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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: Lenox

CPR Onsite Year: 2015-2016

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 02/13/2016.

**Mandatory One-Year Compliance Date:** **02/13/2017**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3A | Special requirements for students on the autism spectrum | Partially Implemented |
| SE 4 | Reports of assessment results | Partially Implemented |
| SE 11 | School district response to parental request for independent educational evaluation | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 32 | Parent advisory council for special education | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Not Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | 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 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Implementation In Progress |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 20 | Staff training on confidentiality of student records | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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| **Criterion & Topic:**  SE 3A Special requirements for students on the autism spectrum | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review indicates when a student has a diagnosis on the autism spectrum, the Team does not document the consideration of all the needs of the student. Specifically, the Team does not consistently document the consideration of needs resulting from unusual response to sensory experiences, resistance to environmental change or change in daily routine, engagement in repetitive activities and stereotyped movement, or positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder. Document review and interviews indicate the district developed a procedure, including a checklist, for Teams to use beginning in the 2015-2016 school year to document the Team's discussion of the specific needs of a student with a diagnosis on the autism spectrum. Team chairpersons have received training on this new procedure. However, at the time of record review, the district had not yet held a Team meeting for a student with a diagnosis on the autism spectrum, so the district was not able to demonstrate that this new procedure is being implemented. | | |
| **Description of Corrective Action:**  The root cause of the district's failure to fully comply with this regulation is seemingly a lack of awareness of a need to document that all areas have been addressed. The department felt they were thorough in their ability to address all needs related to students on the autism spectrum through the participation of an experienced special educator, OT, PT, SLP/autism consultant and SAC at Team meetings. However, they did not previously have a checklist to demonstrate that these needs had been met. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  06/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Spring 2015 - the district created the Autism Checklist.  August 2015- new checklist was added to the Special Education Binder for all special education staff.  September 24, 2015- Checklist was reviewed at department meeting.  January 13, 2016-Checklist was again reviewed at department meeting.  March 2015- files of identified students were reviewed to ensure that the checklist had been implemented at their team meetings. (Documents will be emailed to DESE for verification)  By June 15, 2016 - All records of students on the autism spectrum will be reviewed for compliance. | | |
| **Description of Internal Monitoring Procedures:**  Annually, at the initial department meeting, the Director of Student Services (DSS) will review requirements of students on the autism spectrum.  DSS and team chairs will check that modifications/accommodations/services/goals/obj./profile reflect the results of the ASD form.  By the end of 2016, and annually, DSS and dept. chairs will complete a record review of all students on the autism spectrum. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit the results of an administrative review of the records of all students with a diagnosis on the autism spectrum for evidence that the IEP Team considered and specifically addressed the seven components related to students identified on the autism spectrum. Report the number of records reviewed, the number found in compliance. For any records not in compliance, determine the root cause of that non-compliance and provide a detailed description of the district's plan to remedy any remaining non-compliance.  Please note when conducting internal monitoring, the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  05/31/2016 | | |

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

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| **Criterion & Topic:**  SE 4 Reports of assessment results | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review and interviews indicate reports of assessment results in the areas of achievement testing conducted by special education instructors, as well as speech and language and occupational therapy providers, do not always offer explicit means of meeting students' needs. Instead there is a statement that recommendations will be discussed by the Team at the student's IEP Team meeting. | | |
| **Description of Corrective Action:**  Upon review and discussion with Director of Student Services and unit leaders, it was agreed that the root cause of this problem was a divide in opinion within the department about the appropriateness of making recommendations in a report. This was an agenda item at the fall department meeting. A discussion was held and some educators expressed strong opinions that they should not make specific recommendations prior to the team meeting. Given the findings of the CPR, this has been addressed and further discussion has taken place about types of recommendations appropriate to make in a report. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  10/01/2016 |
| **Evidence of Completion of the Corrective Action:**  September 24, 2015: Department meeting discussion of need to provide recommendations in reports.  November 13, 2015: Follow-up memo sent to department indicating the need to include recommendations.  March - June 2015: At least two assessments of each special educator/service provider will be reviewed to ensure compliance.  August 29, 2016: Back to School binder and department meeting- review compliance requirements | | |
| **Description of Internal Monitoring Procedures:**  Annual review of this compliance requirement with department in Back to School binders and during first department meeting in the fall.  Random file review on a monthly basis to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 4 Reports of assessment results | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit a copy of the November 2015 memo, with distribution list, describing the requirement for assessment reports conducted for the purpose of a Team's determination of eligibility for special education services to include written recommendations.  Also submit the results of an administrative review of at least two assessments conducted by each special educator and related services provider between November 15, 2015 and May 30, 2016, for evidence that assessment results found in any student record reviewed include recommendations. Indicate the number of assessments reviewed including the role of the provider, the number of assessments in compliance, and for any found out of compliance, indicate the root cause and the steps the district has taken to remedy continued non-compliance.  Please note when conducting internal monitoring, the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  05/31/2016 | | |

