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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: Codman Academy Charter Public (District)

CPR Onsite Year: 2016-2017

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 03/11/2017.

**Mandatory One-Year Compliance Date:** **03/11/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 6 | Determination of transition services | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 10 | End of school year evaluations | Partially Implemented |
| SE 12 | Frequency of re-evaluation | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 22 | IEP implementation and availability | 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 |
| SE 46 | Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 11A | Designation of coordinator(s); grievance procedures | 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 | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |
| ELE 1 | Annual English Language Proficiency Assessment | Partially Implemented |
| ELE 3 | Initial Identification | Partially Implemented |
| ELE 4 | Waiver Procedures | Not Implemented |
| ELE 5 | Program Placement and Structure | Partially Implemented |
| ELE 6 | Program Exit and Readiness | Not Implemented |
| ELE 10 | Parental Notification | Partially Implemented |
| ELE 11 | Equal Access to Academic Programs and Services | Partially Implemented |
| ELE 18 | Records of ELL students | Partially Implemented |

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

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| **Criterion & Topic:**  SE 6 Determination of transition services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff and parent interviews indicated that IEP Teams do not consistently review the Transition Planning Form (TPF) annually and update information on the form and the IEP, as appropriate, for students 14 and older. | | |
| **Description of Corrective Action:**  We have added the transition planning to our IEP Meeting Checklist for students 14 and older. We will continue our work with SEMS Tracker, which provides the Transition Planning form for each student entered into the system, age 14 and higher. | | |
| **Title/Role(s) of Responsible Persons:**  Mika Solo/Special Education Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. IEP Meeting Checklist  2. TPF | | |
| **Description of Internal Monitoring Procedures:**  We will continue to do a review of our files (age 14 and older) every 3 months in order to pull a sample and check for completed TPF and updated IEPs. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017, for the students whose record was identified by the Department, submit the required documentation listed on the Student Record Issues Worksheet.  By June 30, 2017 submit the IEP meeting checklist indicating that transition planning is a responsibility of the IEP Team for a student 14 or older. Confirm that the Director of Special Education will be responsible for periodic reviews of annual IEP Team meetings to ensure ongoing compliance.  By June 30, 2017, submit evidence of special education staff training on the procedures for developing TPFs for all students aged 14 and older, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By December 20, 2017 submit the results of an internal review of five (5) records of students with transition planning & TPF development conducted subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed, and the number with evidence of transition planning and appropriately completed TPFs. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  12/20/2017 | | |

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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the charter school does not consistently inform students and parents at least one year prior to the student reaching age 18 of the rights that will transfer from the parent to the student upon the student's 18th birthday. Record review and staff interviews also indicated that upon the student reaching age 18, the charter school does not consistently obtain consent from the adult student with sole or shared decision-making authority to continue his or her special education program. | | |
| **Description of Corrective Action:**  We have developed an Age of Majority Notice to be sent to all parents one year prior to the student's 18th birthday. Additionally, we have set up SEMS Trackers to print IEPs of all students on their 18th birthday in order to have students consent to the plan once they have sole or shared decision making authority. | | |
| **Title/Role(s) of Responsible Persons:**  Mika Solo/Special Education Coordinator, Pamela Casna/ Director of Student Services | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Age of Majority Notice  2. Student Tracker | | |
| **Description of Internal Monitoring Procedures:**  We will review files of 17 and 18 year old students once every 3 months in order to ensure age of majority notices have been sent and updated consent has been secured for IEPs. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The age of majority procedures should include a system for tracking students who are approaching their 17th birthday, to ensure that notification is provided to both student and parent no later than the student's 17th birthday. The student may consent to their special education program by signing the current IEP previously signed by the parent.  The proposed internal monitoring process does not identify who will be responsible for conducting ongoing internal oversight. | | |
| **Department Order of Corrective Action:**  Revise age of majority procedures to include a tracking system for identifying students who are approaching their 17th birthday, and include the provision that the age of majority notice will be provided to both student and parent at least one year prior to the student's 18th birthday.  The oversight system should include periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017, for the students whose records were identified by the Department, submit the required documentation listed on the Student Record Issues Worksheet.  By June 30, 2017 submit evidence of special education staff training on the procedures, including the agenda, signed attendance sheet, name and role of presenter, and training materials; and confirm that the Director of Special Education will be responsible for periodic reviews of annual IEP Team meetings to ensure ongoing compliance.  By December 20, 2017 submit the results of an internal review of approximately five (5) records of students who turned 17 subsequent to implementation of all corrective actions for evidence the student and parent were notified at least one year before the student's 18th birthday of the transfer of rights that would occur when the student turned 18. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the district notified the student and parent at least one year before the student's 18th birthday of the transfer of rights that would occur when the student turned 18.  By December 20, 2017 submit the results of an internal review of approximately five (5) records of students who turned 18 subsequent to implementation of all corrective actions for evidence the district gained the student's consent to continue their special education program and placement, or documentation of the student's choice to delegate decision-making rights. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the district obtained the student's consent or documented the student's choice to delegate their rights. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  12/20/2017 | | |

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| **Criterion & Topic:**  SE 10 End of school year evaluations | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that when consent for an evaluation is received between 30 and 45 school days before the end of the school year, the charter school does not consistently ensure that a Team meeting is scheduled so as to allow for the provision of a proposed IEP, or written notice of the finding that the student is not eligible, no later than 14 days after the end of the school year. | | |
| **Description of Corrective Action:**  We have updated our school year calendar in SEMs Tracker in order to include a notification 14 days after the end of the school year. Additionally, we have updated out PD calendar to ensure staff involved in IEP process is available for 2 weeks following the end of the school year. | | |
| **Title/Role(s) of Responsible Persons:**  Mika Solo/Special Education Coordinator, Pamela Casna/Director of Student Services. | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. June PD calendar  2. SEMs Tracker Notification system | | |
| **Description of Internal Monitoring Procedures:**  Following June 2017 end of school year, we will review files and ensure any evaluation proposed between 30 and 45 days to the end of the school year has a subsequent team meeting no later than 14 days after the end of the school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 10 End of school year evaluations | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The plan does not include a description of an internal monitoring process for ensuring ongoing compliance with the requirement to provide a proposed IEP or written notice of the finding of ineligibility within 14 days of the end of the school year when the consent to evaluate is received between 30 and 45 days before the end of the year. | | |
| **Department Order of Corrective Action:**  Develop an internal monitoring system for ensuring ongoing compliance with the requirement that, when consent for an evaluation is received between 30 and 45 school days before the end of the school year, a Team meeting is scheduled so as to allow for the provision of a proposed IEP, or written notice of the finding that the student is not eligible, no later than 14 days after the end of the school year. The monitoring system should include periodic reviews by the Director of Special Education. | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit a description of the internal monitoring system to ensure ongoing compliance and identify who will be designated with responsibility for oversight of all monitoring activities.  By October 24, 2017 submit a screen shot of the SEMS Tracker calendar notification used to note the date 14 days after the end of the school year.  By October 24, 2017 submit the results of an internal review of records with consent to an evaluation received between 30 and 45 days before the end of the school year, and after implementation of all corrective actions, for evidence that a proposed IEP was provided, or written notice of the finding that the student was not eligible, no later than 14 days after the end of the school year. Provide a detailed summary of the internal review including the number of records reviewed, the number found in compliance, and for any noncompliance, a root cause analysis and steps taken to address the noncompliance.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  10/24/2017 | | |

