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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: Lynn

CPR Onsite Year: 2013-2014

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 08/26/2014.

**Mandatory One-Year Compliance Date:** **08/26/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 34 | Continuum of alternative services and placements | Partially Implemented |
| SE 40 | Instructional grouping requirements for students aged five and older | Partially Implemented |
| SE 48 | Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |

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

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that annual IEP meetings to review, revise, or develop a new IEP or refer the student for a re-evaluation are not consistently convened on or before the anniversary date of the IEP. | | |
| **Description of Corrective Action:**  Requesting that all staff listed above conduct all annual reviews and Re-evaluations one month in advance of the due date. | | |
| **Title/Role(s) of Responsible Persons:**  Special Ed Dept Heads, Special Ed Lead Teachers, TEAM Chairpeople  Jessica McLauglin and Stacey Pena | | **Expected Date of Completion:**  03/11/2015 |
| **Evidence of Completion of the Corrective Action:**  Program Specialist will utilize Easy IEP to collect data to identify all reviews/re-evals due that month and then take a random sample from those IEP's | | |
| **Description of Internal Monitoring Procedures:**  The Special Ed Program Specialist will due a random sample of TEAM meetings each month to insure that IEP meetings are being held before the due dates. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 21, 2014, submit the revised procedures for ensuring that annual reviews are convened on or before the anniversary date of the IEP, along with evidence of staff training on these procedures, which will include but not be limited to a training agenda, signed attendance sheet and copies of the materials presented.  By February 20, 2015, following implementation of the revised procedures and training, conduct an internal review of 5 student records per level (elementary, middle, hs & including out-of-district) for evidence that annual reviews are conducted on or before the anniversary date of the IEP. Please sample only those records whose annual reviews were conducted after the implementation of all corrective actions.  Submit a detailed analysis of the internal review, including the number of student records reviewed at each level; the number of records that demonstrated that annual reviews were convened on or before the IEP's anniversary date. If non-compliance is identified, report the specific actions taken to correct each individual student file, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  11/21/2014  02/20/2015 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews demonstrated that, following the annual development of IEPs, the district does not consistently provide a Team meeting summary or immediately propose an IEP or placement to parents. According to student records, proposed IEPs and placements were consistently sent to parents three weeks or more after the annual Team meeting was conducted. | | |
| **Description of Corrective Action:**  A team meeting summary form was developed and introduced at the opening of school and is being utilized at all TEAM meetings. It was done on lime green paper to keep it separate from the many other forms we use. | | |
| **Title/Role(s) of Responsible Persons:**  Special Ed Team Chairpeople, Special Ed Dept Heads, IEP Liaisons | | **Expected Date of Completion:**  12/19/2014 |
| **Evidence of Completion of the Corrective Action:**  Agenda and sign in sheets from all staff meetings conducted at the start of the school year. this includes the staff listed above.  The TEAM meeting summary form will be sent electronically by Ms. Stacey Pena to Ms. Lynn Summerhill via email. | | |
| **Description of Internal Monitoring Procedures:**  Program Specialist will take a sampling of student folders to insure that the summary forms are being utilized. An excel spread sheet will be developed to capture all relevant DE data. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 21, 2014, submit evidence of the training provided to special education staff on the new summary form and the requirements for the issuing proposed IEPs, placements and Notices of Proposed School District Action (N1s) immediately following the development of the IEP, including signed attendance sheets, training agendas, and examples of training materials.  By February 20, 2015, following implementation of revised procedures and training, conduct an internal record review of a minimum of 5 student records from each level (pre school, elementary, middle & hs). Report the number of student records reviewed from each level and the number of records in which IEPs and Placements were proposed to parents immediately following the Team meeting. If non-compliance is identified, report the specific actions taken to correct each individual student file, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  11/21/2014  02/20/2015 | | |

