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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: KIPP Academy Boston Charter School (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 05/28/2015.

**Mandatory One-Year Compliance Date:** **05/28/2016**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 13 | Progress Reports and content | 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 25 | Parental consent | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |

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| **Criterion & Topic:** SE 8 IEP Team composition and attendance | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student records indicated that not all required IEP Team members attend meetings. Record review demonstrated that required Team members are not excused in writing by the parent and the school, and they do not provide written input to the parent and the IEP Team for the development of the IEP prior to the meeting. Specifically, general education teachers for students involved in a general education program are absent from IEP Teams without written parent excusal. |
| **Description of Corrective Action:** KIPP Academy Boston will ensure through the scheduling process (owned by the school based Special Education Coordinator and overseen by the Director of Special Education) that all required members of the IEP team are invited to a meeting. KIPP Academy Boston will implement a policy whereby any teacher that works with a student will complete 'Education Form B' for the student. In the event that a required team member cannot make the meeting the team can: reschedule the meeting or hold the meeting without the required member but must have that person's input, in writing (via the Education Form B) and the parent and the team chair must sign an 'Attendance Excusal Form" for that individual. During summer training, all general education teachers, special education teachers and related service providers will participate in a training (run by the Director of Special Education) to review the systems for invitations, expectations for participation and front end paperwork (Education Form B). Furthermore, team chairs will be trained on expectations for Attendance Excusal Forms. The policy will be entered into the KIPP: MA Special Education Policies and Procedures. |
| **Title/Role(s) of Responsible Persons:**Stefanie Perry, Director Of Special Education | **Expected Date of Completion:**10/02/2015 |
| **Evidence of Completion of the Corrective Action:**The first piece of evidence will be materials from the training including: sign in sheets, agenda and supporting materials. Additionally, on a quarterly basis, the Director of Special Education will conduct randomized quarterly record reviews to review approximately 10 IEP files to confirm that Form Bs are accurate, complete, and filed properly. If reviews are successful, there should be evidence of Education Form Bs from all staff members and properly completed excusal forms for when team members are not present and the parent has consented. |
| **Description of Internal Monitoring Procedures:** On a quarterly basis, the Director of Special Education will conduct randomized quarterly record reviews to review approximately 10 IEP files. Non-compliance will result in immediate follow up with the school based coordinator to remedy the problem. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved **Status Date:** 06/26/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** For the Department's guidance on required IEP Team members and the excusal process, go to http://www.doe.mass.edu/sped/IDEA2004/spr\_meetings/?section=keypoints\_team.Submit evidence of staff training on IEP Team attendance for general education teachers, special education teachers, and other required Team members, along with the revised procedures for excusing required Team members. Documentation will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. Submit this information by October 28, 2015.Submit the date of the implementation of the internal tracking system to ensure that general education teachers attend IEP meetings and that the excusal process is implemented as needed by October 28, 2015.Subsequent to the implementation of all corrective actions, conduct an internal review of approximately 10 records with IEP Teams convened. Provide a detailed narrative summary of this internal review, including the number of records reviewed for general education teacher attendance. 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. Provide the summary of the internal review by March 18, 2016.\*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).are convened with all required Team members and the excusal process, along with evidence of general and special |
| **Progress Report Due Date(s):** 10/28/201503/18/2016 |

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| **Criterion & Topic:** SE 13 Progress Reports and content | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student records indicated that parents do not always receive reports on students' progress towards reaching IEP goals as often as parents are informed of progress of non-disabled students. In addition, record review demonstrated that progress reports do not consistently include written information on the student's progress toward the annual goals in the IEP. |
| **Description of Corrective Action:** At the beginning of the school year, the school's Special Education coordinator will identify due dates for the progress reports that are aligned to the report card cycle. The Coordinator will set a due date for completion that is at least one week ahead of the report card due dates (ensuring enough time for the Coordinator to review each progress report for completion and give feedback on any issues related to content.). Due dates for all progress reports will be communicated to all staff responsible for IEP progress report writing (Learning Specialists, related service providers) at the beginning of the year. Additionally, before the first round of progress reports, a professional development session (run by the Director of Special Education) will be held to review 'how to write a progress report' with a particular focus on commenting directly on the content of the IEP. |