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| **Criterion & Topic:**  SE 12 Frequency of re-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the charter school does not consistently conduct a full re-evaluation every three years. Record review also demonstrated that there was no evidence documenting the parent and charter school had agreed the re-evaluation was unnecessary. | | |
| **Description of Corrective Action:**  We are using SEMS Tracker in order to keep track of our IEP files and give notification when students are up for re-evaluation. Additionally, we have developed a google doc to track the re-evaluation process and ensure we are staying on track. | | |
| **Title/Role(s) of Responsible Persons:**  Mika Solo/Special Education Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. SEMs Tracker notification system  2. Re-Eval tab on Student Tracker Doc | | |
| **Description of Internal Monitoring Procedures:**  We will review files every 3 months and check that full re-evaluations were completed for all students up for reevaluation based on their dates. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 12 Frequency of re-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 identify who will be designated with responsibility for oversight of all monitoring activities which should include periodic reviews by the Director of Special Education to ensure ongoing compliance.  By October 24, 2017 submit a screen shot of SEMS Tracker data used to track IEP records for upcoming re-evaluation timelines, and for 2-3 students submit the IEP re-evaluation timeline and process data documented on the school's newly created Google doc.  By December 20, 2017 submit the results of an internal review of ten (10) records of students with a re-evaluation due subsequent to implementation of all corrective actions for evidence that a re-evaluation was conducted or that the parent and school had agreed the re-evaluation was unnecessary. Provide a detailed narrative summary of the review including the number of records reviewed, and the number with evidence of transition planning and appropriately completed TPFs. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the charter school does not consistently ensure that at least annually, on or before the anniversary date of the IEP, a Team meeting is held to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. | | |
| **Description of Corrective Action:**  We are using SEMS Tracker in order to keep track of our IEP files and give notification when students are up for anniversary dates are approaching. Additionally, we have developed a google doc to track the IEP process for annual reviews of plans and ensure all parts of the process are complete. | | |
| **Title/Role(s) of Responsible Persons:**  Mika Solo/Special Education Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. SEMS Tracker Notification system  2. Annual tab on Student Tracker- Google doc | | |
| **Description of Internal Monitoring Procedures:**  We will review our files every 3 months in order to ensure all IEPs are reviewed, revised, and developed by the anniversary date. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed internal monitoring process does not identify who will be responsible for conducting ongoing internal oversight to ensure continued compliance. | | |
| **Department Order of Corrective Action:**  The oversight system should include periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017, confirm that the Director of Special Education will be responsible for periodic reviews of annual IEP Team meetings to ensure ongoing compliance.  By October 24, 2017 submit a screen shot of SEMS Tracker data used to track IEP files and upcoming anniversary dates, and for 2-3 students submit the IEP timeline and process data documented on the school's newly created Google doc.  By December 20, 2017 submit the results of an internal review of ten (10) records of students across all grade levels with annual reviews conducted subsequent to implementation of all corrective actions. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the IEP was reviewed and revised, or the student was referred for a re-evaluation, on or before the anniversary date of the previous IEP. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  10/24/2017  12/20/2017 | | |

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

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that for students placed in the special education program Higher Learning Institute (HLI), IEP Teams do not always fully develop the IEP prior to determining the student's placement. Specifically, record review indicated that IEP Teams do not describe the specially designed instruction necessary for the student to make effective progress or the instructional needs of the individual student in the Present Level of Educational Performance A (PLEP A); rather, the PLEP A states that content will be delivered in a substantially separate classroom or describes the general methodology of the program rather than the instructional needs of the individual student.  A review of student records indicated that parents leave with summary notes at the conclusion of the IEP Team meeting, which include a completed IEP service delivery grid describing the types and amounts of special education and related services proposed by the school and a statement of the major goal areas associated with these services. Although the charter school provides the parent with two (2) copies of the proposed IEP and proposed placement along with the required notice, the IEP and placement are not consistently sent within two calendar weeks of the Team meeting. | | |
| **Description of Corrective Action:**  We have reviewed all HLI IEPs and used student data (informal classroom data, formative assessments, specialist data, etc.) in order to make the PLEP A more specific to each student's needs and not a program description. As with all files, we are using SEMS tracker in order to ensure the placement and IEP are set within 2 weeks of the team meeting. Additionally, we are using the tracking forms for all students to do the same. | | |
| **Title/Role(s) of Responsible Persons:**  Mika Solo/Special Education Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Completed PLEP A for HLI students  2. Student Tracker- HLI tab on google doc | | |
| **Description of Internal Monitoring Procedures:**  We will review our HLI files once every 3 months in order to ensure the PLEP A has been correctly completed on all HLI student IEPs. We will also review to ensure files have been completed and placement has been made within 2 weeks of the team meeting. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed corrective action does not indicate if the HLI students' IEP Teams were convened before revising each PLEP A. The IEP cannot be revised outside of the Team process because the determination of the individual student's instructional needs, which are documented in PLEP A, PLEP B, goals, and the Service Delivery Grid, must be made by the Team before deciding on the appropriate placement. The HLI students' placements had been decided before the IEP was fully developed.  The plan did not include a description of an internal monitoring process for ensuring ongoing compliance with the requirement that the IEP and placement are sent within two calendar weeks of the Team meeting when the parent is provided with detailed summary notes at the conclusion of the IEP Team meeting. | | |
| **Department Order of Corrective Action:**  For each HLI student identified on the Student Record Issues Worksheet reconvene the Team to determine the specialized instruction and accommodations required by the individual student in order to make effective progress, and once determined, decide the appropriate placement for the student. Please note that the IEP must be developed and revised as needed on an annual basis, with placement determined after development.  Develop an internal monitoring process for ensuring ongoing compliance with the requirement that the IEP and placement are sent within two calendar weeks of the Team meeting when the parent is provided with detailed summary notes at the conclusion of the IEP Team meeting. Include the frequency of monitoring activities and identify who will be designated with responsibility for ongoing monitoring activities. | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit the required documentation noted on the Student Record Issues Worksheet for each identified student.  By June 30, 2017 submit a description of the internal monitoring system to ensure ongoing compliance with the provision of an IEP and placement within two calendar weeks of the Team meeting and identify who will be designated with responsibility for oversight of all monitoring activities.  By December 20, 2017 submit the results of an internal review of ten (10) records of students across all grade levels with Team meetings held subsequent to implementation of all corrective actions. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the IEP and placement were provided to the parent within two (2) calendar weeks of the Team meeting. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  12/20/2017 | | |