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| **Criterion & Topic:**  SE 11 School district response to parental request for independent educational evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review indicates that, at the time of the Department's onsite review, no parent had requested an independent educational evaluation. Interviews indicate that staff understand procedures to follow when a parent requests an independent educational evaluation, however, document review indicates the district's procedure is to provide for an IEE if a request is received within 16 months of the evaluation conducted by the district without specifying that this 16-month timeline only applies if the student is cost-shared, is a state ward or is receiving free or reduced cost lunch. Additionally, the district's procedure states it will notify the Bureau of Special Education Appeals within five days of its decision to refuse a parent's request for the district to conduct an IEE, but does not specifically state that the district will also notify the parent of its decision to fund an IEE within 5 days of the parent's request. | | |
| **Description of Corrective Action:**  Upon examination, the Lenox Public Schools have determined that the root cause of the incorrect policy is a misunderstanding under previous administration of the 16-month timeline and that the provision to notify parents within 5 days was overlooked in the procedure. | | |
| **Title/Role(s) of Responsible Persons:**  Ellen Farris, Director of Student Services | | **Expected Date of Completion:**  06/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Policy for independent evaluation will be revised - April 2016  Inform staff of changes in IEE policy- May 2016 | | |
| **Description of Internal Monitoring Procedures:**  Review IEE procedures annually in Back to School binders and at initial staff meeting. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 11 School district response to parental request for independent educational evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit a copy of revised procedures to respond to a parent request for an independent educational evaluation (IEE). Also submit a copy of the agenda and signatures of special education staff members in attendance at a meeting to review IEE procedures. | | |
| **Progress Report Due Date(s):**  05/31/2016 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review and interviews indicate that the district's IEP Meeting Summary form is completed and given to parents at the conclusion of each IEP meeting. However, the summary does not always include the IEP service delivery grid or a statement of the major goal areas associated with the services identified on the grid. Additionally, the notice sent to parents along with a proposed IEP is either missing the date or indicates the date of the IEP meeting, rather than the date the notice is issued. The date the district representative signed the IEP, however, indicates the proposed IEP and the notice are not sent to parents within ten school-working days of the IEP Meeting Summary form. | | |
| **Description of Corrective Action:**  In reviewing the procedure for providing parents with IEPs in a timely manner, the root cause is that we don't have a procedure in place that is cut and dried and adhered to with fidelity. There are numerous places where IEPs can get held up from leaving the district in a timely manner. One cause is a belief by some staff that we should not bring a drafted IEP to a team meeting as parents will feel like it has already been written rather than feeling like participants in the process. Procedurally, it was the understanding of the previous director that the IEP meeting date should be the IEP sent date.  There are numerous cogs in the wheel to send an IEP out (liaisons/related service providers/unit leaders/secretary and director write or review the IEP before it leaves the district) and consequently, timelines are sometimes not adhered to well enough. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  10/01/2016 |
| **Evidence of Completion of the Corrective Action:**  -November 13, 2015 Memo to Department reiterating the need to include the proposed IEP grid on the meeting summary given to parents.  -February 10 and February 24, 2016: Clarified with staff and administrative assistant about the date proposed IEP is sent. Determined with staff that admin. assistant will ultimately indicate the date sent.  -Create timeline/procedure chart: April 2016.  -Review IEP timeline/procedure at May department meeting.  -Review and revise summary form provided to parents at team meetings in order to include service delivery grid and goals areas. By June 15, 2016.  -Revised summary and procedures will be included in binders and reviewed at first dept meeting of 2016-17 school year. | | |
| **Description of Internal Monitoring Procedures:**  Review IEE procedures annually in Back to School binders and at initial staff meeting.  DSS and dept. chairs will annually complete a file review of at least 2 files in each grade level cluster (PK-2, 3-5, 6-8, 9-12). | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit a copy of the November 2015, memo, with distribution list, on the need to include the IEP grid and a statement of major goal areas on the IEP Meeting Summary form. Submit the Timeline/Procedure chart developed to ensure IEPs are issued within 10 days of parent receiving an IEP Meeting Summary at the Team meeting, the revised IEP Meeting Summary form, and the attendance sheet, including signature of special education staff and administrative assistants in attendance at the May 2016, department meeting to review timeline procedures and the revised form.  By November 15, 2016, submit the results of a review of student records across all grade levels who had an IEP meeting between August and November 15, 2016, for evidence of: 1) IEP Meeting Summary form that includes the IEP service delivery goals and major goal areas that are found on the proposed IEP mailed to parents after the IEP meeting, 2) Notice of Proposed School District Action (N1) that is dated on the day that the two copies of the IEP and proposed placement were mailed to the parent, and 3) the date on the N1 is no more than 10 school working days after the parents received the summary at the conclusion of the Team meeting. Report the number of records reviewed, and the number of records in compliance. For any records not in compliance, determine the root cause of that non-compliance and provide a detailed description of the district's plan to remedy any remaining non-compliance.  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):**  05/31/2016  11/15/2016 | | |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review and interviews indicate that the statement on the IEP to justify a student's removal from the general education program is not specific to each individual student. It does not describe the basis for the Team's conclusion that removal from the general education program is critical to the student's success or explain why the student could not achieve satisfactorily in a less restrictive environment with the use of supplementary aids and services. | | |
| **Description of Corrective Action:**  The Lenox Public Schools has determined that the root cause of insufficient justification for removal from general education is that the district has felt that overall, it has done a good job in providing services in the least restrictive environment. Attention has not been focused on how this was spelled out in the IEP. Team chairs have indicated that placement in LRE consistently take place at team meetings. There are just two high school students in out of district placements, and none from the elementary. Students at Morris and LMMHS are in inclusive programs the majority of their day. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  10/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Reviewed DESE finding at February 2016 department meetings. Staff informed of need to expand upon why removal from general education is needed.  Review placement practices again with staff at department meeting - May 2016  Review back to school binders and procedures- September 2016 | | |
| **Description of Internal Monitoring Procedures:**  Each fall, at the start of school year, staff will continue to be given back to school binders with reminders about key procedures to be followed. All DESE CPR findings, along with other key procedures, will be highlighted and reviewed annually at the first department meeting. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  From the district's description, it is not clear that the district understands that justification for removal from the general education classroom is required for any student that is provided IEP services outside of the general education classroom as indicated in Section C of the Service Delivery grid in the student's IEP. The district's response does include a plan for administrative review of student records to ensure ongoing compliance. | | |
| **Department Order of Corrective Action:**  Staff training on the requirement for the IEP to include a written justification for removal from the general education classroom, individualized to the student, must clearly communicate to staff that this applies whenever a student's IEP includes services in the Section C of the Service Delivery grid. The district must also report on an administrative review of student records, and provide an ongoing monitoring plan to ensure continued compliance. | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit the agenda, handouts, including examples of non-participation justification statements, and signed attendance sheets with name and role of staff in attendance at the training to review how to individualize for each student, the IEP statement explaining the Team's conclusion that removal from the general education program is critical to the student's success or explain why the student could not achieve satisfactorily in a less restrictive environment with the use of supplementary aids and services.  By May 31, 2016, also provide a description of an ongoing monitoring plan to ensure each IEP contains a nonparticipation justification statement that is individualized for the student.  By November 15, 2016, submit the results of an administrative review of student records for completion of the nonparticipation justification statement that is individualized for each student, from a cross-section of records across district schools/levels with Team meetings that occurred after all corrective actions have been implemented. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued noncompliance with a description of additional corrective actions taken by the district to address any identified noncompliance.  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):**  05/31/2016  11/15/2016 | | |

