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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: New Liberty Charter School of Salem (District)

CPR Onsite Year: 2014-2015

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 12/30/2014.

**Mandatory One-Year Compliance Date:** **12/30/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 6 | Determination of transition services | Partially Implemented |
| SE 8 | IEP Team composition and attendance | 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 |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |

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| **Criterion & Topic:**  SE 6 Determination of transition services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records demonstrated that although IEP Teams annually review students' transition needs, Teams do not consistently document these discussions on the Transition Planning Form. | | |
| **Description of Corrective Action:**  The Transition planning form will be discussed and documented in the student file.  Staff training will occur in order to train staff on correct implementation and documentation of the transition planning form is filed in the student record. | | |
| **Title/Role(s) of Responsible Persons:**  Matt Conroy/ Academic Support Coordinator | | **Expected Date of Completion:**  03/01/2015 |
| **Evidence of Completion of the Corrective Action:**  All transition planning forms will be consistently documented in the student record. | | |
| **Description of Internal Monitoring Procedures:**  The Academic Support Coordinator will conduct quarterly checks of all completed IEP's to be certain that all transition planning forms are filed in the student record. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 02/12/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Using http://www.doe.mass.edu/sped/advisories/13\_1ta.html as the basis, submit evidence of special education staff training to ensure that the annual review and discussion of students transition needs are documented on the Transition Planning Form, including signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By April 17, 2015, submit a description of the school's internal oversight and monitoring system with periodic reviews, along with the name/role of the designated person to ensure documentation of student transition needs.  By June 5, 2015, conduct an internal review of 4 - 6 records for those students with transition planning conducted after the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number where IEP Teams documented discussions of students transition needs on the Transition Planning Form. If non-compliance is identified, report the specific actions taken to correct each individual student record; 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):**  04/17/2015  06/05/2015 | | |

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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 staff interviews demonstrated that the district does not always obtain a parent or guardian's written permission to excuse a required Team member's participation when that member cannot attend an IEP meeting. In addition, when the student is involved in a general education program, a general education teacher of the student is not always present at Team meetings. | | |
| **Description of Corrective Action:**  We will develop an IEP Team Meeting Excusal form so that we always obtain a parent or guardian's written permission to excuse a required Team member's participation when that member cannot attend an IEP meeting.  We will provide staff training regarding the excusal process and documentation. | | |
| **Title/Role(s) of Responsible Persons:**  Matt Conroy/Academic Support Coordinator | | **Expected Date of Completion:**  03/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Evidence of newly created staff excusal form and evidence of staff training. | | |
| **Description of Internal Monitoring Procedures:**  The Academic Support Coordinator will complete quarterly student record reviews to demonstrate continued compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date:** 02/12/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Prior to developing the school's corrective actions, review the Department's guidance on required IEP Team members and the excusal process at http://www.doe.mass.edu/sped/IDEA2004/spr\_meetings/?section=keypoints\_team.  Using the Department’s guidance as its basis, submit the school's revised procedures to ensure that IEP Teams are convened with all required Team members and the excusal process, along with evidence of general and special education staff training on these procedures. This documentation will include the revised procedures, signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By June 5, 2015, conduct an internal review of approximately 10 records of IEP Teams convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number with all required Team members or evidence of appropriate use of excusal process. If non-compliance is identified, report the specific actions taken to correct each individual student record 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):**  04/17/2015  06/05/2015 | | |

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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 student records demonstrated that the school's Notices of Proposed School District Action (N1) do not consistently include the following: 1) a description of other options that the school considered and the reasons why those options were rejected, and 2) a description of each evaluation procedure, test, record, report, or other factors the school used as a basis for the proposed or refused action. | | |
| **Description of Corrective Action:**  We will provide staff training to be certain that all of the school's N1 Notices of Proposed School District Action 1) a description of other options that the school considered and the reasons why those options were rejected, and 2) a description of each evaluation procedure, test, record, report, or other factors the school used as a basis for the proposed or refused action. | | |
| **Title/Role(s) of Responsible Persons:**  Matt Conroy/Academic Support Coordinator | | **Expected Date of Completion:**  03/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Evidence of staff training.  Evidence that all N1's will contain the correct components. | | |
| **Description of Internal Monitoring Procedures:**  Academic Support Coordinator will complete quarterly reviews of student records. | | |
| 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:** 02/12/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please review the Department's example of an appropriately developed notice (in this case an N2, Notice of District Refusal to Act), available at http://www.doe.mass.edu/sped/advisories/01\_4sample.pdf prior to developing the district's corrective actions.  By April 17, 2015, submit the school's revised procedures to ensure that notices to parents (N1s) contain all federally required information, along with evidence of special education staff training on these procedures. This evidence will include the signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By June 5, 2015, conduct an internal review of approximately 10 records for students with IEP meetings convened following the implementation of all corrective actions. Provide a detailed narrative summary of this internal review, including the number of records reviewed and the number with notices that are appropriately developed. If non-compliance is identified, report the specific actions taken to correct each individual student record 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):**  04/17/2015  06/05/2015 | | |