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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the charter school does not consistently state why removal from the general education classroom is considered critical to the student's program and the basis for its conclusion that education in the least restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Description of Corrective Action:**  We have reviewed IEPs and looked at various models for reasoning around classroom removal. We will use this information to update our IEPs in order to discuss more clearly why removal from the general education classroom is necessary in order to provide a successful student program. | | |
| **Title/Role(s) of Responsible Persons:**  Mika Solo/Special Education Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Review of models of IEPs written with specific reasoning around GE removal.  2. Updated IEPs with detailed reasoning around why removal from GE classroom was critical for student. | | |
| **Description of Internal Monitoring Procedures:**  We will review files once every 3 months in order to ensure all IEPs written going forward have clear reasoning for why removal from the GE classroom is necessary and why the least restrictive environment could not be achieved using aids and services. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Training for special education and administrative staff was not included on the requirement that Teams determine the least restrictive environment in student placement and provide justification for the decision to remove a student from the general education classroom. | | |
| **Department Order of Corrective Action:**  Conduct training for special education and administrative staff on an IEP Team's responsibility for explaining in the non-participation justification statements why a student's removal from the general education classroom is considered critical to the student's program and the basis for its conclusion that education in the least restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily. | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017, submit a description of the district's revised internal oversight system of periodic reviews to indicate the approximate frequency of administrative internal review, along with the name/role of the individual who will be designated with responsibility for oversight of all monitoring activities.  By October 24, 2017, submit evidence of special education staff training on the development of non-participation justification statements that state why the removal from the general education classroom is critical to the student's program, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By December 20, 2017, submit the results of an internal review of approximately 10 records of students with IEP development subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number where IEP Teams appropriated justified why the student was removed from the general education classroom. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance and a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  10/24/2017  12/20/2017 | | |

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

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that as a result of delays in obtaining parental consent, the charter school does not always have an IEP in effect for each eligible student at the beginning of each school year. | | |
| **Description of Corrective Action:**  We will continue to use phone, email, student delivery, and postal mail in order contact parents and obtain parental consent for proposed IEPs. Additionally, we will send Special Education representation to all family intake meetings in order to obtain consent and speak to families about proposed IEPs. | | |
| **Title/Role(s) of Responsible Persons:**  Mika Solo/Special Education Coordinator, Pamela Casna/Director of Special Education | | **Expected Date of Completion:**  09/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Consent Tracker, used to track and ensure follow up on IEP signing  2. Intake schedule, all IEP students will have a staff member at their intake. | | |
| **Description of Internal Monitoring Procedures:**  On September 8th, 2017 we will complete a file review to ensure each eligible student has a signed IEP in place at the start of the school year. We will continue this process at the end of each first week of school in order to ensure the IEPs stay consented to at the start of the year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Training was not included for special education staff on the need to make efforts to obtain consent to an IEP and placement so that the student has an IEP in place at the start of the school year.  The proposed internal monitoring process does not identify who will be responsible for conducting ongoing internal oversight to ensure continued compliance. | | |
| **Department Order of Corrective Action:**  Conduct training for any special education staff with responsibility for obtaining parental consent to a proposed IEP and placement on procedures for ensuring that each student has an IEP in place at the start of the school year.  The oversight system should include periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit evidence of training on the procedures to ensure that parental consent to a proposed IEP and placement is obtained ensure that each student has an IEP in place at the start of the school year. Include the agenda, signed attendance sheet, name and role of presenter, and training materials.  By June 30, 2017 identify the individual designated with responsibility for oversight of ongoing monitoring.  By October 24, 2017 submit 2-3 student samples of Consent Tracker data used to track attempts to obtain parental consent to IEP services.  By October 24, 2017 submit the results of an internal review of ten (10) records of students across all grade levels with IEPs developed between March and June 2017 for evidence parental consent was obtained in order to implement the IEP at the start of the school year. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that consent to the IEP and placement was obtained. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  10/24/2017 | | |

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

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that information included in the narrative description of the Notice of Proposed School District Action (N1) does not contain sufficient detail of the charter school's proposed actions, specifically an explanation of why the agency proposed or refused to take action; a description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action; and a description of any other factors that were relevant to the agency's proposal or refusal. | | |
| **Description of Corrective Action:**  We have taken steps to add an explanation of why the agency proposed or refused to take action; a description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action; and a description of any other factors that were relevant to the agency's proposal or refusal. Using the guidance of the department, we have numbered our responses so there is a clear answer to each question proposed in the N1. | | |
| **Title/Role(s) of Responsible Persons:**  Mika Solo/Special Education Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. N1s completed in the 2017 year | | |
| **Description of Internal Monitoring Procedures:**  We will continue to follow the format suggested by the department and monitor in our 3 month file reviews. | | |
| 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:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit a sample N1 for an initial evaluation or re-evaluation and an annual IEP review that an explanation of why the agency proposed or refused to take action; a description of each evaluation procedure, test, record, or report the agency used as a basis for the proposed or refused action; and a description of any other factors that were relevant to the agency's proposal or refusal. Identify who will be designated with responsibility for oversight of all monitoring activities.  By October 24, 2017 submit the results of an internal review of ten (10) records of students across all grade levels with IEPs developed subsequent to implementation of all corrective actions for evidence that page 2 of the Notice of Proposed School District Action (N1) includes an individualized response to each component. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the N1 contains sufficient detail for each component of the charter school's proposed actions. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  10/24/2017 | | |

