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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: Bridge Boston Charter School (District)

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 09/06/2014.

**Mandatory One-Year Compliance Date:** **09/06/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 2 | Required and optional assessments | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 15 | Outreach by the School District (Student Find) | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 20 | Least restrictive program selected | 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 32 | Parent advisory council for special education | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 20 | Staff training on confidentiality of student records | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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

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| **Criterion & Topic:**  SE 2 Required and optional assessments | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and interviews indicated that the school does not consistently complete educational assessments, specifically a history of the student's educational progress in the general education curriculum and teacher assessments that address attention skills, participation behaviors, communication skills, memory and social relations with groups, peers and adults. | | |
| **Description of Corrective Action:**  Special Education Administrator and Case Managers will be trained on the need to complete educational assessments, specifically a history of the student's educational progress in the general education curriculum and teacher assessments that address attention skills, participation behaviors, communication skills, memory and social relations with groups, peers and adults. Training will include a review of Educational Assessment Part A and Part B paperwork on SemsTracker software. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Special Education Administrator  Case Managers | | **Expected Date of Completion:**  02/27/2015 |
| **Evidence of Completion of the Corrective Action:**  Agenda, handouts, and participant sign in sheet. Result of random file review in January 2015. | | |
| **Description of Internal Monitoring Procedures:**  A random review of files with evaluations completed between November 1, 2014 and January 15, 2014 will be completed by the Director of Student Services to ensure implementation of said criteria. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/04/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed internal monitoring process does not address the need for ongoing monitoring to ensure continued compliance. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and monitoring system, ensuring that educational assessments include the student's history of educational progress in the general curriculum for all initial referrals and re-evaluations that are completed. The 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 those students identified by the Department in need of Educational Assessments A, submit documentation as described in the Student Issues Worksheet. This progress report is due December 19, 2014.  Provide evidence of the staff training, including signed attendance sheets (with name and role), agenda, and any training materials regarding the completion of educational assessments, particularly the requirement that a student's historical progress in the general curriculum be included. This progress report is due December 19, 2014.  Submit a description of the district's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated person. This progress report is due December 19, 2014.  Conduct an internal record review, post the training, of all files in which Educational Assessments A were completed. Provide an analysis of this review to include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and any steps that the district has taken to remedy the non-compliance. This progress report is due February 27, 2015.  \*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 the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/19/2014  02/27/2015 | | |

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

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and interviews indicated that required IEP Team members are not consistently excused in writing by parents in advance of IEP Team meetings. Specifically, related service providers are not consistently excused from Team meetings despite students receiving services in these areas. Record review also demonstrated that excused required Team members do not always provide written input in advance to the IEP Team and parent for development of the IEP. | | |
| **Description of Corrective Action:**  Special Education Administrator and Case Managers will be trained on the need to document parent/guardian excusal of required IEP Team members in writing in advance of IEP Team meetings, as well as the need for written input to be provided by excused required Team members in advance for development of the IEP. Training will include a review of excusal sheet and written input forms on SemsTracker software. Training will also address creating attendance sheets with required and expected attendees in mind, rather than always including a standard set of school personnel (ie. Principal, Director of Student Services, who are not always required or expected). | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Special Education Administrator  Case Managers | | **Expected Date of Completion:**  02/27/2015 |
| **Evidence of Completion of the Corrective Action:**  Agenda, handouts, and participant sign in sheet. Result of random file review in January 2015. | | |
| **Description of Internal Monitoring Procedures:**  A random review of files for meetings between November 1 2014 and January 15 2015 where excusal was required will be completed to ensure procedures were followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date:** 11/04/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide evidence of the staff training, including signed attendance sheets (with name and role), agenda, and any training materials regarding IEP Team composition and attendance, particularly the requirement that Team members be excused in writing in advance of IEP Team meetings. This progress report is due December 19, 2014.  Conduct an internal record review, post the training, of all files in which IEP Team members' attendance was excused by the parent. Provide an analysis of this review to include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and any steps that the district has taken to remedy the non-compliance. This progress report is due February 27, 2015.  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 the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/19/2014  02/27/2015 | | |