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews and parent surveys indicate the district has a district-wide parent advisory council (PAC), but the PAC has not named officers or developed by-laws. The district does conduct an annual workshop on the rights of students and their parents and guardians under the state and federal special education laws. | | |
| **Description of Corrective Action:**  In discussion with the previous director, other area directors and the administrative team, the Lenox Public Schools have determined that not having a SEPAC fully up and running at the time of the audit was the result of several years of unresponsiveness following the aging out of a cohort of severely disabled students with involved parents. Since last summer, the new director has made a concerted effort to reengage parents and progress is being made. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  06/01/2016 |
| **Evidence of Completion of the Corrective Action:**  Summer 2015: Outreach took place via newsletters, websites and mailings to solicit new SEPAC members.  September 2015 - January 2016: formative meetings/discussions were held  January 2016- Officers were elected; proposed by-laws were provided to members.  February meeting by the PAC was cancelled due to scheduling conflicts. Agenda was to vote on by-laws.  March: Director of Student Services contacted SEPAC president regarding scheduling the next meeting. Dates are currently being discussed.  Voting on bylaws is on the agenda for the next SEPAC meeting. Date to be determined. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services will maintain contact with the SEPAC on an ongoing basis, attending monthly meetings and will continue to do outreach via team meetings/liaisons/website/newsletters. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit the names of the special education parent advisory committee (PAC) officers with a copy of the PAC by-laws. | | |
| **Progress Report Due Date(s):**  05/31/2016 | | |

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| **Criterion & Topic:**  CR 7 Information to be translated into languages other than English | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that the district provides parents with translated student handbooks and codes of conduct, but school or program recruitment and promotional materials are not translated. The district has established a procedure for staff to request an interpreter to communicate with parents and guardians with limited English skills. | | |
| **Description of Corrective Action:**  The district has determined that the root cause of not having recruitment/promotional materials translated relates to the fact that the need for ELL services and related translation services has nearly doubled in the last several years. Consequently much effort has been focused on the more immediate student needs such as materials going home from classroom teachers, handbooks, etc. Recruitment/promotional materials were overlooked. The secretary in central administration (superintendent's secretary) needs to be made more aware of need for translations. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services/ELL Coordinator | | **Expected Date of Completion:**  07/01/2016 |
| **Evidence of Completion of the Corrective Action:**  The district will engage in the following steps to rectify this problem:  1. The Coordinator of ELL services has written to the superintendent's secretary to address the need for translated promotional materials (March 2015)  2. Statement indicating "If you need this or any school information translated, please contact\_\_\_\_\_\_ at \_\_\_\_\_"  is currently being translated to be placed on key documents/website.  2. The administrative team will discuss the need for translation of all recruitment/promotional materials at the April administrative council. Principals will follow up with various departments regarding any materials that should be translated. By 5/1/16 | | |
| **Description of Internal Monitoring Procedures:**  The Coordinator of ELL services, in conjunction with the administrative team, will review district documents bi-annually to determine compliance with DESE requirements. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7 Information to be translated into languages other than English | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit two documents used to recruit students or promote the district that include a statement in the major languages of the district that the district will provide a translation at parent request. | | |
| **Progress Report Due Date(s):**  05/31/2016 | | |