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

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| **Criterion & Topic:**  CR 7 Information to be translated into languages other than English | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents demonstrated that while the district has translated many of its important school documents and developed a system for determining which parents and guardians with limited English skills require oral interpretation, interviews with school administrators indicated that the student handbook and code of conduct have not been translated into the major languages spoken by parents or guardians with limited English skills. | | |
| **Description of Corrective Action:**  The 2014-2015 student handbook and code of conduct will be translated into the major languages spoken by parents or guardians of the school. | | |
| **Title/Role(s) of Responsible Persons:**  Jessica Yurwitz / Principal | | **Expected Date of Completion:**  03/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Copy of the 2014-2015 translated student handbook and code of conduct. | | |
| **Description of Internal Monitoring Procedures:**  The school will ensure that all documents will be translated into the major languages of the school. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date:** 02/12/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By April 17, 2015 submit the school's translated student handbook and code of conduct in the major languages of the district. The school may also provide web links to its website in lieu of submitting the documents. | | |
| **Progress Report Due Date(s):**  04/17/2015 | | |

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents demonstrated that the school's student handbook and code of conduct do not contain a procedure for accepting, investigating and resolving complaints alleging discrimination or harassment. | | |
| **Description of Corrective Action:**  The school will add documentation to the school's student handbook and code of conduct | | |
| **Title/Role(s) of Responsible Persons:**  Jessica Yurwitz / Principal | | **Expected Date of Completion:**  03/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Code of conduct updated and completed. | | |
| **Description of Internal Monitoring Procedures:**  Principal and Board of Trustees will implement an annual review of the code of conduct to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 02/12/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By April 17, 2015 submit the school's student handbook and code of conduct that includes a procedure for accepting, investigating and resolving complaints alleging discrimination or harassment. The school may also provide web links to its website in lieu of submitting the documents. | | |
| **Progress Report Due Date(s):**  04/17/2015 | | |

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews demonstrated that the school's annual written notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion does not inform students of the availability of publicly funded post-high school academic support programs. | | |
| **Description of Corrective Action:**  We will revise the notice to students 16 or over leaving school to inform students of the availability of publicly funded post-high school academic support programs. | | |
| **Title/Role(s) of Responsible Persons:**  Matt Conroy/Academic Support Coordinator | | **Expected Date of Completion:**  03/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Revised document and evidence of relevant staff training. | | |
| **Description of Internal Monitoring Procedures:**  The Academic Support Coordinator will complete a quarterly review of documentation for students who have left school without a high school diploma. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Approved  **Status Date:** 02/12/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By April 17, 2015, submit the district's procedure and annual notice that informs students of the availability of publicly funded post-high school academic support programs and encourages students to participate in the programs by February 6, 2015.  By June 5, 2015, submit a list of students from 2014-2105 who left the district without a diploma and who were sent the annual notice informing them of the availability of publicly funded post-high school academic support programs and encouraging them to participate. | | |
| **Progress Report Due Date(s):**  04/17/2015  06/05/2015 | | |

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents demonstrated that the school's educational services in home or hospital process does not include provisions for students in a hospital on a day or overnight basis, or any combination of both, for a period of not less than fourteen school days in any school year. | | |
| **Description of Corrective Action:**  Revise so that it meets CR #18 | | |
| **Title/Role(s) of Responsible Persons:**  Jess Yurwitz/ School Principal | | **Expected Date of Completion:**  03/30/2015 |
| **Evidence of Completion of the Corrective Action:**  Copy of revised documentation regarding CR #18; educational services in home or hospital. | | |
| **Description of Internal Monitoring Procedures:**  Principal, Academic Support Coordinator and Board of Trustees will complete annual review of all documented policies to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 02/12/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By April 17, 2015, submit the school’s procedures and documentation for providing educational services for students in a hospital on a day or overnight basis, or any combination of both, for a period of not less than fourteen school days in any school year, along with evidence of training to relevant staff members. | | |
| **Progress Report Due Date(s):**  04/17/2015 | | |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews demonstrated that the school does not evaluate all aspects of its 9-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities, and makes such changes as are indicated by the evaluation. | | |
| **Description of Corrective Action:**  The school will develop a plan to evaluate all aspects of its 9-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status have equal access to all programs, including athletics and other extracurricular activities, and makes such changes as are indicated by the evaluation. | | |
| **Title/Role(s) of Responsible Persons:**  Jen Thomas/Clinical Support Coordinator | | **Expected Date of Completion:**  07/01/2015 |
| **Evidence of Completion of the Corrective Action:**  Documentation of the plan.  Evidence of staff training.  Evidence of self-evaluation. | | |
| **Description of Internal Monitoring Procedures:**  Evidence of self-evaluation being completed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 02/12/2015  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By April 27, 2015, submit the school’s plan to evaluate all aspects of its 9-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities, along with evidence of training on this plan to relevant staff. Documentation of staff training will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials.  By June 5, 2015, submit evidence of implementation of the self-evaluation; this documentation can include meeting minutes, data analysis, memoranda, & reports, along with documentation of changes made to programming based on the self-evaluation. | | |
| **Progress Report Due Date(s):**  04/17/2015  06/05/2015 | | |