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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 interviews indicated that the school's IEP Teams do not consistently meet at least annually on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. | | |
| **Description of Corrective Action:**  Special Education Administrator and Case Managers will be trained on the need to meet at least annually on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation as appropriate. Training will include a review of a calendar for the 2014-2015 school year with all current students' annual due dates, and a review of location of annual dates in the SemsTracker software. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Special Education Administrator  Case Managers | | **Expected Date of Completion:**  02/27/2015 |
| **Evidence of Completion of the Corrective Action:**  Agenda, handouts, and participant sign in sheet. Result of random file review in January 2015. | | |
| **Description of Internal Monitoring Procedures:**  A random review of annuals held between November 1 2014 and January 15 2015 will be completed by the Director of Student Services to ensure that in all instances, annuals meet their timelines. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/04/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed internal monitoring process does not address the need for ongoing monitoring to ensure continued compliance. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and monitoring system, ensuring that IEP Teams consistently meet at least annually on or before the anniversary date of the IEP. The 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):**  Provide evidence of the staff training, including signed attendance sheets (with name and role), agenda, and any training materials regarding annual IEP timelines. This progress report is due December 19, 2014.  Submit a description of the district's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated person. This progress report is due December 19, 2014.  Conduct an internal record review, post the training, of approximately ten files, ensuring that annual IEP timelines are being met. Provide an analysis of this review to include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and any steps that the district has taken to remedy the non-compliance. This progress report is due February 27, 2015.  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 the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/19/2014  02/27/2015 | | |

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

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| **Criterion & Topic:**  SE 15 Outreach by the School District (Student Find) | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that the school has not established a method of outreach to parents or guardians to inform them of the process to refer students for a special education evaluation. | | |
| **Description of Corrective Action:**  \*\*Uploaded current student-family handbook to Additional Documents as evidence of practice already in place\*\*  Director of Student Services will provide language from Student/Family Handbook to Principal and Development Director. Development Director will include this language on the Bridge Boston website. Principal will include this language in a family newsletter. Language will continue to be present in Student/Family Handbook and given to families at start of each school year; current Student/Family Handbook contains such language and was provided to families in August 2014 or when they enrolled for the 2014-2015 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Principal  Development Director | | **Expected Date of Completion:**  11/21/2014 |
| **Evidence of Completion of the Corrective Action:**  Student/Family Handbook, link on website, Family Newsletter. | | |
| **Description of Internal Monitoring Procedures:**  Review of website and Student/Family Handbook by November 1 2014, as well as Family Newsletters from October 1 2014 to November 1 2014 will be completed by Director of Student Services to ensure implementation of language in three locations. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 15 Outreach by the School District (Student Find) | **Corrective Action Plan Status:** Approved  **Status Date:** 11/04/2014  **Correction Status:** Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that IEP Teams do not always consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students on the autism spectrum and for students whose disability affects social skills development or makes him or her vulnerable to bullying, harassment, or teasing. | | |
| **Description of Corrective Action:**  Special Education Administrator and Case Managers will be trained on existing Bridge SPED Policies and Procedures that outline the need to consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students on the autism spectrum and for students whose disability affects social skills development or makes him or her vulnerable to bullying, harassment, or teasing. Training will include examples of how this would be shown in IEPs, per the existing policies and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Special Education Administrator  Case Managers | | **Expected Date of Completion:**  02/27/2015 |
| **Evidence of Completion of the Corrective Action:**  Agenda, handouts, and participant sign in sheet. Result of random file review in January 2015. | | |
| **Description of Internal Monitoring Procedures:**  A random review of IEPs written between November 1, 2014 and January 15, 2014 will be completed by the Director of Student Services to ensure implementation of said criteria. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/04/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed internal monitoring process does not address the need for ongoing monitoring to ensure continued compliance. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and monitoring system, ensuring that IEP Teams consistently consider and specifically address the students' skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. The 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 those students identified by the Department in which the skills and proficiencies to avoid bullying, harassment, or teasing needed to be addressed, submit documentation as described in the Student Issues Worksheet. This progress report is due December 19, 2014.  Provide evidence of the staff training, including signed attendance sheets (with name and role), agenda, and any training materials regarding the requirement that IEP Teams always consider and specifically address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. This progress report is due December 19, 2014.  Submit a description of the district's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated person. This progress report is due December 19, 2014.  Conduct an internal review of all student records, post training, for evidence that skills and proficiencies needed to avoid bullying, harassment and teasing are being addressed. Provide an analysis of this review to include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and any steps that the district has taken to remedy the non-compliance. This progress report is due February 27, 2015.  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 the person(s) who conducted the review, their role(s), and their signatures. | | |
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| COORDINATED PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that IEP Teams do not consistently and appropriately justify the student's removal from the general education classroom and state why the removal of the student from the general education classroom is considered critical to the student's program and the basis for the IEP Team's conclusion that education of the student in a less restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Description of Corrective Action:**  Special Education Administrator and Case Managers will be trained on the need to appropriately justify in all IEPs any removal from the general education setting. Training will include examples of justifications that tie in the disability in a clear manner, act as evidence of thoughtful team discussion, and are clear to reader why the student cannot achieve their goals in a less restrictive environment with the use of supplementary aids and services. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Special Education Administrator  Case Managers | | **Expected Date of Completion:**  02/27/2015 |
| **Evidence of Completion of the Corrective Action:**  Agenda, handouts, and participant sign in sheet. Result of random file review in January 2015. | | |
| **Description of Internal Monitoring Procedures:**  A random review of IEPs completed between November 1, 2014 and January 15, 2014 will be completed by the Director of Student Services to ensure implementation of said criteria. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/04/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed internal monitoring process does not address the need for ongoing monitoring to ensure continued compliance. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and monitoring system to ensure that Non-Participation Justification statements indicate why the removal of the student from the general education classroom is considered critical to the student's program. The 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):**  Provide evidence of the staff training conducted regarding Non-Participation Justification statements, including signed attendance sheets (with name and role), agenda and any training materials. This progress report is due December 19, 2014.  Submit a description of the district's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated person. This progress report is due December 19, 2014.  Conduct an internal record review, post the training, of all files for evidence of appropriately developed Non-Participation Justification statements. Provide an analysis of this review to include the number of records reviewed and the number of records founds to be non-compliant. For any records found to be non-compliant, provide an analysis of the root cause(s) and any steps that the district has taken to remedy the non-compliance. This progress report is due February 27, 2015.  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 the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/19/2014  02/27/2015 | | |

