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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: City on a Hill Charter Public School New Bedford (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 10/02/2017.

**Mandatory One-Year Compliance Date:** **10/02/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 6 | Determination of transition services | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 25 | Parental consent | Partially Implemented |
| SE 32 | Parent advisory council for special education | Not Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 8 | Accessibility of extracurricular activities | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 18A | School district employment practices | Partially Implemented |
| CR 24 | Curriculum review | Not Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |

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| **Criterion & Topic:**  SE 6 Determination of transition services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the charter school does not consistently update the Transition Planning Form annually for students 14 years of age and older. | | |
| **Description of Corrective Action:**  1) Establish procedures for writing effective Transition Plans, including required updating every year, due date of draft at the meeting, and final draft sent home with the IEP.  2) Deliver training to SpEd Case Managers on Transition Plans. Agenda to cover student driven vision, connection to IEP goals and services, how to write Action Statement on Educational, Job training and Independent living needs.  3) Review the Transition Plans of all current students, especially those of the initial record review. Compare with their Trans Plan from the year before. Determine if each set has been updated well (labeled level green), updated but needs improvement (labeled level yellow), has been duplicated or does not exist (labeled level red).  4) For TPs at red level, with Annual meetings in the Fall, complete vision statement surveys with student and update the TP, bring to meeting. For TPs are red level with Annual meetings in the Spring, complete vision statement surveys with student and update the TP, send home to family now. Review again at Spring meeting. | | |
| **Title/Role(s) of Responsible Persons:**  VP of Inclusion- procedures. SpEd Admin Network-oversee CAP, trainings, procedures. | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  1) Submit procedures as re-developed from 2016-17 trainings on writing effective Transition Plans at COAH.  2) Submit Agenda of training and attendance sheet through WBMS. (Completed August 23, 2017 during PD week before school started.)  3) Submit tracker of students' TPs levels (red, yellow, green), date of student conferencing, date of new TP written, date sent home.  4) Submit samples as evidence of being updated from random checks of TPs through internal monitoring process. | | |
| **Description of Internal Monitoring Procedures:**  About Description 1&2)  Procedures have been re-developed from the trainings the SpEd Admin and VP of Inclusion and SpEd staff have attended. The main change is that the Trans Plan will be developed before the IEP meeting, and brought to it for review and approval. The SpEd staff has started doing surveys, showing photos and descriptions of job options, learning terms for college readiness and having conversations with the student about their personal post-secondary vision. These procedures that have been discussed, still need to be formally written. They will be submitted via the CAP document upload.  Also this fall, Transition Plans that were not done have been completed.  About Description 3&4)  a) SpEd Admin works with VP of Inclusion to review all TPs and establish level of need to be updated; shares Trans Plan tracker.  b) SpEd Admin conducts thorough checks of 'red' level TPs, and random checks of all other TPs being updated at rate of 25% of occurrences per month  c) SpEd Amin works with VP of Inclusion on any TPs that have not been updated on time, to further improve any that do not support the student's post-secondary vision, and to work with case managers who struggle to follow procedures around TPs. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a description of the internal oversight and tracking system and identify the person(s) responsible for the oversight. Provide evidence of training to Special Education Case Managers on Transition Plans including agenda, attendance sheets. Submit this information by February 2, 2018.  Submit a report of the results of an internal review of records. Include the following:  1. Number of records reviewed;  2. Number of records in which the annual Transition Planning Form was completed.  3. Results of the root cause analysis of any records not in compliance;  4. Specific corrective actions taken by the district to remedy any non-compliance.  Submit the report by April 12, 2018. | | |
| **Progress Report Due Date(s):**  02/02/2018  04/12/2018 | | |

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

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| **Criterion & Topic:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that when conducting initial and re-evaluations to determine whether the student is eligible for special education, the charter school does not consistently provide to the parent either a proposed IEP and proposed placement or a written explanation of the finding of no eligibility within forty five (45) school working days. | | |