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

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| **Criterion & Topic:**  SE 25 Parental consent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that when the parent's consent to a proposed IEP and placement is required and the parent fails to participate, the charter school does not consistently attempt to secure parental consent through multiple attempts using a variety of methods. | | |
| **Description of Corrective Action:**  We have a new Special Education Coordinator for this year who has been far more successful at putting systems and trackers in place to obtain parent consent. In addition, we have synced our SEMS Tracker contact info with Powerschool so we always have the most up to date contact information for all families. | | |
| **Title/Role(s) of Responsible Persons:**  Mika Solo/Special Education Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Consent Tracker  2. SEMS Contact Pages  3. Letter for consent, explaining need to sign IEP, etc. | | |
| **Description of Internal Monitoring Procedures:**  We will continue to use the trackers put in place by our current SpEd coordinator to ensure we get parent consent. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Training was not included for special education staff on the need to document in the student record the charter school's multiple efforts to obtain consent.  The proposed internal monitoring process does not indicate the frequency of ongoing internal monitoring to ensure continued compliance and identify who will be responsible for oversight. | | |
| **Department Order of Corrective Action:**  Conduct training for any special education staff engaged in the provision of IEPs and with responsibility for obtaining consent on ensuring that parental consent to a proposed IEP and placement is obtained and that multiple attempts to gain consent are documented in the student record.  Indicate the frequency of and identify who will be designated with responsibility for oversight of ongoing monitoring. | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 indicate the frequency of administrative internal reviews and identify who will be designated with responsibility for oversight of all monitoring activities.  By October 24, 2017, submit evidence of special education staff training on documenting the multiple efforts to obtain parental consent, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By December 20, 2017, submit the results of an internal review of approximately 10 records of students with IEP development subsequent to implementation of all corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number where consent to the IEP was obtained in a timely manner, or when obtaining consent was delayed the record documented the multiple efforts to obtain 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.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  10/24/2017  12/20/2017 | | |

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

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| **Criterion & Topic:**  SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the charter school offers tutoring to enable the suspended student to continue to participate in the general education curriculum, although in another setting, the student does not have access to consented-to IEP services to allow progress towards IEP goals. | | |
| **Description of Corrective Action:**  We have strengthened our partnership with Gambaru Corp (Speech, OT, counseling, PT). Based on retainer payment, Gambaru will be available to support student who are out of school and need access to IEP services that go beyond the academic scope provided by tutors. | | |
| **Title/Role(s) of Responsible Persons:**  Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Contract with Gambaru  2. Student schedule while out of school | | |
| **Description of Internal Monitoring Procedures:**  We will continue to work with Gambaru to ensure they can provide our students the related services on their IEPs when they are out of school. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The corrective action addresses the provision of related services for special education students who are suspended more than ten days but does not include services provided by a special educator to enable the student to continue making progress toward academic IEP goals such as in math, reading and writing. | | |
| **Department Order of Corrective Action:**  Develop a plan for offering access to all services from a special educator or related service provider identified in sections B and C of the Service Delivery Grid which will allow students with suspensions exceeding ten (10) days to continue to make progress toward their IEP goals.  Develop an internal monitoring system for ensuring ongoing compliance with the requirement to provide services to allow the student with suspensions exceeding ten (10) days to continue to make progress toward IEP goals. The monitoring system should include periodic reviews by the Director of Special Education. | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit the plan for offering special education services to students suspended more than ten (10) days which will allow students to continue to make progress toward their IEP goals.  By June 30, 2017 submit a description of the internal monitoring system to ensure ongoing compliance and identify who will be designated with responsibility for oversight of all monitoring activities.  By December 20, 2017 submit the results of an internal review of records of any student suspended more than ten (10) days for evidence that the student was offered access to special education services to allow the student to make progress toward his or her IEP goals. Provide a detailed summary of the internal review including the number of records reviewed, the number found in compliance, and for any noncompliance, a root cause analysis and steps taken to address the noncompliance.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  12/20/2017 | | |

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

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| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of licensure data, student records, and staff interviews indicated that all specialized instruction at the middle and high school for students in full inclusion is provided by general education teachers and paraprofessionals, also known as inclusion associates. According to interviews, inclusion associates are responsible for developing modifications to content and instructional delivery, ensuring that services are provided to students on IEPs and writing IEP progress reports.  In addition, specialized instruction in humanities and science for students in the special education program Higher Learning Institute are provided by general educators who do not have either undergraduate or graduate degrees from an approved special education program or licenses in special education and who are not supervised by a qualified individual; therefore, these teachers are not qualified to provide specially designed instruction to students with disabilities. | | |
| **Description of Corrective Action:**  We will be hiring a Special Educator at the Middle and High School level (2 new staff members) to support this work. These people will meet department requirements for Special Educators. | | |
| **Title/Role(s) of Responsible Persons:**  Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Job Descriptions- Special Education  2. Schedules- Special Educators | | |
| **Description of Internal Monitoring Procedures:**  As part of our annual SpEd Program Review, we will ensure the teachers we have hired are sufficiently filling the need found by the CPR. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  While the charter school indicated it plans to hire additional licensed special educators for the middle and high school levels it did not indicate how it will address the need for qualified special educators to provide humanities and science instruction to students in the substantially separate Higher Learning Institute. | | |
| **Department Order of Corrective Action:**  Develop a plan for providing science and humanities instruction by qualified special educators to students in the substantially separate program Higher Learning Institute. | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit the plan for providing science and humanities instruction by qualified special educators to students in the Higher Learning Institute.  By June 30, 2017 submit a copy of or a link to job postings for middle and high school special educators that identifies required applicant qualifications.  By October 24, 2017 submit a 2017-2018 roster of all teachers who provide special education services and including their position, grade(s) taught, MA license number, or if no license is held, the name of the undergraduate or graduate school where they completed a special education teacher program. | | |
| **Progress Report Due Date(s):**  06/30/2017  10/24/2017 | | |

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

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the charter school offers professional development for general education and special education staff on local special education policies and procedures, analyzing and accommodating diverse learning styles, and such topics as autism, the school does not ensure that all staff receive training on state and federal special education requirements or methods of collaboration. | | |
| **Description of Corrective Action:**  Staff will receive additional training on state and federal special education requirements or methods of collaboration during August PD. | | |
| **Title/Role(s) of Responsible Persons:**  Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  1. August PD Plan  2. Powerpoint for training on state and federal special education requirements or methods of collaboration | | |
| **Description of Internal Monitoring Procedures:**  We will continue to have this training in our August PD for all staff to receive annually and have it available for staff who enter mid year to review as part of onboarding documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 24, 2017 submit evidence of training for general education and special education staff on state and federal special education requirements and methods of collaboration including agenda, training materials, signed attendance sheet, and name and role of presenter. | | |
| **Progress Report Due Date(s):**  10/24/2017 | | |

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

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of facilities indicated that an instructional space used for speech and language services at the Upper School is located within a hallway with partial glass walls, allowing full visibility of students receiving services, which does not provide confidentiality to those students. | | |
| **Description of Corrective Action:**  We have moved Upper School Speech Classes into the library space. We have booked this space for 2 hours Mon-Thurs and 1 hour Friday. This space is has walls that are not glass and can not been seen from the hallway. Additionally, within this space there are partitions and desks that are located in more private settings within the library. | | |
| **Title/Role(s) of Responsible Persons:**  Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Updated schedule for library use. | | |
| **Description of Internal Monitoring Procedures:**  For the remainder of this school year, we will continue use of the library for speech classes. We will revisit this at the end of the year and determine if this space is appropriate for speech to continue in for 2017-2018. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit a schedule of Upper School students receiving speech and language services indicating that all sessions are scheduled in a space which protects student privacy. In addition, provide updated floor plans for the Upper School noting the relocation of the speech and language space(s) and the date that the classrooms will be relocated for the 2017-2018 school year.  A follow-up site visit to the speech and language instructional space(s) will be arranged by the Department prior to October 24, 2017. | | |
| **Progress Report Due Date(s):**  06/30/2017  10/24/2017 | | |