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

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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 student records indicated that the Notices of School District Action (N1) do not consistently include the following components: 1) an explanation of why the agency proposed or refused to take action; 2) a description of any other options that the agency considered and the reasons why those options were rejected; 3) a description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action; and 4) what next steps, if any, are recommended. | | |
| **Description of Corrective Action:**  Special Education Administrator and Case Managers will be trained on the appropriate completion of N1s to include an explanation of why Bridge proposed or refused to take action, a description of any other options considered and the reasons why those options were rejected, a description of each evaluation procedure, test, record or report used as a basis for the proposed or refused action, and what next steps, if any, are recommended. The training will include review of N1 paperwork on SemsTracker software, as well as examples of appropriately completed N1s. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Special Education Administrator  Case Managers | | **Expected Date of Completion:**  02/27/2015 |
| **Evidence of Completion of the Corrective Action:**  Agenda, handouts, and participant sign in sheet. Result of random file review in January 2015. | | |
| **Description of Internal Monitoring Procedures:**  A random review of files with N1s completed between November 1, 2014 and January 15, 2014 will be completed by the Director of Student Services to ensure implementation of said criteria. | | |
| 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:** Partially Approved  **Status Date:** 11/04/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposed internal monitoring process does not address the need for ongoing monitoring to ensure continued compliance. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and monitoring system to ensure that Notices of Proposed District Action (N1s) address all required questions. The 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):**  Provide evidence of the staff training conducted regarding the completion of the district's Notice of School District Action (N1), including signed attendance sheets, agenda, and examples of materials. This progress report is due December 19, 2014.  Submit a description of the district's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated person. This progress report is due December 19, 2014.  Conduct an internal review of approximately 10 records with IEP activity post-training, to ensure that all components of the N1 are addressed. Please provide an analysis of this review to include the number of records reviewed and the number of records found to be non-compliant. For any records found to be non-compliant, please provide an analysis of the root cause(s) and any steps that the district has taken to remedy the non-compliance. This progress report is due February 27, 2015.  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 the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  12/19/2014  02/27/2015 | | |

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

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that while the school conducts at least one workshop annually within the school on the rights of students and their parents and guardians under the state and federal special education laws, a parent advisory council for special education with by-laws regarding officers and operational procedures has not been established. | | |
| **Description of Corrective Action:**  Meeting with Special Education Administrator and Case Managers to plan 2014-2015 annual workshop and create proposal to increase parent/guardian participation and to ensure selection of by-laws including officers and operational procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Special Education Administrator  Case Managers | | **Expected Date of Completion:**  02/27/2015 |
| **Evidence of Completion of the Corrective Action:**  Meeting agenda, written proposal, written invitation or documentation of verbal invitation provided to parents/guardians of special education students, family newsletter as documentation of invitation extended to all Bridge families, samples of by-laws provided to attending parent/guardians, and selected by-laws with at least one officer. | | |
| **Description of Internal Monitoring Procedures:**  Review of SEPAC file by Director of Student Services in January 2015 will be completed to ensure that by-laws were adopted at annual workshop attended by at least one parent/guardian. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 11/04/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please submit supporting evidence that the charter school is taking steps to established a district-wide parent advisory council on special education. Evidence should include, but is not limited to, meeting invitations, agendas and meeting attendance, and newsletters. This progress report is due December 19, 2014. | | |
| **Progress Report Due Date(s):**  12/19/2014 | | |