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

Charter School: New Liberty Charter School of Salem

Corrective Action Plan Forms

Program Area: English Learner Education

Prepared by: Matt Conroy

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: April 1, 2016**

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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:** *District documentation does not include any of the required forms that the district should have submitted for ELE 5 as a part of the Coordinated Program Review (CPR); however, the “ELL Curriculum” document the district submitted indicates that ELLs at the proficiency levels one and two receive 40 minutes of ESL instruction three times per week, which the ESL teacher believes not sufficient to meet ELLs’ instructional and linguistic needs. Therefore, there is no indication that the district has an ESL program that helps ELLs attain an English language proficiency level comparable to that of the average native speakers and eliminate a lingering and indirect impediment to ELLs’ equal participation in the regular instructional program.*  *The documentation submitted by the district indicates that the district uses” Future: English for Results” as their ESL curriculum. While purchased materials can be used as resources they cannot replace the comprehensive curriculum districts are expected to develop based on the ESL methodology used in the district.* | | | |
| **Narrative Description of Corrective Action:** Scheduling of ELL students has been refined to increase hours of instruction for all ELL students but especially for level one and two students. Our sole level one student currently receives 2.5 hours of ELL instruction per day. Quarterly scheduling will be reviewed by principal and academic support coordinator to guarantee that appropriate hours are provided to each student. ELL teaching staffs are continuing to design and build a coherent curriculum for all levels. Curriculum will be completed for all levels by 1/1/16. | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Academic Support Coordinator | | **Expected Date of Completion for Each Corrective Action Activity:** Scheduling: Completed  Curriculum Development: 9/1/15 | |
| **Evidence of Completion of the Corrective Action:** Student schedule, written curriculum | | | |
| **Description of Internal Monitoring Procedures:** Principal and Academic Coordinator will meet to check schedule for all ELL’s quarterly—meeting minutes will be provided, Principal will track progress of curriculum development monthly through workgroup agenda and minutes. | | | |
| 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):**  1- Please complete district information in the attached spreadsheet labeled ELL List by school for each ELL student in the district.  2- Provide a copy of the 2015-16 ESL teacher schedules for all grade levels district wide.All schedules should include the following for each block of time:   * + Names of the ELL students   + Grade level for each student;   + English proficiency level for each student | | | |
| **Progress Report Due Date(s): October 8, 2015** | | | |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by school district/charter school)** | | | |
| **Criterion & Topic:** ELE 14 | | | **Rating:** Not Implemented |
| **Department CPR Finding:** *District documentation indicated that the district teacher who provides students with ESL instruction does not hold an appropriate license or current waiver issued by the Massachusetts Department of Elementary and Secondary Education.* | | | |
| **Narrative Description of Corrective Action:** License applied for and awaiting approval | | | |
| **Title/Role of Person(s) Responsible for Implementation:** Principal | | **Expected Date of Completion for Each Corrective Action Activity:** 6/1/15 | |
| **Evidence of Completion of the Corrective Action:** DESE Approval | | | |
| **Description of Internal Monitoring Procedures:** Principal track licensing progress. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION  **(To be completed by the Department of Elementary and Secondary Education)** | | | |
| **Criterion:** ELE 14 | **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 provide evidence of the licensure of the current ELL teacher(s) or a report of the program administrator’s monitoring of the teachers’ progress toward certification throughout the 2015-2016 school year until licensure is secured, a copy of any job posting and application information that may remain on file in the event the currently uncertified teacher(s) fails to acquire proper certification by Summer 2016. | | | |
| **Progress Report Due Date(s): October 8, 2015** | | | |