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

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: Lowell Middlesex Academy Charter (District)

CPR Onsite Year: 2012-2013

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 08/16/2013.

**Mandatory One-Year Compliance Date:** **08/21/2014**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 18A | IEP development and content | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| CR 10 | Anti-Hazing Reports | 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 |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records and staff interviews indicated that IEP Teams do not consistently address age-specific considerations for students ages 14+ in the Present Levels of Education Performance B section (PLEP B) of the IEP. Additionally, the charter school's designated representative does not provide her written assurance that the services proposed in the IEP will be delivered prior to issuing it to parents. | | |
| **Description of Corrective Action:**  All IEPs written at Team meetings will be signed by one of the two LEAs in attendance before the IEP is given to the parent/guardian at the conclusion of the meeting.  On the PLEP B page, all IEPs will be check-marked for age 16 to 22. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Coordinator | | **Expected Date of Completion:**  09/03/2013 |
| **Evidence of Completion of the Corrective Action:**  New Team Meeting Agenda includes instruction for LEA signature prior to IEP being issued to parent/guardian.  Special Education staff professional development for policy changes | | |
| **Description of Internal Monitoring Procedures:**  The Special Education Coordinator will ask the special education teacher to ensure that the PLEB B is checked appropriately and that all IEPs are signed by the LEA prior to being issued to the parent/guardian. In addition, the Special Education Coordinator will check all IEPs for the check mark. All LEAs have been informed that their signature is mandatory before the IEP can be issued to the parent/guardian. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/09/2013  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The charter has submitted its plan for staff training regarding that prior to the IEP being issued, LEA signs to ensure delivery of services. This process will be monitored by the Special Education Coordinator. Although the charter will monitor checking of age-specific box on IEP, it must also ensure consistency in addressing those considerations in PLEB B, as applicable. | | |
| **Department Order of Corrective Action:**  In addition to its planned corrective action, the charter must provide staff training regarding appropriate completion of PLEP B form in the IEP as applicable to the student. | | |
| **Required Elements of Progress Report(s):**  The charter must submit evidence of staff training related to consistently addressing age-specific considerations for students ages 14+ in the Present Levels of Education Performance B section (PLEP B) of the IEP and providing written assurance that the services proposed in the IEP will be delivered prior to issuing it to parents. Provide as evidence (but not limited to) any memoranda, training/meeting agenda, signed attendance sheets, training materials, sample PLEB B forms, or email correspondence. Please submit to ESE on or before November 21, 2013.  Subsequent to completion of all training activities, submit the results of the administrative review of student records for evidence of appropriate completion of PLEB B forms and LEA signatures prior to sending the IEP. Indicate the number of records reviewed, number found compliant, an explanation of the root cause for any continued noncompliance and description of additional corrective actions taken by the charter to address any identified noncompliance. Please submit this to ESE on or before March 21, 2014.  \*Please note when conducting internal monitoring the charter must maintain the following documentation and make it available to ESE upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signature(s). | | |
| **Progress Report Due Date(s):**    11/21/2013 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of student records indicated that if a student is removed from the general education classroom at any time, the IEP Team does not consistently state in detail why the removal is considered critical to the student's program. Student records demonstrated that IEP statements justifying student non-participation in general education are generalized rather than specific to the individual student's needs and do not reflect the basis for the Team's conclusion that the student cannot be educated in a less restrictive environment with the use of supplementary aids and services. | | |
| **Description of Corrective Action:**  All IEPs will include a more specific reason for services provided outside of the classroom. | | |
| **Title/Role(s) of Responsible Persons:**  Special Education Coordinator | | **Expected Date of Completion:**  09/03/2013 |
| **Evidence of Completion of the Corrective Action:**  Special Education staff professional development sign in sheet with Special Education Coordinator and Special Education Teacher outlining the narrative appropriate language for reasons for services outside the classroom, | | |