| **Description of Corrective Action:**  1) During the year of record review and onsite visit, COAH NB was not able to hire a qualified SpEd Supervisor, and relied on the SpEd Admin from the Network office to maintain deadlines, paperwork, and run meetings, in addition to Central office duties. To maintain compliance with 45 day timeline for determination of eligibility, COAH NB needed a licensed, trained Special Education Supervisor at the school. We now have a highly qualified Vice Principal of Inclusion who started July 1, 2017, preparing for this school year. She has been trained on the database, its documents and reports, in COAH policy and procedures, and using two systems for alerting her to deadlines of evaluation and meetings.  2) In a review of activities leading to late meetings or IEPs being sent late to families conducted about last year, it was determined that contribution to delays included parents missing meetings, case managers not finalizing IEPs within 10 days of meeting, crowded evaluation schedules, lack of common meeting dates available between time of evaluation report completion and meeting deadline, and among schedules of parents, case managers and SpEd Admin coming down from Boston. Now meeting dates are much more available due to full time VP Incl, evaluations have already started in August and continue in timely fashion, and VP Incl is supporting case manager IEP writing in weekly checkins. Also, as 50% of parent/guardians take almost a month to return signed Consents, Consents are being sent out 75 days ahead of eval deadline rather than 60.  3) Documentation of these delays was kept on a tracker and a ToDo list but was rarely officially documented. At the end of the 16-17 school year, detailed info in the tracker was transferred to the e-file in Meeting History. But more is needed. A new procedure has been established that any substantial delays in obtaining evaluation consent, evaluation and report completion, delay in parental attendance at meeting, or IEP writing delays will be documented in the N1 and in the IEP page 11 under "Other meeting information." | | |
| **Title/Role(s) of Responsible Persons:**  VP of Inclusion- procedures. SpEd Admin Network-oversee CAP, trainings, procedures. | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  Spreadsheet Tracker of caseload data is maintained with all dates and notes. Reports that come out of the SpEd database will show when Consent to Evals came in, when testing was concluded, when meeting occurred, when IEP was sent, and when IEP was signed and returned. A print out of N1s that cover evaluations and/or IEPs that were conducted out of the 45 day timeline will show explanations of those delays. Any or all of the above can be submitted as evidence to DESE through WBMS. | | |
| **Description of Internal Monitoring Procedures:**  SpEd Admin will review the Meeting Tracker bi-weekly with VP of Incl to double check evaluation and meeting progress. Delays will be noted in the tracker. Support given as needed with school psychologist availability, parent contact, IEP writing, case manager training to adhere to compliance deadlines. SpEd Admin will research the database for completion of all data field entry from the evaluation process. Errors and omissions will need retraining with responsible party (VP of Incl or Case Manager), and continued monitoring of those areas. For files meeting the criteria, N1s and IEP pg 11 will be reviewed for documentation of reasons that evaluation/meeting/IEP writing delays occurred. Any patterns that are revealed will require corrective action of responsible party. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a description of the internal oversight and tracking system to ensure that a proposed IEP and placement or a written explanation of the finding of no eligibility is provided to parents within forty-five school working days of receipt of parental consent. The oversight and tracking system should include periodic reviews by the Director of Special Education to ensure ongoing compliance by February 2, 2018.  Submit a report of the results of an internal review of student records in which an initial evaluation and/or a re-evaluation was conducted subsequent to the implementation of all corrective actions to ensure that IEP Teams are determining eligibility and the district is providing documentation to the parent within 45 school working days of receiving consent. Include the following:  1. Number of records reviewed;  2. Number of records in which the IEP and placement documentation was provided to the parent within 45 days of receiving signed consent.  3. Results of the root cause analysis of any records not in compliance;  4. Specific corrective actions taken by the district to remedy any non-compliance.  Submit the report by April 12, 2018 | | |
| **Progress Report Due Date(s):**  02/02/2018  04/12/2018 | | |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that progress reports for students with IEPs are provided at least as often as parents are informed of the progress of non-disabled students. However, the progress reports do not consistently include information on the student's progress towards the annual goals in the IEP. Specifically, some students' progress reports were duplicative over several marking periods, instead of written to reflect current progress towards the IEP goals. | | |