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| **Criterion & Topic:** SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:** A review of pre-school and elementary school student records indicated that the district does not always send written notice proposing an evaluation to the student's parent(s) within five school days of receiving a referral request to determine eligibility for special education. | | |
| **Description of Corrective Action:** Assigned clerk will process all incoming mail. Mail will be opened and date stamped by one person. Program Specialist will keep an excel spreadsheet to monitor timeline compliance. | | |
| **Title/Role(s) of Responsible Persons:**  Clerical staff person supervised by Special Ed Program Specialist | | **Expected Date of Completion:**  03/11/2015 |
| **Evidence of Completion of the Corrective Action:** Data showing evidence that correspondence and meetings are done within expected timelines. | | |
| **Description of Internal Monitoring Procedures:** Ten monthly random samples will be conducted by Program Specialist to determine accuracy and timeline compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:** SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** By November 21, 2014, following implementation of the district's revised clerical procedures, conduct an internal review of the district's tracking data for the pre-school and elementary levels. Submit a detailed analysis of the number of initial and assessment referrals received at each level, the number of instances where parents received evaluation consent forms within five (5) school working days of receipt of the request, and the number of instances where the parents were sent consent forms after five school working days. If non-compliance is identified, report the specific actions taken to correct each individual student file, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it. Please report only on evaluation requests that occurred following the implementation of the district's corrective actions.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  11/21/2014 | | |

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| **Criterion & Topic:**  SE 34 Continuum of alternative services and placements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records, facilities review, and interviews indicated that the district is operating an unapproved day program for middle school students with severe multiple disabilities. The T.E.A.M.S. program is located in Lynn Vocational High School, where students have no access to grade-level or non-disabled peers. The district has not applied for or received approval from the Department of Elementary and Secondary Education for this day program. | | |
| **Description of Corrective Action:**  Students from the Fecteau Leary Jr/Sr High School will be working weekly with the TEAMS students to buddy up and participate in a variety of social activities. | | |
| **Title/Role(s) of Responsible Persons:**  Supervisor of Special Education and School Principal, Special Education Department Head | | **Expected Date of Completion:**  03/11/2105 |
| **Evidence of Completion of the Corrective Action:**  Photos and videos will be used to document the activities. Students will be expected to sign in for their visits to the TEAMS Programs | | |
| **Description of Internal Monitoring Procedures:**  Supervisor of Special Education will complete direct observation of activates along with monitoring notes of process to help make changes and improvements to the program. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 34 Continuum of alternative services and placements | **Corrective Action Plan Status:** Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 21, 2014, submit a sample of schedules for the middle school TEAMs students that demonstrates the integration of these students with their non-disabled peers for the 2014-2015 school year. | | |
| **Progress Report Due Date(s):**  11/21/2014 | | |

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| **Criterion & Topic:**  SE 40 Instructional grouping requirements for students aged five and older | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Classroom observations, document review, and interviews indicated that at Lynn English and Lynn Vocational High Schools, all "resource classes," which are instructional groupings of only students with disabilities, in English Language Arts, math and science exceed the required class size of eight students or less per certified special educator. At the Callahan Elementary School, the developmentally delayed program's instructional group includes one-to-one aides in its ratio of staff to students; however, document review and staff interviews demonstrated that when these students and their aides leave the classroom for inclusion or related services, the number of students to staff exceeds the required instructional group size. | | |
| **Description of Corrective Action:**  Beginning this school year we did not include 1:1 aides as part of our staffing ration in self contained classrooms at all levels. All elementary and middle school self contained classrooms started the year with at least one classroom aide, one teacher with 12 students or less. Secondary compliance continues to present challenges due to space limitations and scheduling challenges. | | |
| **Title/Role(s) of Responsible Persons:**  Principals and Special Education Administrators | | **Expected Date of Completion:**  03/11/2015 |
| **Evidence of Completion of the Corrective Action:**  Special Education Administration will continue to work with High School Principals to overcome scheduling challenges and to find creative non-traditional space options. The district has contracted with Dr. Kathy Porcaro to help the High Schools to improve their co-teaching models, to problem solve scheduling issues, to ultimately reduce class sizes. | | |
| **Description of Internal Monitoring Procedures:**  Regular meeting schedule with Special Education Administrators, Principals and consultant Dr. Kathy Porcaro to develop the action plan for the 2014-15 school year and beyond. Ultimately designing and implementing a three year plan. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 40 Instructional grouping requirements for students aged five and older | **Corrective Action Plan Status:** Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 21, 2014, submit the instructional grouping by class period for the developmentally delayed program at the Callahan Elementary School, including student names, teacher (s) & license number(s), and paraprofessional name(s).  By November 21, 2014, submit a proposed plan of action to remedy the noncompliance at Lynn English High School and LVTI. The proposal must include a description of how the district will ensure that resource room content area classes (English Language Arts, math and science) for students with disabilities at the two high schools will meet instructional group size requirements, along with specific actions, assigned roles by name/title, and a timeline of implementation. | | |
| **Progress Report Due Date(s):**  11/21/2014 | | |