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

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that while the school conducts professional development on state and federal special education requirements and related local special education policies and procedure for its employees, contracted related service providers such as occupational therapists and speech pathologists do not receive such training. | | |
| **Description of Corrective Action:**  \*\*Uploaded agenda for 2014 professional development meeting requirements to Additional documents\*\*  Bridge conducted professional development on state and federal special education requirements and related local special education policies and procedures for its employees INCLUDING related services providers at the start of the 2014-2015 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services  Special Education Administrator  Related Service Providers | | **Expected Date of Completion:**  02/27/2015 |
| **Evidence of Completion of the Corrective Action:**  Agenda, handouts, and participant sign in sheet. | | |
| **Description of Internal Monitoring Procedures:**  Interview of related service providers completed by Director of Student Services in January 2015 will be completed to ensure such employees received required professional development. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/31/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The charter school was able to submit evidence that it has conducted professional development on state and federal special education requirements and related local special education policies and procedures, but did not submit a completed attendance sheet demonstrating that related service providers were in attendance. | | |
| **Department Order of Corrective Action:**  Submit evidence that related service providers were in attendance for the Special Education Training conducted August 19, 2014. | | |
| **Required Elements of Progress Report(s):**  Please submit evidence that related service providers were in attendance for the Special Education Training conducted August 19, 2014. This progress report is due December 19, 2014. | | |
| **Progress Report Due Date(s):**  12/19/2014 | | |

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

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Although the school describes how it ensures equal access to a full range of education programs for individuals with disabilities, this description does not address the protected categories of race, color, sex, gender identity, religion, national origin, sexual orientation, or homelessness. | | |
| **Description of Corrective Action:**  This year in the Family Handbook, we included a paragraph about all students having access to a full range of educational programs and we spelled out each protected class including gender identity. | | |
| **Title/Role(s) of Responsible Persons:**  Principal, Jennifer Daly | | **Expected Date of Completion:**  10/06/2014 |
| **Evidence of Completion of the Corrective Action:**  See uploaded paragraph from 2014-2015 Family Handbook. | | |
| **Description of Internal Monitoring Procedures:**  Principal will review document that is being uploaded. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/04/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Although the district's revised 2013-14 handbook demonstrates the addition of protected classes to its non-discrimination policy, the list of protected classes does not include homelessness. | | |
| **Department Order of Corrective Action:**  Revise the district's non-discrimination policy to include homelessness. Disseminate these revised policies to families for the 2014-2015 SY. | | |
| **Required Elements of Progress Report(s):**  Submit the revised non-discrimination policy along with evidence of its dissemination to families for the 2014-2015 SY. This progress report is due December 19, 2014. | | |
| **Progress Report Due Date(s):**  12/19/2014 | | |

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

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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 while the district has a physical restraint policy and trains its employees annually on the use of physical restraint, contracted related service providers such as occupational therapists and speech pathologists do not receive such training. | | |
| **Description of Corrective Action:**  The school will retrain all members of its team in our physical restraints policy. Any teacher who is out sick or unable to be present at the training will complete an online webinar. Both those staff members present at the training and those who complete the webinar will have to sign an acknowledgement of attending or participating in the training and will complete a brief assessment that demonstrates an understanding of the school's policies. | | |
| **Title/Role(s) of Responsible Persons:**  Principal - Jennifer Daly  Director of Student Services - Joanna Steffey | | **Expected Date of Completion:**  11/27/2014 |
| **Evidence of Completion of the Corrective Action:**  The principal will collect and file the signature sheets and assessments proving that all staff members have completed the physical restraint training. | | |
| **Description of Internal Monitoring Procedures:**  The principal will randomly ask 6 people on staff in November, including the OT and the speech pathologist to explain the Bridge Boston policy for physical restraints. These responses will be collected and filed. | | |
| 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:** 11/04/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the signed attendance sheets with name/role for physical restraint training to demonstrate that related service providers were in attendance for this training conducted by the charter school. Please also include agenda, and any training materials. This progress report is due December 19, 2014. | | |
| **Progress Report Due Date(s):**  12/19/2014 | | |