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| **Criterion & Topic:**  CR 9 Hiring and employment practices of prospective employers of students | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Document review and interviews indicate the district is not requiring prospective employers of students to sign a statement of assurance of non-discrimination. | | |
| **Description of Corrective Action:**  A root cause analysis reveals that the district has focused on using the state required Employment Permit Application for students age 14-17 whenever a student is working outside of school, or part of a school internship they are required to fill out these forms. The school assumed that in using a state form, they were following correct procedure and did not check to ensure that forms included the non-discrimination clause.  LMMHS also found that the Job Shadow Day placements were often initiated through the parents and students more than the guidance staff at LMMHS. Outside of a very few placement set up through larger companies with their own forms to sign, the parents of students generally found job shadow placements. This caused the school to overlook formalizing any paperwork for prospective employers to sign.. | | |
| **Title/Role(s) of Responsible Persons:**  LMMHS Principal and Assistant Principal | | **Expected Date of Completion:**  10/01/2016 |
| **Evidence of Completion of the Corrective Action:**  To rectify this issue,  1. LMMHS administration and guidance staff will develop a form by May 1 and request prospective employers to sign a statement of assurance that they comply with applicable federal and state laws prohibiting discrimination in hiring or employment practices.  2. All guidance staff will be trained in this requirement and use of form. By Sept 1, 2016  2 This form will be implemented with prospective employers through communication from the guidance office.  3. This form will be made public to all students, parents and teachers prior to students via the handbook and website link. (Ongoing)  4. This additional process will be added to the Student Handbook in order for students, parents and teachers to be informed of the change in procedure. This will be reviewed with students by guidance staff (September 2016 and annually)  5. Prior to 2017 Job Shadow day, procedure will be reviewed with parents/students annually. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services in conjunction with the administrative team will ensure that documents and procedures are reviewed annually and updated as needed.  By May 1 of 2016, the administrative team will have developed a comprehensive compliance checklist including the requirements under the scope of this program review. The administrative will reference this list at least monthly as an agenda item in regular meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit a copy of a statement of assurance prohibiting discrimination in hiring or employment practices that the district will have potential employers of students sign before they recruit students at the school. Also submit a narrative description of district procedures for the use of this form.  By August 31, 2016, submit the agenda and attendance sheet with signatures and roles of high school administrators and guidance staff trained on the procedures to gather and maintain signed statements from prospective employers.  By November 15, 2016, submit a report on the review of the implementation of these procedures. Include a list of potential employers of students that have signed this statement and the type of recruitment each employer conducts at the school, i.e., participating in career days, work-study, apprenticeship training programs, or cooperative work experiences organized by the district. | | |
| **Progress Report Due Date(s):**  05/31/2016  08/31/2016  11/15/2016 | | |

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate the district has updated the procedures for the discipline of students with disabilities to contain all required information; however, they have not included the updated procedures in the student handbook and code of conduct. Also, the student handbook for Lenox Memorial Middle and High School contains a statement of non-discrimination that does not include the protected category of gender identity. | | |
| **Description of Corrective Action:**  After analyzing the root cause of the failure to include updated procedures for discipline of students with disabilities in the LMMHS Student Handbook and Code of Conduct, it was determined that the school overlooked the revision of the disciplinary section of the Handbook and Code of Conduct. In addition, the school overlooked the addition of the category of gender in its non-discrimination statement as well. This was a result of a hasty review of the Student Handbook and Code of Conduct that was focused on a reduction of pages, rather than a focus of compliance. | | |
| **Title/Role(s) of Responsible Persons:**  LMMHS Principal and Vice Principal | | **Expected Date of Completion:**  10/01/2016 |
| **Evidence of Completion of the Corrective Action:**  By June 1, 2016, the principal, assistant principal in conjunction with School Council, as part of the review of handbook procedures, letters, hearing protocols and policies will:  1. Ensure that updated procedures for the discipline of students with disabilities have been included in the student handbook and code of conduct.  2. Ensure that the statement of non-discrimination included the protected category of gender identity.  In addition, as in response to other criterion the district will:  3. Present handbook to school committee: By August 2016  4. Provide updated handbook to students: By August 31, 2016  5. Review handbook with students in grade level meetings by September 30, 2016  6. Inform parents via website and email: August/September 2016  7. Review policy/procedures with staff/teachers: September 2016 | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services in conjunction with the administrative team will ensure that documents and procedures are reviewed annually and updated as needed.  By May 1 of 2016, the administrative team will have developed a comprehensive compliance checklist including the requirements under the scope of this program review. The administrative will reference this list at least monthly as an agenda item in regular meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit the text of the statement of non-discrimination that will be published in the 2016-2017 Lenox Memorial Middle and High School (LMMHS) student handbook that includes the protected category of gender identity.  By November 15, 2016, the submit pages from the elementary school code of conduct and the high school handbook that include the procedures for the discipline of students with disabilities as published in the 2016-2017 Elementary and LMMHS student handbooks. | | |
| **Progress Report Due Date(s):**  05/31/2016  11/15/2016 | | |