| **Description of Internal Monitoring Procedures:**  The Special Education Coordinator will remind the special education teacher of the approved language for the reasons for service provided outside the classroom and will check new IEPs for such language. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 09/09/2013  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The charter must submit evidence of staff training related to consistently stating in detail why the student's removal from the general education program is considered critical to his/her program within the IEP non-participation justification statements and that they also reflect the basis for the Team's conclusion that the student cannot be educated in a less restrictive environment with the use of supplementary aids and services. Provide as evidence (but not limited to) any memoranda, training/meeting agenda, signed attendance sheets, training materials, sample non-participation statements, or email correspondence. Please submit to ESE on or before November 21, 2013.  Subsequent to completion of all training activities, submit the results of the administrative review of student records for evidence of appropriate non-participation justification statements in the IEP. Indicate the number of records reviewed, number found compliant, an explanation of the root cause for any continued noncompliance and description of additional corrective actions taken by the charter to address any identified noncompliance. Please submit this to ESE on or before March 21, 2014.  \*Please note when conducting internal monitoring the charter must maintain the following documentation and make it available to ESE upon request: a) List of student names and grade level for the record review; b) Date of the review; c) Name of the person(s) who conducted the review, their role(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  11/21/2013 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 10 Anti-Hazing Reports | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Although the school's anti-hazing policy is published in the student handbook, staff interviews revealed that the school's principal does not issue a copy of the Massachusetts anti-hazing law and the anti-hazing disciplinary policy to every affiliated and unaffiliated student group, student team, or student organization. | | |
| **Description of Corrective Action:**  LMACS has a limited number of after-school activities that are sometimes lead by an expert in the field. EX. Martial Arts. Those instructors have always submitted a CORI and now will receive a packet of the Anti-Hazing law and LMACS policy when they complete the CORI request form. They will sign that they read and understood same. | | |
| **Title/Role(s) of Responsible Persons:**  Director | | **Expected Date of Completion:**  08/20/2013 |
| **Evidence of Completion of the Corrective Action:**  They signed cover sheet will be the evidence. | | |
| **Description of Internal Monitoring Procedures:**  Director, LMACS registrar, and MCC HR dept. are responsible for completing all paperwork before hiring.  All volunteers complete CORI requests and must sign cover sheet before first day of volunteer assignment. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10 Anti-Hazing Reports | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/09/2013  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The charter high school principal is also responsible for keeping evidence of the issuance of a copy of the Anti-hazing law and acknowledgement form signed by the faculty advisor and student leader for groups, teams and organizations providing activities throughout the year. | | |
| **Department Order of Corrective Action:**  The charter must provide training to staff regarding their responsibilities of the issuance and keeping of evidence of such dissemination related to the Anti-hazing law. | | |
| **Required Elements of Progress Report(s):**  The charter must submit evidence of staff training related to its required issuance of a copy of the Massachusetts anti-hazing law and the anti-hazing disciplinary policy to every affiliated and unaffiliated student group, student team, or student organization with signatures of faculty advisor and student leader.  Provide as evidence (but not limited to) any memoranda, training/meeting agenda, signed attendance sheets, training materials including anti-hazing form to be distributed, or email correspondence. Please submit to ESE on or before September 30, 2013.  Subsequent to training regarding the distribution of the anti-hazing policy, please conduct an administrative review for evidence of the issuance along with required signatures of the anti-hazing form. Please also provide a written assurance of the keeping of such forms by the charter high school principal. Please submit the results of an administrative review and for any found continuing non-compliance, submit a narrative of the means for administrative correction based on a root-cause analysis to ESE on or before March 21, 2013. | | |
| **Progress Report Due Date(s):**  09/30/2013  11/21/2013  01/13/2014 | | |