| **Description of Corrective Action:**  1) Determine the reason for the lack of progress reports not being updated.  This was brought up to Case Managers during Q4 last school year. The SpEd teachers stated that a) case managers do not know how their students are doing in certain skills if they don't see them in class b) they were not reminded of deadlines with enough time to complete PRs (preferred to be 2 weeks) c) no formal requirement or support was given to gen ed teacher's to respond to SpEd teacher's requests for progress d) providers were often reminded only a few days before due date.  2) Create a process to improve responsiveness from teachers, train teacher's on their legal obligations to report on student progress with support from leadership, and improve content of response with specific data needed for the goal.  This was begun this summer by reviewing processes from all COAH schools to decide which supports might work best in NB. The Principal, VP of Curriculum, and VP of Inclusion know of the importance of responding on student IEP goals through quarterly Progress Reports and are supporting efforts by VP of Inclusion to tell teachers in PD, in weekly faculty meetings, in reminder emails. Reminders have already been given SpEd teachers as this quarter comes to a close. Reminders have also been given to providers who will enter their own progress reports directly into the database. Goals are being sent to gen ed teachers requesting comments on goals in their subject area. Case Managers will write each PR in formal PR language and response structure.  This fall, the SpEd Admin has worked with the sped database company to develop an access role for teachers that allows them to 'view only' the IEPs for students they teach, but 'edit' Progress Reports and Ed A and B. This has been created, and is being beta tested right now. The goal is for gen ed teachers to get email reminders of the students for whom they must write progress reports, and then they go directly into the database to write the notes. A template has been created for teachers to follow to ensure all critical requirements of progress are covered. Case Managers, as always, will check the reports for language, structure, and completeness.  4) Continuous feedback and improvement of process. Retrain teachers, case managers or re-organize as needed. | | |
| **Title/Role(s) of Responsible Persons:**  VP of Inclusion NB, SpEd Admin Network, Case Managers, Gen Ed and Sub Set teachers | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  VP Inc checking of PRs, comparison of narrative to last quarter's report. Data collected on these comparisons on updated feedback, benchmark coverage, appropriate structure and language.  Summary of responses from all interviews about the process.  Copy of updated procedures created and disseminated to case managers, providers, teachers and leadership.  Agenda and signed attendance sheet from any trainings given. | | |
| **Description of Internal Monitoring Procedures:**  1) The first round of PRs will be closely monitored for: sending goals to teachers, teachers timely and helpful responses, report writing, adherence to deadlines.  2) SpEd Admin will conduct brief interviews with gen ed teachers, sped teachers, providers, front office manager who processes report cards with progress reports, and leadership on reminders, to get feedback on the process from Q1. The feedback will determine next steps for the process for Q2. The data collection and next steps documentation can be submitted during Q2 to the CAP. It is anticipated that there will continue to be tweaking during the school year to the process of collecting data for progress reports and timely writing, giving up to date progress each quarter.  3) Areas that need improvement will be addressed during Q2 and Q3, with a repeat of gathering feedback to improve or stabilize the process. Support for improvement may include: training to gen ed teachers, report writing to case mangers, shift in deadlines, change in goal distribution/data collection process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 11/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit a description of the internal oversight and tracking system developed to ensure that progress reports consistently include information on the student's current progress towards the annual goals in the IEP. The oversight and tracking system should include periodic reviews by the Director of Special Education to ensure ongoing compliance by February 2, 2018.  Submit evidence of training of teachers and case managers on their legal obligations to report on student progress, to improving responsiveness, and how to improve content of response with specific data needed for the goal by February 2, 2018.  Submit a report of the results of an internal review of records. Include the following:  1. Number of records reviewed;  2. Number of records in which the progress reports reflected information on the student's actual progress towards the annual goals in the IEP  3. Results of the root cause analysis of any records not in compliance;  4. Specific corrective actions taken by the school to remedy any non-compliance.  Submit the report by April 12, 2018.  \*Please note when conducting internal monitoring, the district must maintain the  following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review;  c) Name of person(s) who conducted the review with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  02/02/2018  04/12/2018 | | |

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that when the student's disability makes him or her vulnerable to bullying, harassment, or teasing, the IEP does not consistently address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. | | |
| **Description of Corrective Action:**  Goal 1) Discuss options for anti-bullying support with Principal, Vice Principals, counselor, SpEd Admin and Deans to find viable, high school curriculum to support a safe school culture.  Goal 2) Create a list of these options, strategies, curriculum and their connection in the IEP.  Goal 3) Concerns mentioned in IEP meetings to a student's vulnerability to harassment or bullying will be responded to from the list of options and strategies, and incorporated into the IEP: PLEP B accommodations and specially designed curriculum, service grid, and "Other information" on page 8. | | |