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

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| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Documentation review indicates the district's policies and procedures for the discipline of students do not include all required information:  There is no school-wide education services plan.  The district's notice of suspension does not include evidence the notice is provided to the student, or the right to appeal to the superintendent.  Procedures for the principal's hearing for short-term and long-term suspension do not detail the required contents of the principal's determination letter, and do not include the requirement for the principal to send written determination of out-of-school suspensions and the reason for such suspensions in pre-K through grade 3 to the superintendent.  Procedures for the principal's hearing for long-term suspensions do not state that the parent, in addition to the student, will be provided an opportunity to discuss the student's conduct and offer information.  Procedures for emergency removal do not state that the district will not remove a student from the school on an emergency basis until the student's safety and transportation has been secured.  The district has not developed procedures for a superintendent's hearing. | | |
| **Description of Corrective Action:**  A root cause analysis relative to this criterion reveals several changes in key administration, simultaneous to changes in the regulations, resulted in a lack of consistent oversight of documentation on discipline language and procedures. The school district was unaware of the need to document a school-wide educational services plan. A review of our practices in instances of student discipline indicate that we comply with the requirements of respective regs, but we have fallen behind on updating written procedures and including those in our student handbooks. The district had made an effort to streamline the handbook, but this came at the expense of communicating certain procedures to students. Some written procedures had not been updated with administrative changes in recent years. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, principals, assistant principal and director of student services | | **Expected Date of Completion:**  10/01/2016 |
| **Evidence of Completion of the Corrective Action:**  In order to comply with the issues identified under this criterion, the superintendent in conjunction with the administrative team will review and address as follows:  1. Develop a school-wide educational service plan: administrative team meeting: April 2016  2. Revise notice of suspension to include language providing a right to appeal to the superintendent. By June 15, 2016  3. Modify administrative procedure to cause admins to: By June 15, 2016  a. include revised discipline/suspension in handbooks, and  b. document provision of right to appeal at time of suspension (administrator sign-off).  4. Develop model letter for principal's determination of short and long term suspension. By June 15, 2016  5. Modify LPS procedure and update correspondence to include required rights for students in PreK through grade 3 and the need to inform the superintendent of suspension and reason. By June 15, 2016  6. Revise and document administrative procedure to include requirement that parent and student may have right to discuss student's conduct and offer information. By June 15, 2016  7. Revise and document administrative procedure to include requirement that the district will not enact an emergency removal until the student's safety and transportation have been secured. By June 15, 2016  8. Develop and document procedures for superintendents hearing of appeal. By June 15, 2016  9. Handbook presented to school committee: By August 2016  10. Provide updated handbook to students August 31, 2016  11. Review handbook with students in grade level meetings by September 30, 2016  12. Inform parents via website and email: August/September 2016  13. Review policy/procedures with teachers: September 2016  14. Meet with behavioral interventionists to review procedures. September 2016 | | |
| **Description of Internal Monitoring Procedures:**  The district administrative team will create a checklist of annual compliance points to be reviewed in administrative team on a monthly basis. The Director of Student Services in conjunction with the administrative team will ensure that documents and procedures are reviewed annually and updated as needed.  By May 1 of 2016, the administrative team will have developed a comprehensive compliance checklist including the requirements under the scope of this program review. The administrative team will reference this list at least monthly as an agenda item in regular meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 31, 2016, submit the following  - School-wide educational service plan;  - Template of notice of suspension addressed to both the parent and student that contains all required information, including the right to appeal to the superintendent;  - Procedures for the principal's hearing for short-term and long-term suspension that detail the required contents of the principal's determination letter, and include the requirement for the principal to send written determination of out-of-school suspensions and the reason for such suspensions in pre-K through grade 3 to the superintendent.  - Procedures for the principal's hearing for long-term suspensions that state that the parent, in addition to the student, will be provided an opportunity to discuss the student's conduct and offer information.  - Procedures for emergency removal that state the district will not remove a student from the school on an emergency basis until the student's safety and transportation has been secured.  - The district's procedures for a superintendent's hearing.  By November 15, 2016, submit the following as evidence the revised discipline policies and procedures were reviewed with staff, students, and parents:  1) Dates of each grade level meeting when discipline policy and procedures were reviewed with students  2) Copy of the email, all call message, or other medium used to inform parents; and,  3) Agenda(s) and signature of all staff members, including behavioral interventionists, in attendance at training(s) where discipline policies were reviewed. | | |
| **Progress Report Due Date(s):**  08/31/2016  11/15/2016 | | |