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

|  |  |  |
| --- | --- | --- |
| **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:**  Review of documentation and staff interviews revealed that the district has not articulated a physical restraint policy. While the school has one trained physical restraint resource person, other staff members who assist with restraints have not received training regarding appropriate responses to student behavior requiring immediate intervention. In addition, document review and staff interviews indicated the following: 1) contracted related service providers do not participate in the required annual physical restraint training; 2) the school has not developed and implemented individual waiver procedures consistent with regulations; and 3) the school has not established a log to record restraints that last over five minutes or where injury to the staff or student may occur. | | |
| **Description of Corrective Action:**  QBS safety training was completed June 17, 2013. All staff in attendances and participated. Assistant Dir. will keep log of any restraint over 5 mins. (using Rediker student management system) All providers were invited and these who could not attend got copies of the manual. | | |
| **Title/Role(s) of Responsible Persons:**  Director, Assistant Director | | **Expected Date of Completion:**  06/17/2013 |
| **Evidence of Completion of the Corrective Action:**  Director has attendance sheet and copies of invoice in 2013-2014 PD log book | | |
| **Description of Internal Monitoring Procedures:**  Director and Assistant Director are responsible for monitoring all faculty, staff and student behavior. | | |
| 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:** Partially Approved  **Status Date:** 09/09/2013  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The charter must also make its physical restraint policy regarding appropriate responses to student behavior available to parents of enrolled students and any waiver procedures applicable to individual students. | | |
| **Department Order of Corrective Action:**  The charter must establish a procedure for all requirements noted above including notice to parents and any applicable waiver procedures. | | |
| **Required Elements of Progress Report(s):**  Please provide evidence to ESE of its planned annual staff training and for newly hired employees within one month of hire regarding the charter's physical restraint policy by submitting a signed attendance sheet, training materials and named responders. Please submit to ESE on or before September 30, 2013.  Please submit to ESE evidence of the charter's written restraint policy sent to parents along with a narrative of its dissemination and availability to parents on or before November 21, 2013.  Please submit to ESE evidence of individual waiver procedures with examples of any student waivers on or before March 31, 2014. | | |
| **Progress Report Due Date(s):**  09/30/2013  11/21/2013  01/13/2014 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 20 Staff training on confidentiality of student records | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews with staff members indicated that contracted related service providers do not participate in the school's annual training on confidentiality of student records. | | |
| **Description of Corrective Action:**  This training is conducted during PD the week before school opening. If contracted service providers are not able to attend, presentation materials are provided to them and they must acknowledge that they read and understood. | | |
| **Title/Role(s) of Responsible Persons:**  Director, Assistant Director, SPED admin, nurse, Social Worker | | **Expected Date of Completion:**  08/27/2013 |
| **Evidence of Completion of the Corrective Action:**  Written acknowledgements will be kept in providers files. | | |
| **Description of Internal Monitoring Procedures:**  file review by Director and Asst. Director | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 20 Staff training on confidentiality of student records | **Corrective Action Plan Status:** Approved  **Status Date:** 09/09/2013  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The charter must submit evidence of staff training of contracted service providers related to confidentiality of student records. Evidence may include but not be limited to memoranda, training/meeting agendas, signed attendance sheets, and email correspondence. Please submit this to ESE on or before September 30, 2013.  For any newly hired contracted service providers after September 30, please submit to ESE on or before November 21, 2013. | | |
| **Progress Report Due Date(s):**  09/30/2013  11/21/2013 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 21 Staff training regarding civil rights responsibilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews with staff members indicated that contracted related service providers do not participate in the school's annual training on civil rights responsibilities. | | |
| **Description of Corrective Action:**  Contracted providers are invited to annual trainings. If unable to attend, material will be sent to them and they will send a written acknowledgement that they read and understood our civil rights responsibilities. | | |
| **Title/Role(s) of Responsible Persons:**  Director | | **Expected Date of Completion:**  08/27/2013 |
| **Evidence of Completion of the Corrective Action:**  written acknowledgements will be placed in providers' files. | | |
| **Description of Internal Monitoring Procedures:**  Director will monitor process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date:** 09/09/2013  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The charter must submit evidence of staff training of contracted service providers related to civil rights responsibilities. Evidence may include but not be limited to memoranda, training/meeting agendas, signed attendance sheets, and email correspondence. Please submit this to ESE on or before September 30, 2013. | | |
| **Progress Report Due Date(s):**  09/30/2013 | | |