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

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that although the charter school has developed appropriate procedures for the discipline of students with disabilities and students with Section 504 Accommodation Plans, these procedures are not included in the student code of conduct. | | |
| **Description of Corrective Action:**  We have updated the student code of conduct to include these procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Updated student code of conduct | | |
| **Description of Internal Monitoring Procedures:**  This has been changed on all documents and servers in order to ensure it remains part of the student code of conduct. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 24, 2107 submit the revised code of conduct or a link to the code of conduct on the charter school website demonstrating that it includes procedures for the discipline of students with disabilities and students with Section 504 Accommodation Plans. Also provide evidence, such as a notice on the school website or an email sent to staff, families, and students, that the school community has been notified of the revisions to the code of conduct. | | |
| **Progress Report Due Date(s):**  10/24/2017 | | |

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

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that while the charter school's Bullying Intervention and Prevention Plan is distributed to staff annually, is summarized in the Student/Family Handbook, and is available on the school website, the Plan does not include staff in the definition of aggressors and does not require that staff hired after the start of the year are provided training on the Plan. | | |
| **Description of Corrective Action:**  The Bullying Intervention and Prevention Plan has been updated to include the definition of the term "aggressor". The plan has been folded in to the job description of our newly developed Dean of Culture role. They will act as holders of this plan and ensure all staff, regardless of hire date, are provided training. | | |
| **Title/Role(s) of Responsible Persons:**  Thabiti Brown/Head of School | | **Expected Date of Completion:**  05/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Updated plan to include definition  2. Job Description of DoC  3. Powerpoint of staff training | | |
| **Description of Internal Monitoring Procedures:**  We will use supervision meetings with the building principal to monitor the training of this material. Additionally, the operations manual for the Doc role has been updated to include this work monthly in order to signal to the holder that it must be completed for any new staff. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit the Bullying Prevention and Intervention Plan revised to include staff in the definition of aggressors and stating that all staff hired after the start of the school year or August professional development must participate in training on the charter school's bullying plan. | | |
| **Progress Report Due Date(s):**  06/30/2017 | | |

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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:**  A review of documents and staff interviews indicated that although the charter school's written procedures for emergency removals conform to regulations, these procedures are not consistently followed, specifically the following requirements to: 1) make immediate efforts to orally notify the student's parent of the emergency removal; 2) provide written notice to the student and parent within two (2) days following the removal; and 3) notify the Executive Director in writing of the emergency removal, the reason for it, and a description of the danger presented by the student before the student is removed. In addition, a review of suspension data indicated that in 11 instances the first recorded day of emergency removal was one or more days after the date of the offense.  A review of documents indicated that for students whose suspensions exceed ten days, the School-Wide Education Service Plan includes such options as tutoring, alternative placement, Saturday school and online and distance learning to allow the student to continue to make academic progress; however, staff interviews indicated that tutoring is the only service actually available to students. | | |
| **Description of Corrective Action:**  The school has revisited its use of Emergency Removal to ensure it is following the guidelines offered around this procedure. The Head of School is working to provide an updated school policy to building principals that aligns with the guidelines and takes into account the 3 concerns noted in the CPR finding. The Head of School will hold a review with building principals in which this is described and implemented for the 2017-2018 school year. Additionally, in order to ensure students who exceed suspension of more than 10 days, the school has contracted with University of Nebraska online learning, Tutors for All, and is working with the Mass Charter School Association on a placement plan. | | |
| **Title/Role(s) of Responsible Persons:**  Thabiti Brown/Head of School | | **Expected Date of Completion:**  09/15/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Updated policy/guide for Emergency Removal  2. Meeting with building principals to ensure understanding of procedure  3. Implementation of additional services for students out of school more than 10 days | | |
| **Description of Internal Monitoring Procedures:**  As part of supervision reviews, Head of School will review ER documentation with building principals to ensure the procedures were followed and the guidelines are being upheld. Additionally, the procedures will be added to our internal guides in order to ensure consistency in following. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The plan does not include a system for ongoing internal monitoring of student removal records to ensure that Codman Academy's emergency removal procedures are followed and that students whose suspensions exceed ten (10) days are offered multiple options for educational services. | | |
| **Department Order of Corrective Action:**  Develop an internal monitoring system of records of students with emergency removals to ensure that the charter school's policy and procedures for emergency removals are properly followed. Develop an internal monitoring system of records of students with suspensions exceeding ten (10) days to ensure that students were offered at least two (2) options allowing the student to receive educational services and to continue to make academic progress during the period of suspension. Include the frequency of monitoring activities and identify who will be designated with responsibility for ongoing monitoring activities. | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit the charter school's policy and procedures for emergency removals and evidence of training for principals and student support coordinators on the policy and procedures including an agenda, training materials, signed attendance including name and position, and the name and role of presenter.  By June 30, 2017 submit a description of the internal monitoring system to ensure ongoing compliance with emergency removal procedures. Include the frequency of administrative reviews and identify who will be designated with responsibility for oversight of all monitoring activities.  By June 30, 2017 submit a description of the internal monitoring system to ensure ongoing compliance with offering at least two (2) options for educational services to students suspended more than ten (10) days. Include the frequency of administrative reviews and identify who will be designated with responsibility for oversight of all monitoring activities.  By June 30, 2017 submit a revised Educational Services Plan identifying at least two (2) options for students to choose from when suspended for more than ten (10) days.  By December 20, 2017 submit a roster of all students with emergency removals incurred after implementation of all corrective actions. Include the student's name, grade, description of behavior requiring emergency removal, date of incident, date of emergency removal, date of return, date of initial notification to parent, date of notification to head of school, and date of suspension hearing.  By December 20, 2017 submit the results of an internal review of records of students suspended more than ten (10) days for evidence that the student was offered at least two (2) options allowing the student to receive education services and to continue to make academic progress during the period of suspension. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the student was offered at least two (2 )educational service options. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  12/20/2017 | | |