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

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| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates written materials used to publicize the district, including the Lenox Memorial High School Profile brochure, school choice application, facilities use form, newsletter, and website do not contain a notice of non-discrimination. | | |
| **Description of Corrective Action:**  The district has determined that the root cause of its failure to provide notice of non-discrimination in publicized materials is likely due to the change in a number of key administrative and secretarial positions over the past several years. As a result, these materials had not been reviewed for compliance as new administrators likely assumed this was previously being done in keeping with DESE regulations. The district did not have in place a procedure for reviewing documents on a consistent basis to determine if changes were needed. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services, Superintendent, Superintendent's secretary | | **Expected Date of Completion:**  07/01/2016 |
| **Evidence of Completion of the Corrective Action:**  The superintendent, superintendent's secretary and director of student services will review the school profile brochure, school choice application, facilities use form, newsletters and website to ensure that the notice of non-discrimination is included. By May 1, 2016 | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services in conjunction with the administrative team will ensure that these documents are reviewed annually and updated as needed. They will be included on the annual documents and procedures checklist. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit the annual documents and procedures checklist that will used for annual administrative review, with a copy of the school profile brochure, school choice application, facilities use form, newsletter, and address for link to the district website that contain a statement of non-discrimination that includes the protected categories of race, color, national origin, sex, gender identity, disability, religion, and sexual orientation. | | |
| **Progress Report Due Date(s):**  05/31/2016 | | |

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

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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:**  Document review and interviews indicate that in the previous two years, the district has not had a student age 16 or over leaves school without achieving a high school diploma or certificate of attainment or achievement. However, guidance staff responsible for ensuring students and parents receive required notice have not been made aware of changes to required procedures and notifications when a student age 16 or over leaves school without achieving a high school diploma or certificate of attainment or achievement.  Document review and interviews indicate the district has not developed an annual written notice to send for two years to former students who have not yet earned their competency determination and who have not transferred to another school that includes all required content.  Document review and interviews indicate the district has not developed a written notice to give to students and their parents within five days of the student's tenth consecutive absence that offers at least two dates and times for an exit interview with the superintendent or designee before the student permanently leaves school that includes contact information to schedule an exit interview, indicates that the parties shall agree to a date and time for the exit interview to be held within 10 days of the notice, which may be extended an additional 14 days, at parent request, or that the district may proceed with an exit interview without the parent if the superintendent has made a good faith effort to include the parent. | | |
| **Description of Corrective Action:**  A root cause analysis of the feedback regarding partial implementation of CR 16, revealed that LMMHS has experienced a low incidence of students failing to receive a diploma in the past five years. As a result, letters of required notice were not reviewed adequately. It has been our practice to develop with students and parents a plan of action in face to face meetings when a student is at risk of failure or drop out. The low incidence of this issue has caused us to respond with personal plans and interventions and focus was not given to the requirements of notice as specified in CR16. It is understood that a formal process must be established to avoid the possibility of any student being overlooked. The principal and high school guidance staff have met and agreed that this will be a new step in our Student Absence section in the Student Handbook. | | |
| **Title/Role(s) of Responsible Persons:**  The LMMHS Principal and Assistant Principal | | **Expected Date of Completion:**  10/01/2016 |
| **Evidence of Completion of the Corrective Action:**  The following steps have been identified to address the issues under CR16:  The administration and the guidance office will develop procedures and update relevant letters. Procedures will specify that:  1. Letters will be sent home within 5 days to students 16 and over and parents who have missed 10 days of school (in English and/or the language of their home), offering for a school-based team to meet and re-engage student in the educational program.  2. If the student and/or parent choose to participate in an exit interview with a school-based team, such a meeting will include information about the detrimental effects of the early withdrawal from school, the benefits of earning a high school diploma, and a list of alternative education programs.  3. Letters will be sent at least each year for the two years following exiting of the district to students who have left the district and not earned a competency determination or transferred to another school.  4. The principal will review documents and procedures with the School Council by June of 2016  5. The principal will include new documents and procedure in the Student Handbook.  6. The principal will include review of procedures and documents in Guidance/SAC meetings by August 29, 2016.  The Student Handbook updates will be reviewed with teachers, staff and students through summer mailings and meetings at the start of school in the fall of 2016. Evidence of communication will be available by October 2016 in the form of student handbook sign-offs, staff meeting agendas, and staff attendance sheets. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services in conjunction with the administrative team will ensure that documents and procedures are reviewed annually and updated as needed.  By May 1 of 2016, the administrative team will have developed a comprehensive compliance checklist including the requirements under the scope of this program review. The administrative will reference this list at least monthly as an agenda item in regular meetings. | | |
| 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:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit the procedures developed and the template for the written notice that will be given to students and their parents within five days of the student's tenth consecutive absence that offers at least two dates and times for an exit interview with the superintendent or designee before the student permanently leaves school, includes contact information to schedule an exit interview, indicates that the parties shall agree to a date and time for the exit interview to be held within 10 days of the notice, and this date may be extended an additional 14 days at parent request, or that the district may proceed with an exit interview without the parent if the superintendent has made a good faith effort to include the parent.  Also submit the template for the written notice that will be to former students each year, for at least two years, who left the district without earning a competency determination or transferring to another school that informs them of the availability of publicly funded post-high school academic support programs and encourages them to participate in those programs.  By August 31, 2016, provide the agenda and signature of guidance staff in attendance at a training on procedures when a student age 16 or older who has missed 10 days of school, or for two years after they left the district without earning a competency determination or transferring to another school.  By August 31, 2016, provide a list of students, if any, in the 2015-2016 school year who have missed 10 consecutive days of school, and who the district sent a written notice. Also provide a copy of the notice sent.  Provide a list of students, if any, in the past two school years who have left the district without having achieved a diploma, competency determination, or have not transferred to another district. Provide a copy of the notice sent annually for two years to these former students. | | |
| **Progress Report Due Date(s):**  05/31/2016  08/31/2016 | | |