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| **Criterion & Topic:**  SE 48 Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews indicated that eligible middle school students in the T.E.A.M.S. program located in Lynn Vocational High School do not have access to art or music. | | |
| **Description of Corrective Action:**  Scheduling of art and music is critical to the overall programming for our medically fragile students in the TEAMs Program. Interviews are currently being conducted to hire an additional fulltime music and art teacher. Other options being explored include work with Raw Arts. | | |
| **Title/Role(s) of Responsible Persons:**  Supervisor of Special Education | | **Expected Date of Completion:**  03/11/2015 |
| **Evidence of Completion of the Corrective Action:**  Teams students will be provided with the instruction in the Arts. | | |
| **Description of Internal Monitoring Procedures:**  copies of the student/class schedules | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 48 Equal opportunity to participate in educational, nonacademic, extracurricular and ancillary programs, as well as participation in regular education | **Corrective Action Plan Status:** Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 21, 2014, submit the names, license numbers, and/or contracts that demonstrate the hiring of new arts staff.  By November 21, 2014, submit a sample of student/class schedules that demonstrate when TEAMS students at LVTI have access to music and art instruction. | | |
| **Progress Report Due Date(s):**  11/21/2014 | | |

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| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review demonstrated that the district currently has 18 unlicensed special education teachers. | | |
| **Description of Corrective Action:**  All potential teaching candidates are interviewed with priority given to certified teachers. Once the start of school approaches, we have to insure our students are in a safe and cared for...this sometimes requires us to hire non certified staff who have the background and credential otherwise needed. These waivered staff are always in masters programs to become fully certified. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education | | **Expected Date of Completion:**  01/11/2015 |
| **Evidence of Completion of the Corrective Action:**  The number of unlicensed special education teachers has decreased over the past two years and we continue to recruit in a variety of ways including surrounding colleges, school spring, advertising in the Boston Globe. We currently have ten unlicensed teachers who are all in graduate programs working toward certification as compared to eighteen unlicensed teachers during the 2013-14 school year. | | |
| **Description of Internal Monitoring Procedures:**  Continued communication with Personnel Dept to insure waiver requirements are being met by all unlicensed teachers. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:**  The district did not provide specific corrective actions on how it will ensure that all special education teachers have current licenses or DESE approved waivers. The district's described internal tracking does not indicate how the special education department keeps track of unlicensed and un-waivered special education teachers. | | |
| **Department Order of Corrective Action:**  Develop or describe in more detail an internal oversight system for the district’s special education teachers and related services providers to ensure that they are appropriately licensed or waivered. This system should include oversight and periodic reviews by the Director of Special Education or their designee to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  For the ten (10) special education teachers identified by the district, submit a copy of each person’s current special education license or approved waiver, along with the program/school they are assigned to. Alternatively, submit a plan of action for each identified teacher to ensure full compliance with licensure requirements. Please include the teacher's name as well as their assignment.  In addition, the district will conduct an internal review of all special education teachers in each building and report those teachers who are assigned to teaching positions that do not hold current teachers license or approved DESE waivers. Please include the teacher's name as well as their assignment.  Submit a description of the special education department's internal oversight system for periodic reviews of teacher and related services licensure, along with the name/role of the person designated by the Director of Special Education.  This progress report is due November 21, 2014. | | |
| **Progress Report Due Date(s):**  11/21/2014 | | |