| **Title/Role(s) of Responsible Persons:**  VP of Inclusion- procedures, IEPs. SpEd Admin Network-oversee CAP, set curriculum, trainings. | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  1) Review of school discipline data base for incidents of bullying, behavioral support meetings, and data collection on repeat offenses can be found and analyzed for effectiveness of Restorative Justice, IEP support effectiveness. Anecdotal and observational data on student and parent feedback to school support after 1, 2, 4 and 6 months.  2) The list of options, strategies, curriculum and their connection to the IEP.  3) The updated IEPs of students with vulnerabilities showing improved incorporation of support strategies into the IEP. | | |
| **Description of Internal Monitoring Procedures:**  Update on goal 1) Discussions occurred over the summer with Principal, Vice Principals, counselor, SpEd Admin, Deans, the Chief and Deputy Academic Officers, and in concert with the other COAH schools. a) A new initiative has begun with Restorative Justice and supportive circles. b) Counselors, deans and advisories have begun to implement the strategy and feedback is being collected. c) Cell phone access during class, which is often a source of bullying, has been reduced with a new strategy. d) Investigations into bullying have properly followed compliance standards of immediacy, investigation, report sharing and if founded, supports given to the victim and awareness training given to the aggressor.  Update on goal 2) The list of strategies and options has been used but has not been formally written. The team will share viable additional lessons via email with links, then a follow up meeting for discussion to determine whether to use at COAH and within what structure.  Update on goal 3) In IEP meetings which have occurred already during the summer and fall, the "bullying question" continues to be asked and recorded on IEP pg 8, but the support options have already increased. At the meetings, the VP of Incl asks the "bullying question" then immediately follows through. If a problem is perceived, the student and family are given an individualized list of student-trusted adults to speak to; it is made clear to the student and family what the school's responsibility is to follow-up on these charges with investigation and report sharing; aggressor student is sometimes made to change seats or classes, attend RJ circle, while the vulnerable student's environment is restored to a safe place. In addition, deans meet with both students individually, parents are called, access to counseling installed, and break space given as needed. Deans, advisors remain vigilant and follow-up. For any RJ circles or bullying concerns for students with IEPs, the VP of Incl attends and advocates for the student. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Approved  **Status Date:** 11/03/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of staff training on the requirement to ensure the IEP addresses the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing when the student's disability makes him or her vulnerable. Submit training evidence by February 2, 2018.  Submit a report of the results of an internal review of records where vulnerability to bullying was identified as a concern to ensure that actions were recorded in the IEP to address the skills and proficiencies needed to respond to bullying. Include the following:  1. Number of records reviewed;  2. Number of records where vulnerability to bullying was identified as a concern.  3. Results of the root cause analysis of any records not in compliance;  Submit the report by April 12, 2018.  \*Please note when conducting internal monitoring, the district must maintain the  following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review;  c) Name of person(s) who conducted the review with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  02/02/2018  04/12/2018 | | |

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| **Criterion & Topic:**  SE 25 Parental consent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that when consent of the parent is required and the parent fails or refuses to participate, the charter school does not document attempts to secure the consent of the parent through multiple attempts using a variety of methods such as letters, written notices sent by certified mail, electronic mail (e-mail), or telephone calls. | | |
| **Description of Corrective Action:**  Multiple methods will be used to contact families where parental/guardian consent is required, including letters, emails, phone calls, utilize parent-student contact methods, utilize our community outreach liaison, and written notices sent by certified mail. Train new VP of Incl to note any attempts at contact with families in SchoolBrains (the school-wide information system) and in the evaluation/meeting tracker. Improve procedures and train VP of Incl that any delays in parent participation in areas requiring consent, failure to respond, or refusal to participate will be noted in the N1, on pg 8 "Other Information: Parental non-participation," and in the Meeting History notes section of the SpEd database. | | |
| **Title/Role(s) of Responsible Persons:**  VP of Inclusion- enact procedures. SpEd Admin Network-procedural trainings, oversee implementation. | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  For events where parents consent is required and cannot be collected within standard timelines, the N1, pg 8 of the student's IEP, and their Meeting History notes can be submitted as direct evidence of attempts. | | |