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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:**  Implementation In Progress |
| **Department CPR Findings:**  Interviews and document review indicate the district meets the current physical restraint requirements. The district has identified a core group of staff that has received in-depth training on the use of physical restraint and de-escalation and are authorized to serve as school-wide resources to assist in ensuring proper administration of physical restraint. The district is in the process of revising its written policy on restraint prevention and behavior support procedures, which will be presented to the school committee in December 2015. After school committee approval, the district will schedule training for staff on the newly developed procedures. | | |
| **Description of Corrective Action:**  The district was found to meet the physical restraint requirements outlined in regulations that were in place at the time of the program review. Given that new regulations were set to go into effect January 1, 2016, the department created a finding to ensure that the district has a plan in place to update its physical restraint policy and procedures. To that end, the district has or will complete the necessary steps. In annual restraint trainings, August/September 2015, staff were made aware of new regulation trainings. | | |
| **Title/Role(s) of Responsible Persons:**  Morris Principal, LMMHS Principal, LMMHS Assistant Principal, Student Services Director | | **Expected Date of Completion:**  09/15/2016 |
| **Evidence of Completion of the Corrective Action:**  1. Update of School Committee policy on use of Physical Restraints to include new requirements. This has already taken place and the policy has been reviewed and accepted by the Lenox School Committee. (January 2016)  2. Training of administrators and staff in new policy and procedures:  -Administrators have reviewed the changes and understand their requirements under the new requirements.  (Nov '15-Jan '16)  -Morris restraint team update training: March 17  -LMMHS restraint team training: by April 15  -Morris and LMMHS all-staff update on procedures repeated: August 2016  3. Revision to Code of Conduct/Family Handbook restraint sections- by August 2016 | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services in conjunction with the administrative team will ensure that restraint training occurs annually for restraint team members and all-staff receive an overview of physical restraint requirements annually. Policies will be reviewed and updated as required under the law. | | |
| 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:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit the restraint prevention and behavior support policy approved by the school committee in January 2016. Also submit the agenda and signatures of staff members in attendance at the training on updated restraint prevention and behavior support procedures for all staff and the in-depth training for staff identified as school-wide resource members at Morris Elementary and Lenox Memorial Middle and High Schools. | | |
| **Progress Report Due Date(s):**  05/31/2016 | | |

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

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that although district staff provide appropriate services and supports to meet the diverse learning needs of students in the general education program, the district has not developed a curriculum accommodation plan to promote instructional practices responsive to student needs and ensure that all efforts have been made to provide adequate support for students and teachers in the general education classroom. Documentation on the use of instructional support services for an individual student referred for an evaluation to determine eligibility for special education was not found in student records. | | |
| **Description of Corrective Action:**  The district did not supply a district curriculum accommodation plan (DCAP) or documentation in student files on the use of instructional support services for an individual referred for an evaluation to determine eligibility for special education. The root cause of this omission is that as district administrators changed, a point person was not indicated to ensure that a DCAP was created and utilized. An old DCAP was found in district files but its contents are not adequate or up-to-date. While there is documentation of instructional supports provided to students prior to evaluation, this information was not included in student special education files. | | |
| **Title/Role(s) of Responsible Persons:**  Morris Principal, LMMHS Principal, LMMHS Assistant Principal, Student Services Director | | **Expected Date of Completion:**  11/01/2016 |
| **Evidence of Completion of the Corrective Action:**  1. Documentation of instructional supports in the form of building-based support team forms or the Educational A assessment will be included in student special education files. This will start as of April 1, 2016 and be on-going.  2. A DCAP will be created by district administrators, to be completed by August 31, 2016.  3. The DCAP will be shared with staff and utilized as a tool within the building-based support teams at Morris School and LMMHS. This will be completed by October 31, 2016. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services in conjunction with the administrative team will ensure that these documents are reviewed annually and updated as needed. A checklist of all mandatory policy/procedure trainings will be reviewed by August 15th annually.  This procedure will be reviewed with all teachers as part of the Back to School agenda. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 31, 2016, submit a copy of the District Curriculum Accommodations Plan (DCAP.)  By November 15, 2016, submit the agenda and signatures of staff members in attendance at the training to review the contents of the DCAP.  By November 15, 2016, submit the results of the review of the special education record of students that had an initial eligibility evaluation Team meeting between August 31, 2016 and November 15, 2015 for inclusion of documentation of instructional support services provided to the student in the general education classroom prior to referral for special education. Report the number of records reviewed, and the number of records in compliance. For any records not in compliance, determine the root cause of that non-compliance and provide a detailed description of the district's plan to remedy any remaining non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: 1) 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, with their roles(s) and signature(s). | | |
| **Progress Report Due Date(s):**  08/31/2016  11/15/2016 | | |