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| **Criterion & Topic:**  SE 56 Special education programs and services are evaluated | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the district has not regularly evaluated its special education programs and services. | | |
| **Description of Corrective Action:**  Special Education Administration met with Dr. Jim Early from Walker Associates to discuss a program eval. The Supt of schools decided to hold off on the evaluation for this school year. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Special Education | | **Expected Date of Completion:**  03/11/2015 |
| **Evidence of Completion of the Corrective Action:**  An evaluation will be scheduled and conducted during the 2014-15 school year. Specific programs will be targeted for this school year. COACH Program eval to be conducted by the May Center, TASC and Fallon Program eval to be conducted by the Dr. Charlie Applestein | | |
| **Description of Internal Monitoring Procedures:**  Written evaluations will be provided | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 21, 2014, submit evidence such as purchase orders or contracts that the district will conduct program evaluations for the COACH program, the TASC and the Fallon Programs. Provide any additional documentation that demonstrates the evaluation plan.  On or before March 27, 2015, submit evidence of implementation of the district's SE program evaluations; this can include data analysis, interim reports, a final report, or other appropriate documentation. | | |
| **Progress Report Due Date(s):**  11/21/2014  03/27/2015 | | |

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  See SE 48. | | |
| **Description of Corrective Action:**  See SE 48 | | |
| **Title/Role(s) of Responsible Persons:**  Maureen E. Horgan  District Compliance Officer | | **Expected Date of Completion:**  03/11/2015 |
| **Evidence of Completion of the Corrective Action:**  See SE 48 | | |
| **Description of Internal Monitoring Procedures:**  See SE 48 | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please see progress reporting elements for SE 48. | | |
| **Progress Report Due Date(s):**  11/21/2014 | | |

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| **Criterion & Topic:**  CR 9 Hiring and employment practices of prospective employers of students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews demonstrated that prospective employers of students do not sign a statement that the employer complies with applicable federal and state laws prohibiting discrimination in hiring or employment practices, specifically including the protected categories of race, color, national origin, sex, gender identity, handicap, religion and sexual orientation. | | |
| **Description of Corrective Action:**  The district has updated documents given to prospective employees including members of all protected classes. The documents were submitted as evidence. | | |
| **Title/Role(s) of Responsible Persons:**  Maureen E. Horgan  District Compliance Officer | | **Expected Date of Completion:**  09/23/2014 |
| **Evidence of Completion of the Corrective Action:**  The District has submitted the corrected documents. | | |
| **Description of Internal Monitoring Procedures:**  The District Compliance Officer will continue to monitor all federal and state laws and procedures to insure that all documents the district distributes are up to date. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of 2013-2014 student handbooks indicated that the following required information is omitted: 1) Procedures for the reporting, investigation and resolution of complaints involving discrimination, 2) discipline procedures for students eligible for special education and students on 504 plans, 3) discipline procedures for students not yet eligible for special education, and 4) gender identity as a protected category in the anti-discrimination statement. Current handbooks also contain an outdated reference to Chapter 766. | | |
| **Description of Corrective Action:**  The 2014-2015 updated student handbook that reflects procedures for reporting and investigating discrimination, 2) discipline procedures for students eligible for special education and students on 504 plans, 3) discipline procedures for students not yet eligible for special education, and 4) gender identity as protected category in the anti-discrimination statement. | | |
| **Title/Role(s) of Responsible Persons:**  Maureen E. Horgan  District Compliance Officer | | **Expected Date of Completion:**  09/23/2014 |
| **Evidence of Completion of the Corrective Action:**  The District has submitted a copy of the 2014-2015 handbooks for your review | | |
| **Description of Internal Monitoring Procedures:**  The District Compliance Officer will review all federal and state laws and regulations to insure that the District policies and procedures are current. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:**  LPS' 2014-15 student handbooks still omit procedures for the reporting, investigating and resolution of discrimination. | | |
| **Department Order of Corrective Action:**  Revise student handbooks to include procedures for the reporting, investigating and resolution of discrimination, repost corrected versions on all school and district websites, and notify all parties of the revisions. | | |
| **Required Elements of Progress Report(s):**  By November 21, 2015, the district will post revised student handbooks for all schools that include procedures for the reporting, investigating and resolution of discrimination. The district will also submit documentation (communications to staff, parents and students) that the 2014 -2015 student handbooks have been revised to include procedures for the investigation of discrimination. Provide the direct website link to the handbooks as evidence to the DESE. | | |
| **Progress Report Due Date(s):**  11/21/2014 | | |

