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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: Orleans

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 09/02/2017.

**Mandatory One-Year Compliance Date:** **09/02/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 8 | Accessibility of extracurricular activities | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |
| ELE 3 | Initial Identification | Partially Implemented |
| ELE 17 | Program Evaluation | Not Implemented |

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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 the Nondiscrimination Policy Statement in the district's student/family handbooks indicated that homelessness as a protected category is not included. | | |
| **Description of Corrective Action:**  Access to a Full Range of Education Programs: All students, regardless of race, color, sex, religion, national origin, sexual orientation, disability, gender identity or homelessness, have equal access to the general education program and the full range of any occupational/vocational education programs offered by the district. | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Ann Caretti, Director of Student Services | | **Expected Date of Completion:**  09/28/2017 |
| **Evidence of Completion of the Corrective Action:**  http://www.nausetschools.org/files/filesystem/oes%20parent%20handbook%202017-181.pdf | | |
| **Description of Internal Monitoring Procedures:**  Handbooks are reviewed every school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved  **Status Date:** 10/02/2017  **Correction Status:** Corrected | |
| **Basis for Decision:**  The district submitted the web link to the district Student/Family Handbook with the revised non-discrimination policy statement. The handbook is posted on the regional website and all families are made aware of this access point. | | |
| **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 the district's policy regarding accessibility of extracurricular activities indicated that homelessness as a protected category is not included. | | |
| **Description of Corrective Action:**  Accessibility of Extracurricular Activities updated in Handbook | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Ann Caretti, Director of Student Services | | **Expected Date of Completion:**  09/28/2017 |
| **Evidence of Completion of the Corrective Action:**  http://www.nausetschools.org/files/filesystem/oes%20parent%20handbook%202017-181.pdf | | |
| **Description of Internal Monitoring Procedures:**  Annual Review of Handbook | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 8 Accessibility of extracurricular activities | **Corrective Action Plan Status:** Approved  **Status Date:** 10/02/2017  **Correction Status:** Corrected | |
| **Basis for Decision:**  The district submitted evidence of the revised non-discrimination policy statement in the Student/Family Handbook that specifically includes a statement on accessibility of extracurricular activities for students in all protected categories. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the district's Bullying Prevention Policy and Bullying Prevention and Intervention Plan, as posted on its website, indicated that information regarding protections to students who are bullied by a member of the school staff is not included. | | |
| **Description of Corrective Action:**  Nauset Public Schools Bullying Prevention, Policy and Reporting Forms | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Ann Caretti, Director of Student Services | | **Expected Date of Completion:**  09/28/2017 |
| **Evidence of Completion of the Corrective Action:**  http://www.nausetschools.org/documents.cfm?id=3615.11914 | | |
| **Description of Internal Monitoring Procedures:**  All forms and policies are reviewed annually. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 10/02/2017  **Correction Status:** Corrected | |
| **Basis for Decision:**  The district has updated all online documents related to the Bullying Prevention Policy and the Bullying Prevention and Intervention Plan to include information regarding protections to students who are bullied by a member of school staff. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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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 district does not notify parents and students of the name(s) and contact information of the person(s) designated to coordinate compliance under Title IX and Section 504. | | |
| **Description of Corrective Action:**  Synopsis of Federal Civil Rights Laws | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Ann Caretti, Director of Student Services | | **Expected Date of Completion:**  09/28/2017 |
| **Evidence of Completion of the Corrective Action:**  http://nausetschools.org/files/filesystem/CivilRightsNotice.pdf | | |
| **Description of Internal Monitoring Procedures:**  All policies are reviewed and posted/updated annually | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 10/02/2017  **Correction Status:** Corrected | |
| **Basis for Decision:**  The district has provided evidence that the names and contact information of person(s) designated to coordinate compliance under Title IX and Section 504 is available to all students and parents through the district website. | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):** | | |
| **Progress Report Due Date(s):** | | |

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews indicated that the district has created a form to assist in the review of curriculum materials; however, teachers have not been provided with guidance or training on reviewing 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:**  Asst. Superintendent has researched various curriculum review training materials. Training will occur first to the Curriculum and Assessment Committee and then to all teachers across the District. | | |
| **Title/Role(s) of Responsible Persons:**  Keith Gauley, Assistant Superintendent | | **Expected Date of Completion:**  01/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Training outlines and materials along with date training occurred. | | |
| **Description of Internal Monitoring Procedures:**  This process will be reviewed annually. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 10/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of training staff including materials, agenda, and signed attendance sheets by January 17, 2018. | | |
| **Progress Report Due Date(s):**  01/17/2018 | | |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and interviews indicated that the district does not evaluate all aspects of its  K-12 programs annually to ensure that all students have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  Institutional Self Evaluation | | |
| **Title/Role(s) of Responsible Persons:**  Dr. Ann Caretti, Director of Student Services | | **Expected Date of Completion:**  09/28/2017 |
| **Evidence of Completion of the Corrective Action:**  Please see uploaded forms | | |
| **Description of Internal Monitoring Procedures:**  Monitored annually | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district submitted a plan of action, however, the district has not yet developed the survey tools that will be implemented to ensure that they appropriately address questions of access. | | |
| **Department Order of Corrective Action:**  Submit the tools that have been developed to solicit feedback on student access to all programs, extracurriculars, and athletics. Submit the summary evaluation, including recommendations for actions as a result of responses. | | |
| **Required Elements of Progress Report(s):**  Submit the survey tools that will be used to gain feedback from students, faculty, and parents to determine that students have equal access to all programs, including athletics and other extracurricular activities by November 21, 2017.  Submit a report and analysis of the results of the surveys. Indicate any changes that will be made as a result of the responses and evaluation by March 21, 2018. | | |
| **Progress Report Due Date(s):**  11/21/2017  03/21/2018 | | |