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

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| **Criterion & Topic:**  CR 20 Staff training on confidentiality of student records | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that while the district conducts annual training on confidentiality of student records for its employees, contracted related service providers such as occupational therapists and speech pathologist do not receive such training. | | |
| **Description of Corrective Action:**  The school will retrain all members of its team in the confidentiality of student records. Any teacher who is out sick or unable to be present at the training will complete an online webinar. Both those staff members present at the training and those who complete the webinar will have to sign an acknowledgement of attending or participating in the training and will complete a brief assessment that demonstrates an understanding of the school's policies. | | |
| **Title/Role(s) of Responsible Persons:**  Principal - Jennifer Daly | | **Expected Date of Completion:**  11/27/2014 |
| **Evidence of Completion of the Corrective Action:**  Agendas, PowerPoint, signatures of participants. | | |
| **Description of Internal Monitoring Procedures:**  In November, the Principal will ask 6 random members of the staff, including 2 specialists, to describe the school's policy on the confidentiality of student records. These responses will be documented and filed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 20 Staff training on confidentiality of student records | **Corrective Action Plan Status:** Approved  **Status Date:** 10/31/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please submit evidence that related service providers were in attendance for the confidentiality of student records training conducted by the charter school. Please include signed attendance sheets (with name and role), agenda, and any training materials. This progress report is due December 19, 2014. | | |
| **Progress Report Due Date(s):**  12/19/2014 | | |

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

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| **Criterion & Topic:**  CR 21 Staff training regarding civil rights responsibilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicated that while the district conducts annual training regarding civil rights responsibilities for its employees, contracted related service providers such as occupational therapists and speech pathologists do not receive such training. | | |
| **Description of Corrective Action:**  The school will retrain all members of its team in our civil rights responsibilities. Any teacher who is out sick or unable to be present at the training will complete an online webinar. Both those staff members present at the training and those who complete the webinar will have to sign an acknowledgement of attending or participating in the training and will complete a brief assessment that demonstrates an understanding of the school's policies. | | |
| **Title/Role(s) of Responsible Persons:**  Principal, Jennifer Daly | | **Expected Date of Completion:**  11/21/2014 |
| **Evidence of Completion of the Corrective Action:**  Agenda, PowerPoint, Signatures, Assessments. | | |
| **Description of Internal Monitoring Procedures:**  In November, during a weekly Professional Development Meeting, all members of the staff will be asked to complete a true/false test measuring their understanding of the school's civil rights responsibilities. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date:** 11/04/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the signed attendance sheets with name/role of staff members to demonstrate that related service providers were in attendance for the civil rights training conducted by the charter school. Please also include agenda and any training materials. This progress report is due December 19, 2014. | | |
| **Progress Report Due Date(s):**  12/19/2014 | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that the school's process for reviewing all educational materials for simplistic and demeaning generalizations does not address gender identity as a protected category. | | |
| **Description of Corrective Action:**  The principal, Director of Student Services and the Instructional Leadership Team will review our educational materials for simplistic and demeaning generalizations around gender identity. We will work to ensure that no materials contain any negative or stereotypical perspectives. | | |
| **Title/Role(s) of Responsible Persons:**  Principal, Jennifer Daly  Instructional Leadership Team | | **Expected Date of Completion:**  11/27/2014 |
| **Evidence of Completion of the Corrective Action:**  We will compile a checklist that assures that we have looked at all aspects of the curriculum. | | |
| **Description of Internal Monitoring Procedures:**  The Instructional Leadership Team will put together a description of our work in this regard and remind teachers that gender identity is also a protected category. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 11/04/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please submit evidence that gender identity has been included as a protected category in the school's process for reviewing all educational materials for simplistic and demeaning generalizations. This progress report is due December 19, 2014. | | |
| **Progress Report Due Date(s):**  12/19/2014 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that while the school evaluates all aspects of its prekindergarten-grade two programming annually to ensure that all students have equal access to all programs, including athletics and other extracurricular activities, the process does not address gender identity as a protected category. | | |
| **Description of Corrective Action:**  The Senior leadership team will evaluate all aspects of our program to ensure that all students, regardless of their gender identity, have equal access to all programs, including athletics and extracurricular activities. | | |
| **Title/Role(s) of Responsible Persons:**  Executive Director, Yully Cha  Principal, Jennifer Daly | | **Expected Date of Completion:**  11/27/2014 |
| **Evidence of Completion of the Corrective Action:**  Checklist for all program areas. | | |
| **Description of Internal Monitoring Procedures:**  The Principal and ED will do a presentation to the faculty of our findings and provide them with 3 examples of students in other places who have been denied access to programs because of their gender identity. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 11/04/2014  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please submit evidence that the charter school has included gender identity as a protected category when evaluating all aspects of its prekindergarten through grade two programming. Evidence should include, but is not limited to, checklists and other evaluation tools. This progress report is due December 19, 2014. | | |
| **Progress Report Due Date(s):**  12/19/2014 | | |