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

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| **Criterion & Topic:**  CR 11A Designation of coordinator(s); grievance procedures | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that while the charter school has designated individuals to receive complaints of sexual harassment, it has not designated coordinators for compliance with its full responsibilities under Title IX, Section 504, and Title II. In addition, a review of documents and staff interviews indicated that grievance procedures for students and staff alleging discrimination based on sex or disability are not included in the Student/Family and Faculty Handbooks or on the charter school website. | | |
| **Description of Corrective Action:**  We have designated a coordinator for compliance with full responsibilities under Title IX, Section 504, and Title II. This will be added to 7/1/2017 job description. We will add grievance procedures to our student family handbook, faculty handbook, and our school website. The handbooks will be published for 8/2017 and the website will be updated this month. | | |
| **Title/Role(s) of Responsible Persons:**  Thabiti Brown/Head of School | | **Expected Date of Completion:**  09/01/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Job description including responsibilities under Title IX, Section 504, and Title II  2. Updated handbooks  3. Updated website | | |
| **Description of Internal Monitoring Procedures:**  The update job description will support in ensuring this stays in compliance. The holder of this work will ensure the handbooks and website remain up to date and accurate. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 11A Designation of coordinator(s); grievance procedures | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 24, 2017 submit the revised student/family and staff handbooks or a link to the handbooks on the charter school's website demonstrating that the handbooks include grievance procedures for students and staff alleging discrimination based on sex or disability. Also submit the name(s) of the compliance coordinator(s) for all responsibilities under Title IX, Section 504, and Title II. | | |
| **Progress Report Due Date(s):**  10/24/2017 | | |

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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:**  A review of documents indicated that the charter school does not provide annual and continuous notification to applicants, students, parents, and employees with the name(s), office address(es) and phone number(s) of the coordinator(s) for compliance with its responsibilities under Title IX and Section 504. In addition, the non-discrimination statement in the Student/Family Handbook's Enrollment/Admissions Policy does not include gender identity as a protected category. | | | |
| **Description of Corrective Action:**  The school has updated its documents to include the name(s), office address(es) and phone number(s) of the coordinator(s) for compliance with its responsibilities under Title IX and Section 504. The school documents will be provided out to applicants, students, parents, and employees to ensure their understanding of compliance. Additionally, the non-discrimination statement in the Student/Family Handbook's Enrollment/Admissions Policy has been updated. | | | |
| **Title/Role(s) of Responsible Persons:**  Thabiti Brown/Head of School | | **Expected Date of Completion:**  09/01/2017 | |
| **Evidence of Completion of the Corrective Action:**  1. Updated notification statement, to be provided to applicants (immediately-ongoing), students, parents, and employees (August 2017)  2. Updated non-discrimination policy | | | |
| **Description of Internal Monitoring Procedures:**  The documents have been updated and will be continuously maintained to ensure compliance. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit section(s) of the Student/Family Handbook that have been revised to include the name and phone number of the individual(s) responsible for coordinating compliance under Title IX and the individual(s) responsible for coordinating compliance under Section 504 or provide a link to the Handbook on the charter school's website. Also submit the Student/Family Handbook's Enrollment/Admissions Policy or a link to the Handbook demonstrating that the nondiscrimination statement has been revised to include gender identity as a protected category. | | | |
| **Progress Report Due Date(s):**  06/30/2017 | | | |

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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:**  A review of documents indicated that the charter school has developed a notice to students 16 and over and their parents which is sent within five days of the student's tenth consecutive absence and offers at least two (2) dates and times for an exit interview to discuss reasons why the student is permanently leaving school, as well as alternative education programs and services available to the student. However, the school has not developed a process to provide annual written notice to former students who have left school, not enrolled elsewhere and not earned their diploma, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. | | |
| **Description of Corrective Action:**  The school has developed an annual written notice to send to former students who have left school, not enrolled elsewhere and not earned their diploma, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. The notice will be sent out annually, in September, by the High School principal. | | |
| **Title/Role(s) of Responsible Persons:**  Brendan O'Connell/High School Principal | | **Expected Date of Completion:**  09/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Written notice  2. Updated Operations Manual to ensure notice is sent | | |
| **Description of Internal Monitoring Procedures:**  We have updated our operations manual to ensure that this is listed in the September duties of the High School Principal. This will ensure the notice is sent each year, without delay. | | |
| 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:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit the annual written notice to former students who have left Codman Academy, not enrolled elsewhere and not earned their diploma, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs.  By June 30, 2017 submit the procedures the charter school will follow for monitoring the status of students 16 or older who left the school within the previous two years without a diploma.  By December 20, 2017 submit the results of an internal review of all students 16 or older who left Codman Academy within the past two years indicating their status in obtaining a diploma or competency determination. The report should note the date the student left the school and whether they have transferred to another school. If the student has not transferred to another school, include the date the school sent the student a notice with information on the availability of publicly funded post-high school academic support programs and encouraging them to participate in available programs. | | |
| **Progress Report Due Date(s):**  06/30/2017  12/20/2017 | | |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the charter school has not developed and implemented written restraint prevention and behavior support policy and procedures consistent with regulations under 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention. The school has thereby not provided staff with training on the new regulations, provided staff with a copy of the policy and procedures, or made the policy and procedures available to parents. A review of documents and staff interviews indicated that the school has identified program staff to serve as school-wide resources for the administration of restraint and provided school-wide resource staff with in-depth training on the use of physical restraint. | | |
| **Description of Corrective Action:**  The school will be updating/adding to its current restraint and behavior policies in order to explicitly include appropriate responses to student behavior in line with current regulations. The school will use this update to train staff during our August PD sessions and provide all a copy of these policies. The school will send this policy to parents and provide them copies/consultation during the parent sessions held in August. Additionally, the school will be sending a member of its team to "Train the Trainer" CPI Training on 6/20/2017 in order to have a staff member who is able to train other staff and provide PD for the school around behavior intervention and restraint. | | |
| **Title/Role(s) of Responsible Persons:**  Thabiti Brown/Head of School, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  09/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Updated Policy and Procedures aligned with regulation  2. Staff completion of CPI "Train the Trainer"  3. August PD schedule completed to include staff training on updated policy/procedure  4. Distribution of parent copies of update policy/procedure | | |
| **Description of Internal Monitoring Procedures:**  We will continue to monitor this through our trained behavioral intervention team. The team leader will report out of division specific SST meetings and work with building principals to ensure everyone is aware/up to date on the policy. The team leader will train new staff as they are hired throughout the school year and ensure all new families receive the school manual with these policies/procedures. | | |
| 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:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit the revised restraint policy and procedures consistent with amendments in 603 CMR 46.00 that took effect on January 1, 2016.  By October 3024, 2017 submit minutes or other evidence documenting that the revised policy and procedures have been approved by the Board of Trustees.  By October 24, 2017 submit evidence of staff training on the revised restraint policy and procedures including training materials, signed attendance sheets, and the name and role of presenter.  By October 24, 2017 submit evidence of parent notification of the revised restraint policy and procedures. | | |
| **Progress Report Due Date(s):**  06/30/2017  10/24/2017 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the charter school does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  We have not completed an institutional self evaluation of the department's standards. We will use the department template to complete this review in the fall of 2018, putting together a team of multifaceted individuals from both within the school community and outside in order to review programming and 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. Prior to completing this, and in order to inform our work, a team will attend the state superintendent's conference in July titled "Leading and Creating Inclusive Schools, All Means All". | | |
| **Title/Role(s) of Responsible Persons:**  Thabiti Brown/Head of School | | **Expected Date of Completion:**  01/01/2018 |
| **Evidence of Completion of the Corrective Action:**  1. Attendance of conference in July 2017  2. Completion of program review in fall 2017  3. Report from program review, completed by 1/1/2018 | | |
| **Description of Internal Monitoring Procedures:**  Following the completion of the fall 2018, the district will put this structure into our annual calendar in order to ensure it is completed by a team each year. The report from this review will be presented to our staff just as the reports from our SpEd and ELL reviews are presented in order to ensure it is understood and seen by staff. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit the district's plan for implementation, including timeline and key staff responsible for an institutional self-evaluation to ensure the district provides equal access to all programming across all grades PreK-12.  By December 20, 2017 submit the evaluation tools and preliminary results of the self-evaluation with evidence documenting the implementation of the plan to evaluate policies and programming access.  By February 14, 2018 submit a brief narrative summary on the outcomes of the institutional self-evaluation and changes the district is implementing to address any barriers to equal access. | | |
| **Progress Report Due Date(s):**  06/30/2017  12/20/2017  02/14/2018 | | |

