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| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  **Program Quality Assurance Services** |

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: Keystone Educational Collaborative

CPR Onsite Year: 2021-2022

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 06/22/2022.

**Mandatory One-Year Compliance Date:** **06/22/2023**

**Summary of Required Corrective Action Plans in this Report**

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| CCR 10 | Anti-hazing | Partially Implemented |
| APD 15.5 | Parent Consent and Required Notification | Partially Implemented |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  CCR 10 Anti-hazing | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that there was no documentation confirming that all secondary age students received the anti-hazing legislation and a copy of the programs' anti- hazing discipline code annually as required. | | |
| **Description of Corrective Action:**  Student Handbooks/Program Handbooks that are issued to both students and families will clearly have an acknowledgment area receiving/ reviewing the anti hazing legislation, as well as the program's policy on student discipline. | | |
| **Title/Role(s) of Responsible Persons:**  Program Administrator  Executive Director | | **Expected Date of Completion:**  09/05/2022 |
| **Evidence of Completion of the Corrective Action:**  Student Handbook/ Program Handbook will be modified in the acknowledgment section to clearly define the required review of specific required trainings as it relates to student discipline and ant hazing. | | |
| **Description of Internal Monitoring Procedures:**  Programs will collect all student/ families signatures received, as well as all correspondence to families to send in required signed documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CCR 10 Anti-hazing | **Corrective Action Plan Status:** Approved  **Status Date:** 07/22/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 12, 2022, submit the acknowledgment section of the student handbook/program handbook revised to document that all secondary age students received the anti-hazing legislation and a copy of programs' anti-hazing discipline code.  By November 1, 2022, submit the results of an administrative review of a sample of secondary student records to ensure documentation confirming that students received the anti-hazing legislation and the anti-hazing disciple code. Indicate the number of records reviewed, the number found to be compliant, and an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the collaborative to address any identified noncompliance. \*Please note when conducting administrative monitoring the collaborative must maintain the following documentation and make it available to the Department upon request: a)List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of the person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/12/2022  11/01/2022 | | |

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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  APD 15.5 Parent Consent and Required Notification | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that not all required consents and annual notification to parents/guardians were documented in student records. | | |
| **Description of Corrective Action:**  All families are issued student handbooks at the beginning of the year that contains all required trainings and notifications. Parents and or students will be required to review and send back acknowledgment section that documents the review of such required notifications and consents, which will be stored with the student records. | | |
| **Title/Role(s) of Responsible Persons:**  Program Administrator  Executive Director | | **Expected Date of Completion:**  09/05/2022 |
| **Evidence of Completion of the Corrective Action:**  Student Handbook/ Program Handbook will be modified in the acknowledgment section to clearly define the required review of specific required trainings as well as required consent and annual notifications to parents and guardians | | |
| **Description of Internal Monitoring Procedures:**  Programs will collect all student/ families signatures received, as well as all correspondence to families to send in required signed documents. All signed documents will be kept with the student records or with an electronic format. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  APD 15.5 Parent Consent and Required Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 07/22/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 12, 2022 submit the acknowledgment form provided to parents/guardians to demonstrate that required notification and consents are provided to families.  By November 1, 2022, submit the results of an administrative review of a sample of student records across all collaborative programs to ensure records contain documentation confirming that all required consents and annual notifications to parents/guardians are documented. Indicate the number of records reviewed, the number found to be compliant, and an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the collaborative to address any identified noncompliance.  \*Please note when conducting administrative monitoring the collaborative must maintain the following documentation and make it available to the Department upon request: a)List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of the person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/12/2022  11/01/2022 | | |