| **Description of Internal Monitoring Procedures:**  During weekly checkin between the SpEd Admin and the VP of Inclusion, they will discuss struggles to reach parents, review of the methods employed, and monitor the documentation. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training of staff on multiple methods used to contact families where parental/guardian consent is required, and methods of documenting those efforts in the student record by February 2, 2018.  Submit a report of the results of an internal review of records to identify that when parental/guardian consent is delayed that the school employed multiple methods of outreach and documented those efforts in the student record. Include the following:  1. Number of records reviewed;  2. Number of records in  3. Results of the root cause analysis of any records not in compliance;  4. Specific corrective actions taken by the district to remedy any non-compliance.  Submit the report by April 12, 2018. | | |
| **Progress Report Due Date(s):**  02/02/2018  04/12/2018 | | |

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Staff and parent interviews indicated that the charter school does not currently have a functioning special education parent advisory council. | | |
| **Description of Corrective Action:**  Last year, COAH New Bedford tried to reach parents to attend the Learning Network Parent Advisory Council (LN-PAC ) through fliers given to students, fliers sent via email, fliers handed out a IEP meetings, auto-calls 4 weeks, 10 days and night before to families, including one for Spanish speaking families. Two meetings were held, one on Parental Rights and to update the Bylaws, and one covering support for disabilities at home. Meeting attendance was only one parent/couple per meeting.  The above strategies will continue again this year to reach families with an increase in flier distribution and robocalls during the year. Also the number of meetings and when they occur will increase the options for parent attendance. Four dates have already been set for the LNPAC meetings, two on Parent/Guardian night (Nov 8, April 11) and two on Saturday School mornings (Jan 6, May 5) . All of these dates are advertised on one constant flier being distributed. The topics of the meetings are already planned and include the initial meeting in the fall on Parental Rights under the law, and a review of the current LNPAC bylaws. Other topics include explanation of Transition plans and services, survey of special education program, and advice to school leadership for education and school safety improvements.  Our goal is to have three parents at each meeting with some parents repeating their attendance. Another goal is to shift leadership of the LNPAC from school SpEd leadership to the parents. A third goal is support a review of our special education programming and to solicit suggestions for improvement. | | |
| **Title/Role(s) of Responsible Persons:**  VP of Inclusion and SpEd Admin Network | | **Expected Date of Completion:**  05/30/2017 |
| **Evidence of Completion of the Corrective Action:**  LNPAC NB Bylaws, especially showing any updates, or council approval signatures.  PowerPoint and other materials used for LNPAC meetings, if requested.  Attendance sheets from LNPAC meetings.  Survey given to parents.  Survey data and analysis. | | |
| **Description of Internal Monitoring Procedures:**  SpEd Admin gives support to VP of Inclusion with advertising documents, robocall content, PowerPoint on Parental Rights, survey samples, attendance sheet templates and more. During weekly checkins, the status of efforts to reach out to families will be reviewed, content development discussed, and survey results will be analyzed. We will discuss results towards our goals on number of attendees, shift in LNPAC leadership and programming improvement. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 11/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit meeting agendas for PAC meetings held in the 2017-2018 school year, including meetings relative to the PAC advising the charter school on matters that pertain to the education and safety of students with disabilities, as well as the planning, development, and evaluation of the charter school's special education programs. Also, submit a copy of the announcement, meeting agenda, and sign-in sheets for the Basic Rights Workshop. Submit the required materials by April 12, 2017. | | |
| **Progress Report Due Date(s):**  04/12/2018 | | |

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the charter school's policy regarding equal access to educational programs does not include the protected categories of gender identity and homelessness. | | |
| **Description of Corrective Action:**  The Student and Family Handbook did not have these protected groups in the school's policy regarding equal access. The Student and Family has been updated and uploaded to Additional Documents and made available on the school's website. | | |
| **Title/Role(s) of Responsible Persons:**  Cristin Berry Pizzimenti, Deputy Chief Academic Officer | | **Expected Date of Completion:**  10/17/2017 |
| **Evidence of Completion of the Corrective Action:**  The Student and Family Handbook has been updated and uploaded. | | |
| **Description of Internal Monitoring Procedures:**  Each year, I will review the Student and Family Handbook for all City on a Hill Schools and be sure to include all changes to language from the handbook to ensure accurate information is published to students and families. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date:** 11/01/2017  **Correction Status:** Corrected | |