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

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| **Criterion & Topic:**  ELE 1 Annual English Language Proficiency Assessment | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of ACCESS participation rates as shown in the state database indicated that the charter school assessed the English proficiency of only 79% of its enrolled English Learners (ELs). | | |
| **Description of Corrective Action:**  We did not test all ELLs last year due to factors including misuse of waiver process and severe illness. In 2017, we tested all ELLs at Codman and corrected the previous years error. | | |
| **Title/Role(s) of Responsible Persons:**  Katie Jennings/ELL Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  1. ACCESS Score report showing all students tested. | | |
| **Description of Internal Monitoring Procedures:**  The ELL Coordinator will review list of tested students with the Director of Student Services and Building Principals each year in order to ensure all students eligible are tested on ACCESS. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 1 Annual English Language Proficiency Assessment | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 24, 2017 provide training to all staff members involved in ACCESS test administration and ELE staff to ensure that they are all knowledgeable about the process and submit the training materials, sign-in sheets and agendas by the progress report due date.  By October 24, 2017 please submit a roster of the ELs who have been administered ACCESS for ELLs in 2016. Please specify if they have been tested in four domains. | | |
| **Progress Report Due Date(s):**  10/24/2017 | | |

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

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| **Criterion & Topic:**  ELE 3 Initial Identification | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the Home Language Survey (HLS) used by the charter school does not include all of the questions recommended by the Department. The charter school's current initial identification practices are not in compliance with 603 CMR 14.02(1), which requires districts and charter schools to establish procedures in accordance with the Department's guidelines. Please see the "Guidance on Identification, Assessment, Placement, and Reclassification of English Learners" as found at http://www.doe.mass.edu/ell/guidance/guidance.pdf. | | |
| **Description of Corrective Action:**  We are using the HLS that was developed by the district at its inception. We have changed the HLS to mirror the HLS suggested by the state in order to ensure there is no confusing/concern about the survey and its outcome. | | |
| **Title/Role(s) of Responsible Persons:**  Katie Jennings/ELL Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  04/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Updated Home Language Survey | | |
| **Description of Internal Monitoring Procedures:**  We have updated the HLS in all files and on all servers to ensure the former no longer exists and we are only using the department recommended form. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 3 Initial Identification | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 24, 2017 please submit samples of home language survey(s) completed by the parents after the charter school's revision of the document. | | |
| **Progress Report Due Date(s):**  10/24/2017 | | |

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

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| **Criterion & Topic:**  ELE 4 Waiver Procedures | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the charter school uses the waiver process to exit ELs from the SEI program, rather than to transfer them to an educationally recognized and legally permitted ELE program other than a sheltered English immersion or two-way bilingual program. The current waiver policy and practice in the charter school is not consistent with the waiver requirements stated in G.L. c. 71A. | | |
| **Description of Corrective Action:**  We were using the waiver process incorrectly. | | |
| **Title/Role(s) of Responsible Persons:**  Katie Jennings/ELL Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  06/30/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Our ELL Coordinator has joined the ELL Coordinators Community of Practice Group at the Mass Charter School Association.  2. We have reached out to our DESE rep for a phone call/possible meeting to review our current understanding of the process.  3. ELL Coordinator and Director of Student Services read the requirement and met with ELL teaching team to review the requirement. | | |
| **Description of Internal Monitoring Procedures:**  We will continue to be part of the Community of Practice group, complete all DESE trainings on ELL requirements, and review files every 3 months in order to ensure we stay in compliance with the regulation. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 4 Waiver Procedures | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 24, 2017 1- Revise the district's waiver, opt-out and reclassification procedures. Provide training to all ELE staff to ensure that they are knowledgeable about the changes. Submit the training materials, sign-in sheets and agendas. 2- Submit evidence showing that the student who was on a waiver as a result of the district's former practice have access to ELE services. Should the parents prefer to decline services submit signed and dated opt-out forms and the evidence of progress monitoring to ensure that these students are making adequate progress. | | |
| **Progress Report Due Date(s):**  10/24/2017 | | |

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

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| **Criterion & Topic:**  ELE 5 Program Placement and Structure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews indicated that one of the ELs who is entitled to receive both language and disability related services under the Individuals with Disabilities Education Act (IDEA) and Section 504 of the Rehabilitation Act of 1973 (Section 504) does not have access to direct ESL instruction that other ELs at the same proficiency level receive. Please see 20 U.S.C. §§1400-1419; 34 C.F.R. pt. 300  (IDEA, Part B and its implementing regulations); 29 U.S.C. § 794 and 34 C.F.R. pt.104 (Section 504 and its implementing regulations). | | |
| **Description of Corrective Action:**  This finding is due to an incorrectly used waiver. We have reached out to the family and corrected the error. The family will be submitting an opt-out request instead of the previously used waiver. We will then continue to monitor the student and testing him on ACCESS in order to remain in good standing with the waiver/opt out process. | | |
| **Title/Role(s) of Responsible Persons:**  Katie Jennings/ELL Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  05/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Completed opt out form by family.  2. Review of waiver process with DESE staff- requested phone call in addition to reading of regulation.  3. Student ACCESS participation, will be tested in winter 2018. | | |
| **Description of Internal Monitoring Procedures:**  Coordinator has joined ELL Coordinator Community of Practice Group in order to stay abreast of regulations and changes to processes foe ELLs. ELL Coordinator will work with review files once every 3 months in order to ensure all ELLs are receiving appropriate services. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 5 Program Placement and Structure | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Please see ELE 4. | | |
| **Progress Report Due Date(s):**  10/24/2017 | | |