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the district has not provided professional development on the district's bullying prevention and intervention plan to custodial and cafeteria staff. | | |
| **Description of Corrective Action:**  Cafeteria Staff were trained on the last day of school June 24th 2014. They were trained by the Bullying Coordinator in each of their schools.  The custodians do not work for the Lynn School Department they work for the City of Lynn. The Superintendent is currently working with Mr. Richard Donovan who oversees the custodians to establish a time and plan to train the custodians. | | |
| **Title/Role(s) of Responsible Persons:**  Maureen E. Horgan  District Compliance Officer | | **Expected Date of Completion:**  12/19/2014 |
| **Evidence of Completion of the Corrective Action:**  The District has sent the attendance sheets for the Bullying Training conducted on June 14th with the Cafeteria workers. | | |
| **Description of Internal Monitoring Procedures:**  The District Compliance Officer in conjunction with the Districts Bullying Coordinator will set up and insure training for cafeteria workers and custodians are completed annually. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 21, 2014, submit documentation demonstrating that custodians received training on the district's bullying prevention and intervention plan. Please include agendas, signed attendance sheets, and examples of the training. | | |
| **Progress Report Due Date(s):**  11/21/2014 | | |

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that with the exception of Lynn Classical High School, the district does not consistently implement staff training annually on the use of physical restraint within the first month of each school year or train new employees hired after the beginning of the school year within a month of employment. | | |
| **Description of Corrective Action:**  The District is currently in the process of posting the DOE's power point presentation on Physical Restraint to the LPS website. Each staff member will review the power point. Once they have completed viewing the power point the teacher will print a copy of a sheet that states that the teacher has reviewed the power point. They will sign the sheet and submit the sheet to their principal and the principal will forward the signed sheets to the Compliance Officer. | | |
| **Title/Role(s) of Responsible Persons:**  Maureen E. Horgan  District Compliance Officer | | **Expected Date of Completion:**  12/19/2014 |
| **Evidence of Completion of the Corrective Action:**  The signed sheets will initially be submitted to the building principal for review and then all sheets will be submitted to the Compliance Officer. This activity will be completed within the first thirty days of the opening of school. New teachers will complete this activity within the first thirty days of hire. | | |
| **Description of Internal Monitoring Procedures:**  This activity will be monitored annually by the District Compliance Officer. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Approved  **Status Date**: 10/02/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 21, 2014, submit agendas & relevant examples of training materials from principals of all schools (with the exception of Lynn Classical High School) demonstrating that staff training on the use of physical restraint was conducted within the first month of school. Please maintain staff signatures documenting this training on file and make it available to the Department upon request.  In addition, conduct an internal review of all staff hired after the start of school. Report to the Department the number of new staff hired and the number that received training on the use of physical restraint within the first month of their hire.  This progress report is due November 21, 2014. | | |
| **Progress Report Due Date(s):**  11/21/2014 | | |

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| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  **COORDINATED PROGRAM REVIEW** |

## District: Lynn Public Schools

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Lynn Public Schools/Joan Martineau

CAP Form will expand to as many lines as necessary. Before completing and emailing to pqacap@doe.mass.edu, please see separate *Instructions for Completing Corrective Action Plans.*

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 to the school or district.

