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SFA Response	
	~ .
Signature of Reviewer:	Date:
nature of SFA Representative:	Date:

If you have any questions, feel free to contact CN Resource at your convenience. Thank you.



Coordinated School Health & Wellness Bureau Coordinated School Health & W 120 S. Federal Place, Suite 207



Phone:

email:

Please insert your detailed responses, save, print, sign, and scan/email or mail the signed copy to your NMPED at the address above by the due date indicated. Thank you.