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

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| **Criterion & Topic:**  ELE 6 Program Exit and Readiness | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Please see ELE 4. | | |
| **Description of Corrective Action:**  We have developed a multi faceted system of exiting students from the ELE program using a variety of criteria. We plan to train all ELE staff on this system and data gathering for the system. We have added a monitoring plan to each student's exit plan and included data gathering points for this monitoring. We need to share this with the department in an upcoming phone call and the publish in our ELE handbook. | | |
| **Title/Role(s) of Responsible Persons:**  Katie Jennings/ELL Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  05/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Exit Plan Procedures  2. Phone call with department to confirm quality/compliance of plan  3. Updated program handbook | | |
| **Description of Internal Monitoring Procedures:**  We will continue to monitor in our annual ELE Program review in order to track students who have exited the program. Additionally, we will use our handbook and procedures to ensure this process remains in place for exited ELL students. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 6 Program Exit and Readiness | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 24, 2017 please submit 1. a description of the district's reclassification procedures and other supporting documents such as annual review forms and updated program handbook, and 2. a roster of the reclassified students with their most recent ACCESS scores and other relevant data the district considered for reclassification. | | |
| **Progress Report Due Date(s):**  10/24/2017 | | |

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

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| **Criterion & Topic:**  ELE 10 Parental Notification | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and documents indicated that the charter school does not send to the parents or legal guardians of students in the ELE program progress reports that include information regarding their child's progress in becoming proficient in using the English language. | | |
| **Description of Corrective Action:**  Currently, we have corrected this problem by writing progress reports (to be attached to the student progress reports sent out each trimester) that show progress in the English language for all ELLs. Going forward (Fall 2017), ESL classes will be added to our online grading system, Jumprope, in order that all ELLs and their families have access to learning target based grades they can monitor and track progress on at any point through the website. All ELLs will have ESL on their progress reports and their final grade reports so we do not have to attach anything separate for these students. | | |
| **Title/Role(s) of Responsible Persons:**  Katie Jennings/ELL Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  09/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Completed progress reports to be attached to Trimester 3 (final trimester of 2016-2017 school year)  2. Addition of ESL and instructors to Jumprope for start of 2017/2018 school year | | |
| **Description of Internal Monitoring Procedures:**  We will continue to have ESL in our Jumprope system, ensuring that each time progress reports and final grades are sent home, they include ESL and track the students progress in the English language. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 10 Parental Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 please submit samples of completed progress reports attached to Trimester 3 (final trimester of 2016-2017 school year). | | |
| **Progress Report Due Date(s):**  06/30/2017 | | |

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

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| **Criterion & Topic:**  ELE 11 Equal Access to Academic Programs and Services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records, documents and staff interviews indicated that while the charter school ensures that ELs have access to the same courses of instruction and academic standards as their English-speaking peers, the school does not consistently provide ELs with disabilities access to ESL services in addition to the provisions of the student's IEP. | | |
| **Description of Corrective Action:**  This finding is due to an incorrectly used waiver. We have reached out to the family and corrected the error. The family will be submitting an opt-out request instead of the previously used waiver. We will then continue to monitor the student and testing him on ACCESS in order to remain in good standing with the waiver/opt out process. | | |
| **Title/Role(s) of Responsible Persons:**  Katie Jennings/ELL Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  02/01/2018 |
| **Evidence of Completion of the Corrective Action:**  1. Completed opt out form by family.  2. Review of waiver process with DESE staff- requested phone call in addition to reading of regulation.  3. Student ACCESS participation, will be tested in winter 2018. | | |
| **Description of Internal Monitoring Procedures:**  Coordinator has joined ELL Coordinator Community of Practice Group in order to stay abreast of regulations and changes to processes foe ELLs. ELL Coordinator will work with review files once every 3 months in order to ensure all ELLs are receiving appropriate services. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 11 Equal Access to Academic Programs and Services | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017 submit evidence of training for administrators and English language learner staff on the appropriate use of waivers and opt-out procedures. Include an agenda, training materials, signed attendance and name and role of presenter. See also ELE 4.    By October 24, 2017 submit ESL instructional schedules for all ELs who are also on an IEP indicating the periods of daily instruction, the student's proficiency level as measured by ACCESS for ELLs or, for any new students, the initial WIDA screener, and the name of the instructor.  By December 20, 2017 submit the results of the review of records of all ELs who qualify for special education. Provide a detailed summary of the internal review including the number of records reviewed, and the number indicating that they are receiving all services they are entitled to as determined by their English proficiency level and their IEP. For any ELs on an IEP who are on a waiver or have opted out of ESL, review records for evidence that progress in English language development is being actively monitored. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  10/24/2017  12/20/2017 | | |

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

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| **Criterion & Topic:**  ELE 18 Records of ELL students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that EL student records do not consistently include copies of report cards and progress reports. In addition, documents are not consistently translated in the home language when requested by parents on the Home Language Survey, including report cards, progress reports, and ACCESS reports. | | |
| **Description of Corrective Action:**  We have printed and added report cards and progress reports to all ELL files. We have updated our Language needs document for all necessary people in order to ensure all documents are provided in the accurate home language of the families. | | |
| **Title/Role(s) of Responsible Persons:**  Katie Jennings/ELL Coordinator, Pamela Casna/Director of Student Services | | **Expected Date of Completion:**  05/10/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Files are complete with all necessary documents.  2. Language needs document has been updated and shared with all staff that completes mailings. | | |
| **Description of Internal Monitoring Procedures:**  Every 3 months, we will review files of ELL students and ensure that they include all necessary documents. As new students come to Codman, we will ensure the language needs document is updated for the students to include new needs. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 18 Records of ELL students | **Corrective Action Plan Status:** Approved  **Status Date:** 05/05/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By June 30, 2017, after reviewing the Home Language Survey (HLS) available on the Department website at http://www.doe.mass.edu/ell/hlsurvey/, submit a revised language needs document that includes all questions included in the HLS.  By June 30, 2017 submit evidence of staff training, including the agenda, signed attendance sheet, name and role of presenter, and training materials, on the procedures for maintenance of all required documentation in EL student records.  By December 20, 2017 submit the results of an internal review, conducted subsequent to implementation of all corrective actions, of ten (10) EL records from across elementary, middle, and high school levels. Provide a detailed summary of the internal review including the number of records reviewed, and the number including all required ELE documentation. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it. \*Please note that when monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  06/30/2017  12/20/2017 | | |