**Mandatory One-Year Compliance Date: August 20, 2015**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| Criterion & Topic: ELE 5 Program Placement and Structure | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *According to the program description provided in the parent notification letter and “ELE Review 2014” document submitted by the district, two elementary schools (Harrington and Ingalls), two middle schools (Breed and Marshall) and three high schools (English, Classical and LVTI) offer programs with SEI classrooms. SEI programs at program elementary schools (Harrington and Ingalls) are only available for Level 1 and Level 2 students at grade levels 2-5. In grades 6-12, SEI classes are set up for students at proficiency levels 1, 2 and 3. All the other ELL students are fully mainstreamed and receive Sheltered Instruction (SI) from their classroom teachers and support from an ESL teacher when ESL teachers are available. Therefore, although the parents did not choose to “opt out” of the SEI program, the district does not provide English as a Second Language (ESL) instruction to most of the students in program schools or to any of the ELLs assigned to non-program schools. Record review also demonstrated that ELL students consistently receive less than the recommended hours of ESL instruction for their proficiency levels.* | | | |
| **Narrative Description of Corrective Action:** Additional ESL specialists have been hired and placed to provide coverage and support in all elementary schools. Also, additional ESL specialists have been placed to expand current support across the elementary schools. An ESL specialist has been hired and placed at Pickering Middle School to provide ESL support to students. The additional staff will increase the hours of ESL instruction provided for students across the district. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Joan Martineau, Director of Language Support | | **Expected Date of Completion for Each Corrective Action Activity:**  1) Increase number of ESL Specialists in all elementary schools (September 2014)  2) Hire and place additional staff (ESL Specialist) at Pickering Middle School (September 2014)  3) Increase hours of ESL instruction for students in all proficiency levels (ongoing) | |
| **Evidence of Completion of the Corrective Action:**  ESL Specialist Schedules  Monthly ESL Specialist Meeting Agendas  -Minutes per week monitoring log | | | |
| **Description of Internal Monitoring Procedures:**  ESL Specialist schedules submitted to Language Support Office  Monthly ESL Specialist Meetings  -Minutes per week monitoring log submitted to Language Support Office | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 5 Program Placement and Structure** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** N/A | | | |
| **Department Order of Corrective Action:** N/A | | | |
| **Required Elements of Progress Report(s):**  Please complete district information in the attached spreadsheet labeled *ELL List* by school for each ELL student in the district. | | | |
| **Progress Report Due Date(s): January 12, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 10 Parent Notification** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *A review of student records and interviews indicated that the district does not provide annual written notification to families of ELLs. Document review indicated that the district’s notice omits information on specific exit requirements, parents’ right to apply for a waiver, parents’ right to decline ELE programming, and how the Title III program will meet the objectives of the Individualized Education Plan (IEP).* | | | |
| **Narrative Description of Corrective Action:**  The Language Support Department has prepared the DESE “Annual Parental Notification of English Language Education (ELE) and Title III Program Placement” letter to be distributed in all schools across the district. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Joan Martineau, Director of Language Support | | **Expected Date of Completion for Each Corrective Action Activity:**   1. Distribution of letter in English and translated languages (October 3, 2014) | |
| **Evidence of Completion of the Corrective Action:**   1. DESE letter in English and available translated languages to all ELL parents | | | |
| **Description of Internal Monitoring Procedures:**   1. Notification and instructions to schools for distribution of DESE letter | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 10 Parent Notification** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**  Submit the distribution notice to all schools as described in the district’s proposed corrective action by **January 12, 2015.** Alternatively, provide evidence of training to all relevant ELE staff on the distribution of the annual parent notice, including training agenda, name/role of the trainer, signed attendance sheets, and examples of any training materials.  Conduct an internal record review of approximately 25 ELLs representing a cross-section of the Lynn Public Schools following the implementation of the corrective actions, ensuring that annual notice of continued ELL classification is issued to parents. Report the number of ELE records reviewed at each level and the number that contained the annual parent notification letter. If any non-compliance is identified, the district will report the root cause and its proposed plan of action to remedy any noncompliance for each student record reviewed. This progress report is due **March 9, 2015.**  **\*Please note when conducting internal monitoring the district 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 person(s) who conducted the review, their role(s) and signature(s).** | | | |
| **Progress Report Due Date(s): January 12, 2015; March 9, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 11** **Equal Access to Academic Programs and Services** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *A review of student records, documents, and interviews indicated that ELLs enrolled in the district’s high school Newcomers program do not receive credit for their courses.* | | | |
| **Narrative Description of Corrective Action:** Develop grading system and credit allocation for district’s high school Newcomers program. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Joan Martineau, Director of Language Support | | **Expected Date of Completion for Each Corrective Action Activity:**   1. Discuss grading and credit options for district’s high school newcomer program with DESE liaison (ongoing) 2. Develop grading system and credit allocation for the district’s high school Newcomers program (August 2015) | |