| **Basis for Decision:**  The charter school revised the non-discrimination policy statement so that it includes all protected categories as required by regulation including gender identity and homelessness. The charter school has published this policy statement on the website and in all student, family, and staff handbooks. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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| **Criterion & Topic:**  CR 8 Accessibility of extracurricular activities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the charter school's policy regarding equal access to athletics does not include the protected categories of sex, gender identity, color, religion, national origin, sexual orientation, disability, and homelessness. | | |
| **Description of Corrective Action:**  The Student and Family Handbook did not include all protected groups in the Athletics/Extracurriculars Policies. This has been updated and the updated handbook has been added to Additional Documents. | | |
| **Title/Role(s) of Responsible Persons:**  Cristin Berry Pizzimenti, Deputy Chief Academic Officer | | **Expected Date of Completion:**  10/17/2017 |
| **Evidence of Completion of the Corrective Action:**  The Student and Family Handbook has been updated, linked to the school website, and uploaded to Additional Documents. | | |
| **Description of Internal Monitoring Procedures:**  At the end of each school year, I will update the Student and Family Handbook for all City on a Hill schools to ensure that consistent changes to handbook language are implemented. The handbook will then be sent to Principals once all language is updated. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 8 Accessibility of extracurricular activities | **Corrective Action Plan Status:** Approved  **Status Date:** 11/01/2017  **Correction Status:** Corrected | |
| **Basis for Decision:**  The charter school revised the non-discrimination policy statement so that it includes all protected categories as required by regulation. The charter school has published this policy statement on the website and in all student, family, and staff handbooks. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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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 the non-discrimination statement as contained in the charter school's student handbook does not include gender identity. | | |
| **Description of Corrective Action:**  The Student and Family Handbook was not updated with all protected groups in the non-discrimination statement. This statement has been updated in the Handbook and made available on our school website. | | |
| **Title/Role(s) of Responsible Persons:**  Cristin Berry Pizzimenti, Deputy Chief Academic Officer | | **Expected Date of Completion:**  10/17/2017 |
| **Evidence of Completion of the Corrective Action:**  The Student and Family Handbook has been updated and uploaded to Additional Documents. | | |
| **Description of Internal Monitoring Procedures:**  At the end of each school year, I will update the Student and Family Handbook for all City on a Hill schools to ensure that consistent changes to handbook language are implemented. The handbook will then be sent to Principals once all language is updated. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 11/01/2017  **Correction Status:** Corrected | |
| **Basis for Decision:**  The charter school revised the non-discrimination policy statement so that it includes all protected categories as required by regulation, including gender identity. The charter school has published this policy statement on the website and in all student, family, and staff handbooks. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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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 the student handbook posted on the charter school's website indicated that the definition of bullying is not consistent with the amendments to the Massachusetts anti-bullying law, which became effective July 1, 2013. Specifically, the definition of bullying does not extend protections to students who are bullied by a member of the school staff. | | |
| **Description of Corrective Action:**  The definition of bullying in the Student and Family Handbook has been updated to include language to protect students who are bullied by a member of the school staff. | | |
| **Title/Role(s) of Responsible Persons:**  Cristin Berry Pizzimenti, Deputy Chief Academic Officer | | **Expected Date of Completion:**  10/17/2017 |
| **Evidence of Completion of the Corrective Action:**  The Student and Family Handbook has been updated, uploaded to Additional Documents, and linked to the school's website. | | |
| **Description of Internal Monitoring Procedures:**  At the end of each school year, I will update the Student and Family Handbook for all schools and be sure to update all language around civil rights. I will then distribute this handbook for school principals to continue to update for their individual campuses. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 11/01/2017  **Correction Status:** Corrected | |
| **Basis for Decision:**  The charter school updated the Bullying Prevention and Intervention Plan on its website and in all student, family, and staff handbooks to reflect the amendments to the 2013 Massachusetts anti-bullying law. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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