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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 indicate staff at the elementary school has been provided with training on requirements of FERPA and the confidentiality of student records, but staff at the middle and high school have not. | | | |
| **Description of Corrective Action:**  The district has determined that the root cause of the district's failure to provide evidence of meeting the FERPA requirement is that the middle and high school did not document that it had provided an annual review of FERPA/confidentiality requirements. Middle and high school administrators are aware that moving forward, they need to document fulfillment of this requirement via staff sign-in sheets and agendas at professional development/staff meetings and that they should have provided this to DESE. | | | |
| **Title/Role(s) of Responsible Persons:**  Administrative team | | **Expected Date of Completion:**  09/15/2016 | |
| **Evidence of Completion of the Corrective Action:**  Completed by August 1, 2016:  During the summer administrative retreat, the administrative team will review all topics that are required to be reviewed annually with staff.  The administrative team will create a common agenda for all mandatory training topics.  The administrative team will create a common calendar with regard to the delivery of training in all mandatory topics.  By September 1, 2016  On August 29/30 Gini Tate, Esq. will provide staff training on FERPA/confidentiality and civil rights requirements. | | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services in conjunction with the administrative team will ensure that these documents are reviewed annually and updated as needed. A checklist of all mandatory policy/procedure trainings will be reviewed annually by August 1st.  This procedure will be reviewed with all teachers as part of the Back to School agenda. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 20 Staff training on confidentiality of student records | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By August 31, 2016, submit a copy of the common agenda for all mandatory training topics developed by the administrative team during the summer administrative retreat. Also submit the agenda and signature with role, of Morris Elementary and Lenox Memorial Middle and High School staff members in attendance at the district training on the provisions of the Family Educational Rights and Privacy Act, and district policy and procedures to ensure privacy and confidentiality of student information. | | | |
| **Progress Report Due Date(s):**  08/31/2016 | | | |

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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 indicates that the district's in-service training materials on staff member civil rights responsibilities addressed prevention of discrimination and harassment for all protected categories except gender identity. | | |
| **Description of Corrective Action:**  The district has determined that the root cause of this oversight is that due to administrative changes, the district had neglected to realize that gender identity had not been added to the list of protected categories on its training materials. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services in conjunction with administrative team | | **Expected Date of Completion:**  09/15/2016 |
| **Evidence of Completion of the Corrective Action:**  Completed by August 1, 2016:  During the summer administrative retreat, the administrative team will review all topics that are required to be reviewed annually with staff.  The administrative team will create a common agenda for all mandatory training topics.  The administrative team will create a common calendar with regard to the delivery of training in all mandatory topics.  By September 1, 2016  On August 29/30 Gini Tate, Esq. will provide staff training on civil rights responsibilities around discrimination and harassment of all protected categories including gender identity. | | |
| **Description of Internal Monitoring Procedures:**  Checklist of mandatory training topics will be reviewed by the administrative team on a monthly basis to ensure that all topics are addressed annually. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 31, 2016, submit the common agenda for all mandatory training topics developed by the administrative team and the signatures with role, of Morris Elementary and Lenox Memorial Middle and High School staff members in attendance at the district training regarding civil rights responsibilities, including the prevention of discrimination and harassment on the basis of students' race, color, sex, gender identity, religion, national origin and sexual orientation and appropriate methods for responding to it in the school setting. | | |
| **Progress Report Due Date(s):**  08/31/2016 | | |

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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 and interviews indicate the district has not developed procedures to evaluate all aspects of its programs 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. | | |
| **Description of Corrective Action:**  The practice of the school district has been and is one of equal access to all programs and activities to all students regardless of race, color, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, disability or housing status. The finding of partial implementation identifies that the district is lacking a means to evaluate the universal implementation of this practice. One of the root causes of this issue are related to the fact that this equal access has never been identified as a concern by any members of our school community thereby bringing it to our attention. Additionally, for reasons related to being a small district with limited administrative resources, Lenox has not identified a process for ongoing monitoring of equal access nor have we formally identified a person to oversee issues of equal access. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent in conjunction with the administrative team | | **Expected Date of Completion:**  09/15/2016 |
| **Evidence of Completion of the Corrective Action:**  By May 31 of 2016:  1. The district will identify a staff member as responsible for assessing equal access on an annual basis.  By June 15, 2016:  2. The district will incorporate questions related to equal access into the annual survey to parents, staff, and students (Strategic Planning Monitoring Survey). A minimum of three questions will be added related to equal access in athletics, instructional programs, and extracurricular activities. The survey will be designed so answers to these questions may be isolated and studied.  By August 30 of 2016:  1. The Admin Team will process the survey information in preparation for the coming school year. Responses related to equal access will be isolated and studied.  2. Results indicating possible issues will be worked into action plans, overseen by the staff person responsible for equal access. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services in conjunction with the administrative team will ensure that documents and procedures are reviewed annually and updated as needed.  By May 1 of 2016, the administrative team will have developed a comprehensive compliance checklist including the requirements under the scope of this program review. The administrative will reference this list at least monthly as an agenda item in regular meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 04/26/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 31, 2016, submit questions that will be added to the annual survey of parents, staff, and students that ask about equal access in athletics, instructional programs, and extracurricular activities, and identify the district staff member identified to be responsible for assessing equal access on an annual basis.  By August 31, 2016, submit a narrative description of survey results that includes changes made to district procedures in response to these results, if necessary. | | |
| **Progress Report Due Date(s):**  05/31/2016  08/31/2016 | | |