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| **Criterion & Topic:**  ELE 3 Initial Identification | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of the "Implementation Practices" document submitted by the district confirmed inaccurate information regarding the initial identification process such as classifying a student as an English learner (EL) if there is another language on the Home Language Survey (HLS) or defining ACCESS for ELs as a screening test. District documentation also indicated that the district has not established English language proficiency screening procedures to determine each potential EL preschool student's English language proficiency level. The district's current implementation practices described in the documentation are not in compliance with 603 CMR 14.02(1) that requires districts to establish procedures in accordance with the Department's guidelines. | | |
| **Description of Corrective Action:**  Implementation practices are being re-written to align with current practices and DESE regulations. | | |
| **Title/Role(s) of Responsible Persons:**  Carina DaSilva, ESL Coordinator | | **Expected Date of Completion:**  10/02/2017 |
| **Evidence of Completion of the Corrective Action:**  Revised implementation practices 'Document'. | | |
| **Description of Internal Monitoring Procedures:**  This process will be reviewed annually. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 3 Initial Identification | **Corrective Action Plan Status:** Approved  **Status Date:** 09/29/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1. Please complete the "Initial Identification Procedures for ELs and FELs" form available in the Document Library to provide a description of the district's initial identification procedures showing that:  a- the district administers a HLS to all newly enrolling students;  b- the district screens the English language proficiency of a student using a WIDA screener when the answer to any of the questions on the HLS is a language other than English;  c- the district determines whether or not the student is an EL or FEL and makes initial placement decisions using screening test results and cut scores provided by the Department;  d- the district notifies the parent/guardian of language assessment results and initial placement no later than 30 days after the beginning of the school year or within two weeks if the student enrolls in the school district during the school year;  e- the district informs the parents of their right to opt out or to secure an SEI program waiver with the parent notification form sent to the parents upon initial placement of the student in the district's ELE program;  f- the district codes the student determined to be EL in all future SIMS reports submitted to the Department.  2. Please provide information regarding the training opportunities provided to the staff involved in the initial identification process to keep them informed about the revised policy and procedures. Please include meeting dates, minutes and sign-in sheets.  3. Please complete the form "Initial Identification Testing Data" located in the Document Library to provide the names and scores of all the students who have been screened for the SY 2017-18 .  4. Please submit the district's implementation practices document. | | |
| **Progress Report Due Date(s):**  11/21/2017 | | |

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| **Criterion & Topic:**  ELE 17 Program Evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district does not have a comprehensive process to evaluate the effectiveness of its English language education (ELE) programming in developing students' English language skills and increasing their ability to participate meaningfully in the educational program. Please see HYPERLINK "http://www.doe.mass.edu/ell/ProgramEvaluation.pdf" http://www.doe.mass.edu/ell/ProgramEvaluation.pdf . | | |
| **Description of Corrective Action:**  Program Evaluation practices are being reviewed and will include additional data elements eg: state targets, access scores, MCAS 2.0 results along with the current parent and teacher surveys. | | |
| **Title/Role(s) of Responsible Persons:**  Carina DaSilva, ESL Coordinator | | **Expected Date of Completion:**  10/02/2017 |
| **Evidence of Completion of the Corrective Action:**  Evidence will be documented in a chart form and response to program concerns will be documented. | | |
| **Description of Internal Monitoring Procedures:**  This process will be monitored annually. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 09/21/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1. Please complete the program evaluation tool that is available at http://www.doe.mass.edu/ell/ProgramEvaluation.pdf The district must complete all of the components of the attached form in order to evaluate the effectiveness of its ELE program in developing students’ English language skills and increasing their ability to participate meaningfully in the district’s educational program.  2. Please provide information regarding the strengths and areas of improvement the district identified as a result of its ELE program evaluation.  3. Please provide a plan of action to make appropriate program adjustments or changes that are responsive to the outcomes of the program evaluation to improve the effectiveness of the program at promoting and supporting the rapid acquisition of English language proficiency by ELs as is required in G.L. c. 71A. | | |
| **Progress Report Due Date(s):**  01/17/2018 | | |