| **Title/Role(s) of Responsible Persons:**Stefanie Perry, Director of Special Education | **Expected Date of Completion:**11/01/2015 |
| **Evidence of Completion of the Corrective Action:**The materials from the professional development will be the first set of evidence: sign in sheets, agenda and supporting materials. The second set of evidence will be the review the coordinator completes at each cycle. The progress reports should be done on time and speak directly to the content of the goal. |
| **Description of Internal Monitoring Procedures:** On a quarterly basis, the Director of Special Education will conduct randomized quarterly record reviews to review approximately 10 IEP files. Non-compliance will result in immediate follow up with the school based coordinator to remedy the problem. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved **Status Date:** 06/26/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of training to special education and related services staff on the content and frequency of provision of progress reports. Evidence will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. Submit this information by October 28, 2015.Submit the date of implementation of the internal tracking system to ensure that progress reports are issued with the same frequency to parents as report cards and that progress reports consistently include written information on the student's progress toward the annual goals in the IEP. Submit this information by October 28, 2015.Subsequent to the implementation of training, submit the results of an internal review of approximately 10 student records for frequency and content of progress reporting. Provide a detailed narrative summary of this internal review, including the number of records reviewed for frequency and content of progress reporting. 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. Provide the summary of the internal review by March 18, 2016.\*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 10/28/201503/18/2016 |

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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:** Student records indicated that the Notice of Proposed School District Action (N1) does not consistently include the following required components: 1) a description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action; and 2) a description of other factors relevant to the school's decision. |
| **Description of Corrective Action:** As all learning specialists are responsible for complete N1s, then all Learning Specialists must undergo professional development in order to improve the quality of the documents. All N1s should be written in a narrative form (but include answers to all the guiding questions at the top of the N1 form). An N1 should clearly detail all relevant topics of conversation held at the meeting so that there is a clear record of what transpired. Stefanie Perry will hold a Professional Development on this topic at the beginning of the school year and will monitor/provide feedback on N1 completion throughout the school year. Training will ensure understanding that all N1 forms must always include the following required components: 1) a description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action; and 2) a description of other factors relevant to the school's decision. |
| **Title/Role(s) of Responsible Persons:**Stefanie Perry Director of Special Education | **Expected Date of Completion:**10/02/2015 |
| **Evidence of Completion of the Corrective Action:**The first piece of evidence will be the materials from the professional development: sign in sheets, agenda, supplemental materials. Additionally, during the quarterly file reviews there should be evidence of N1s written in alignment with the required criteria. |
| **Description of Internal Monitoring Procedures:** On a quarterly basis, the Director of Special Education will conduct randomized quarterly record reviews to review approximately 10 IEP files. Non-compliance will result in immediate follow up with the school based coordinator to remedy the problem. |
| 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:** 06/26/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of staff training on completion of the Notice of Proposed School District Action (N1) to consistently include 1) a description of any other options that the agency considered and the reasons why those options were rejected; and 2) a description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action. Documentation will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. Submit this information by October 28, 2015.Submit the date of the implementation of the internal oversight system to ensure that N1s are appropriately completed by October 28, 2015.Subsequent to the implementation of all corrective actions, conduct an internal review of approximately 10 records for evidence that N1s consistently include 1) a description of any other options that the agency considered and the reasons why those options were rejected; and 2) a description of each evaluation procedure, test, record or report the agency used as a basis for the proposed or refused action. Provide a detailed narrative summary of this internal review, including the number of records reviewed for completed N1s. 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. Provide the summary of the internal review by March 18, 2016.\*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).are convened with all required Team members and the excusal process, along with evidence of general and special |
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| **Criterion & Topic:** SE 25 Parental consent | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student records indicated that the charter school does not consistently document multiple attempts to obtain consent to unsigned IEPs. |
| **Description of Corrective Action:** The district is recommending a new policy for sending out IEPs. First, all communication with the families will be tracked by Susan Vignolo Collazo using the digital portal SEMStracker. When the IEPs are initially sent out they will be sent home two ways: with the student in their backpack and in the mail with a stamped/self addressed return envelope. Follow up calls will be made via the learning specialist. All this will be documented in SEMStracker. If the IEP is not returned within two weeks, a follow up call will be made. If the IEP is not back by the 30 day mark, a call, email and a copy of the IEP will be sent home via certified mail. Again, all of this communication must be tracked and printed to be in the student's folder in print-out form from SEMStracked. If they IEP is still not signed, the team can move to send the IEP to the BSEA.A training will be held for all special education staff (including Susan Vignolo Collazo) at the beginning of the school year to review this policy. |