| **Evidence of Completion of the Corrective Action:**   1. Program description with specified cred its | | | |
| **Description of Internal Monitoring Procedures:**   1. Meetings with high school principals, guidance counselors and teachers regarding new credit/grading system for Newcomers program | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 11 Equal Access to Academic Programs and Services** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**  Submit evidence of district’s development of credit options in the Newcomer’s program, including any memoranda, meeting minutes, proposals, etc., to demonstrate the district’s planning process.This progress report isdue **January 12, 2015.**  Submit the district’s proposed Newcomer’s program description for the 2015-2016 school yearby **March 9, 2015.** | | | |
| **Progress Report Due Date(s): January 12, 2015; March 9, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic: ELE 13** **Follow-up Support** | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *A review of student records and interviews indicated that the district does not actively monitor students who have exited English language learner programming for two years. While document review indicated that the district has monitoring procedures, student records demonstrated that monitoring has not been consistently implemented throughout the district’s schools.* | | | |
| **Narrative Description of Corrective Action:** Two Language Support Program Specialists have been hired to provide additional district-level support. Language Support Program Specialist will meet with elementary and secondary principals, CITs and guidance counselors to ensure consistent compliance of monitoring students who have exited English language learner programming. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Joan Martineau, Director of Language Support; Rania Caldwell, Program Specialist-Language Support; Hana Walsh-Program Specialist-Language Support | | **Expected Date of Completion for Each Corrective Action Activity:**   1. Language Support Program Specialists will schedule meetings with program specialists, CITs and guidance counselors for review of student records of students who have exited ELL programming (quarterly) 2. ELL FLEP report sent out from Language Support office to schools to monitor FLEP students (bi-annually) | |
| **Evidence of Completion of the Corrective Action:**   1. Folder review schedule and checklist 2. Completed FLEP monitoring form | | | |
| **Description of Internal Monitoring Procedures:**   1. Language Support Program Specialists scheduled visits for ELL folder review 2. FLEP monitoring form to track student progress | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 13 Follow-up Support** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**  Submit evidence ofscheduled meetings with program specialists, CITs and guidance counselors for review of student records of students who have exited ELL, along with any additional materials that demonstrate a change in the district’s practices for monitoring FLEP students. This progress report is due **January 12, 2015**.  **Please see ELE 18** for the internal record review requirements to demonstrate that FLEP monitoring forms are documented in applicable student records. This progress report is due **March 9, 2015**. | | | |
| **Progress Report Due Date(s): January 12, 2015; March 9, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| Criterion & Topic: ELE 18 Records of LEP Students | | | **Rating: Partially Implemented** |
| **Department CPR Finding:** *A review of student records indicated that records do not consistently include the following documents: parent notification letters, language development progress reports, and evidence of monitoring activities for former ELLs. Record review also indicated that translation of documents into families’ native languages is inconsistent.* | | | |
| **Narrative Description of Corrective Action:** Two Language Support Program Specialists have been hired to provide additional district-level support. Language Support Program Specialist will meet with elementary and secondary principals, program specialists, CITs and guidance counselors to ensure consistent compliance of student records and required translations. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Joan Martineau, Director of Language Support; Rania Caldwell, Program Specialist-Language Support; Hana Walsh, Program Specialist-Language Support | | **Expected Date of Completion for Each Corrective Action Activity:**   1. Language Support Program Specialists will schedule quarterly meetings with program specialists, CITs and guidance counselors for review of student records of ELL students 2. New district position created, “Family Engagement and Translation Service Specialist” to facilitate translation of documents. | |
| **Evidence of Completion of the Corrective Action:**   1. Folder review schedule and checklist 2. Samples of translated documents | | | |
| **Description of Internal Monitoring Procedures:**   1. Periodic visits for ELL folder review to ensure consistent documentation (including required   translations) | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion: ELE 18 Records of LEP Students** | **Status of Corrective Action:**  Approved  Partially Approved  Disapproved | | |
| **Basis for Partial Approval or Disapproval:** Not Applicable | | | |
| **Department Order of Corrective Action:** Not Applicable | | | |
| **Required Elements of Progress Report(s):**  Submit thefolder review schedule and checklist described in the district’s proposed corrective action by **January 12, 2015**.  Conduct an internal record review of approximately 25 ELLs representing a cross-section of the Lynn Public Schools following the implementation of the corrective actions, ensuring that parent notification letters, language development progress reports, and bi-annual FLEP monitoring forms, as well as evidence of translated documents. Report the number of ELE records reviewed at each level and the number that contained the annual parent notice, progress reports, monitoring documentation, and evidence of translations. If any non-compliance is identified, the district will report the root cause and its proposed plan of action to remedy any noncompliance for each student record reviewed. This progress report is due **March 9, 2015.**  **\*Please note when conducting internal monitoring the district 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 person(s) who conducted the review, their role(s) and signature(s).** | | | |
| **Progress Report Due Date(s): January 12, 2015; March 9, 2015** | | | |