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| **Criterion & Topic:**  CR 18A School district employment practices | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the charter school's hiring and recruitment documents indicated that gender identity is not included as a protected category. | | |
| **Description of Corrective Action:**  The Employee Handbook has been updated to include gender identity as a protected category. | | |
| **Title/Role(s) of Responsible Persons:**  Cristin Berry Pizzimenti, Deputy Chief Academic Officer | | **Expected Date of Completion:**  10/17/2017 |
| **Evidence of Completion of the Corrective Action:**  The Employee Handbook has been updated and uploaded in Additional Documents. | | |
| **Description of Internal Monitoring Procedures:**  At the end of each school year, the HR Manager will update all language in the Employee Handbook before the Employee Handbook is uploaded to HR Bamboo and distributed to staff. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18A School district employment practices | **Corrective Action Plan Status:** Approved  **Status Date:** 11/01/2017  **Correction Status:** Corrected | |
| **Basis for Decision:**  The charter school revised the non-discrimination policy statement so that it includes all protected categories as required by regulation, including gender identity. The charter school has published this policy statement on the website and in all student, family, and staff handbooks. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the charter school does not have a procedure that ensures individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Corrective Action:**  Teachers at City on a Hill review curriculum regularly during PD and common planning time. To ensure that curriculum is reviewed for generalizations, the Curriculum Coordinators (team of teachers across the schools who oversee curriculum and assessment) will train their departments on how to review materials in this way. The Curriculum Coordinators will be trained at our November 1st meeting and they will have 7 weeks to complete their department training. | | |
| **Title/Role(s) of Responsible Persons:**  Cristin Berry Pizzimenti, Deputy Chief Academic Officer | | **Expected Date of Completion:**  12/30/2017 |
| **Evidence of Completion of the Corrective Action:**  The sign-in sheet for the Curriculum Coordinators meeting and the training documents. | | |
| **Description of Internal Monitoring Procedures:**  In the Spring, I will review this process with the Curriculum Coordinators for effectiveness and this review will inform the process for the following school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 11/01/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of Coordinator training and staff training on the requirement to review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. Submit evidence, including agenda, training materials, and signed attendance sheets by February 2, 2018. | | |
| **Progress Report Due Date(s):**  02/02/2018 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the charter school has a process to gather information to ascertain equal access for all students to all school programs, including athletics and other extracurricular activities; however, there is no evidence that the charter school analyzed the data collected using this process or determined any needed changes in programming as a result. | | |
| **Description of Corrective Action:**  During the school year, the Athletic Director will track which students participate in which extracurricular and athletic events. The student information system, SchoolBrains, will track student participation in school groups that happen during school. At the end of the school year, the Network Data Team will collect the tracking systems form the Athletic Directors and conduct analysis about the school group participation for Principals during their annual June Principal Summit. Principals will then make changes to their programming. | | |
| **Title/Role(s) of Responsible Persons:**  Cristin Berry Pizzimenti, Deputy Chief Academic Officer | | **Expected Date of Completion:**  06/30/2018 |
| **Evidence of Completion of the Corrective Action:**  The analysis produced by the Network Data Team will be evidence of completion. | | |
| **Description of Internal Monitoring Procedures:**  This will be the process for each school year. I will check in with Athletic Directors annually to ensure that tracking systems are established so end of the year data can be analyzed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/01/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The charter school has described the numerical data collection process that will be used to assess student access to school groups, activities, and athletics. However, the charter school did not submit examples of survey tools that can be implemented to gain feedback from students, faculty, and parents to determine that students have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Department Order of Corrective Action:**  Submit samples of tools that have been developed to solicit feedback on student access to all programs, extracurriculars, and athletics.  Submit a narrative summary of the results of implementing the assessment, including description of data sources, analysis and recommendations for actions as a result of responses. | | |
| **Required Elements of Progress Report(s):**  Submit the tools and protocols that have been developed to solicit feedback on student access to all programs, extracurriculars, and athletics by April 12, 2018. Submit the summary report, analysis, and recommendations for actions as a result of responses by June 20, 2018. | | |
| **Progress Report Due Date(s):**  04/12/2018  06/20/2018 | | |