| **Title/Role(s) of Responsible Persons:**Stefanie Perry, Director of Special Education, Susan Vignolo Collazo, Support Services Coordinator. | **Expected Date of Completion:**10/02/2015 |
| **Evidence of Completion of the Corrective Action:**All IEPs should be returned to the school with some type of signature within the 30 days. If that does not happen, efforts made should be clearly documented. This should be evident in all reviewed files that the Director looks at on a quarterly basis. |
| **Description of Internal Monitoring Procedures:** On a quarterly basis, the Director of Special Education will conduct randomized quarterly record reviews to review approximately 10 IEP files. Non-compliance will result in immediate follow up with the school based coordinator to remedy the problem. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 25 Parental consent | **Corrective Action Plan Status:** Approved **Status Date:** 06/26/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Submit evidence of staff training on documenting multiple attempts and a variety of means to obtain parent consent to the IEP, along with the revised procedures for contacting families. Documentation will include signed attendance sheets with name and role of staff member, agendas with name and role of presenter, and examples of training materials. Submit this information by October 28, 2015.Submit the date of implementation and a sample of the SEMStracker system for obtaining consent to IEPs by October 28, 2015.Subsequent to the implementation of corrective actions, submit the results of an internal review of approximately 10 student records to ensure IEPs have parent consent or the record shows documentation of the multiple attempts and a variety of methods to secure parental consent. Provide a detailed narrative summary of this internal review, including the number of records reviewed for evidence of obtaining parental consent. 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. Provide the summary of the internal review by March 18, 2016.\*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).are convened with all required Team members and the excusal process, along with evidence of general and special |
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| **Criterion & Topic:** CR 10B Bullying Intervention and Prevention | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Document review demonstrated that the school's Bullying Prevention and Intervention Plan does not contain amendments that extend protections to students who are bullied by a member of the school staff. As a result, the school has not given faculty, staff, parents and guardians annual written notice of the student-related sections of the Plan. Document review also indicated the school has not provided professional development to administrators, school nurses, cafeteria workers, custodians, athletic coaches, or paraprofessionals to prevent bullying incidents. |
| **Description of Corrective Action:** KIPP Academy Boston ("KAB") is in the process of amending its Bullying Prevention and Intervention Plan to ensure that it contains text explicitly extending protections to student who are bullied by a member of the school staff. KIPP Academy Boston's board of trustees will then review the revised policy. Once the policy is approved by the board, it will be disseminated using the student handbooks, on the district's web page, and in hard copy and electronic format to all staff. This fall, all staff will be trained on the revised policy. All students will continue to be taught curriculum that addresses the bullying policy, which will explicitly include that protections extended to students who are bullied by a member of the school staff. |
| **Title/Role(s) of Responsible Persons:**Jacqueline Hayes, General Counsel, Compliance & Accountability Manager | **Expected Date of Completion:**12/31/2015 |
| **Evidence of Completion of the Corrective Action:**Evidence of completing this process will be the revised and approved policy and training materials from staff and student education sessions. We will also provide directions to access the policy on the website. Additionally, we will submit attendance sheets for staff training sessions and staff training session materials. |
| **Description of Internal Monitoring Procedures:** KAB's General Counsel or another position tasked with monitoring compliance and accountability related to the bullying policy will monitor that the following activities occur: (1) annually each spring, KAB will review the Bullying Prevention & Intervention Plan to ensure that it remains compliant with current law; (2) annually each fall, and throughout the year for students, KAB will provide training around bullying prevention and intervention to all of its students and staff and disseminate its bullying prevention and intervention plan. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved **Status Date:** 06/26/2015 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** Provide the amended charter school's Bullying Prevention and Intervention Plan to extend protections to students who are bullied by a member of the school staff by October 28, 2015. Demonstrate distribution of annual written notice of the student-related sections of the Plan to faculty, staff and parents and guardians by October 28, 2015. The district may provide a link to the updated Plan on its webpage in lieu of other forms of documentation.Submit evidence of professional development to administrators, school nurses, cafeteria workers, custodians, athletic coaches, paraprofessionals and faculty to prevent bullying incidents. This evidence will include agendas with name and role of presenter, training materials and signed attendance sheets by October 28, 2015. |
| **Progress Report Due Date(s):** 10/28/2015 |