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

**Charter School: Lowell Middlesex Academy Charter School**

**Corrective Action Plan Forms**

**Program Area: English Learner Education**

Prepared by: Erika Lanier, ELL Coordinator

CAP Form will expand to as many lines as necessary. Before completing and emailing to [pqacap@doe.mass.edu,](mailto: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: April 6, 2015**

|  |  |
| --- | --- |
| **COORDINATED PROGRAM REVIEW CORRECTIVE ACTION PLAN**  **(To be completed by school district/charter school)** | |
| **Criterion & Topic: ELE 5 Program Placement and Structure** | **Rating: Partially Implemented** |
| **Department CPR Finding:**  *Interviews and a review of documentation indicated that ELL students at all proficiency levels receive 50 minutes of ESL instruction four times per week. Current hours of ESL instruction provided to ELLs at proficiency levels one, two and three are insufficient and are, therefore, inconsistent with Department guidelines. Please see the “Transitional Guidance on Identification, Assessment, Placement, and Reclassification of English Language Learners August 2013” as found on* [*http://www.doe.mass.edu/ell/guidance\_laws.html*.](http://www.doe.mass.edu/ell/guidance_laws.html)  *Document review indicated that the district does not have an ESL curriculum used for direct ESL instruction or a plan to develop one that is aligned to the Massachusetts Curriculum Frameworks and the WIDA ELD Standards. See the Department’s WIDA English Language Development*  *Standards Implementation Guide (Part I) at* [*http://www.doe.mass.edu/ell/wida/Guidance-p1.pdf*](http://www.doe.mass.edu/ell/wida/Guidance-p1.pdf) | |

|  |  |  |
| --- | --- | --- |
| **Narrative Description of Corrective Action:**  Schedules are created each term, determined by the needs of the current student population. The number and needs of students identified as ELL at the start of each term will dictate the needed courses provided. ELL students at proficiency levels one or two will be provided a minimum of 2.5 hours of direct ESL instruction per day. Students at proficiency level three will be assigned a minimum of one  (1) hour per day of direct ESL instruction, with additional support from an ELL teacher within the content courses. Students identified as level four or five will receive a minimum of 2.5 hours of direct ESL instruction a week, with additional support from an ELL teacher within the content courses as needed. This will be implemented for the start of the 2014-2015 school year.  Currently, LMACS does have an ELL curriculum based on the ELL curriculum used by Lowell High School. However, as the state transitions to Common Core and WIDA standards, LMACS is exploring other options for ELL curriculums. As part of the Massachusetts Charter School Association, LMACS is working to collaborate with other small, low-incidence schools in researching, identifying and/or developing this curriculum. The ELL Coordinator has been allotted additional planning time to develop and implement this curriculum by January 2015. | | |
| **Title/Role of Person(s) Responsible for Implementation:** Erika Lanier | | **Expected Date of Completion for Each Corrective Action Activity:** 1/2015 |
| **Evidence of Completion of the Corrective Action:** Student schedules, ELL Curriculum | | |
| **Description of Internal Monitoring Procedures:**  ELL student schedules will develop each term by the ELL Coordinator and the student’s Advisor; these schedules will be reviewed and approved by the Executive Director and/or the Assistant Director to ensure they are aligned with the Recommended Instruction hours put forth by the DESE.  The ELL Coordinator will report to the Executive Director monthly on the progress of the development ELL Curriculum until January 2015; the ELL Coordinator will assess the effectiveness of the ELL Curriculum through student progress, assessments and end-of-term surveys through the end of the 2014-2015 school year. These findings will be reviewed by the ELL Coordinator and the Executive Director; the ELL Curriculum will be revised as needed by September 2015, with continual review through student progress, assessments and end-of-term surveys. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION**  **(To be completed by the Department of Elementary and Secondary Education)** | | |
| **Criterion: ELE 5** | **Status of Corrective Action:**  Approved | |
| **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):October 30, 2014** | | |