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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: UP Academy Charter School of Dorchester (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 09/09/2017.

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

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 11 | School district response to parental request for independent educational evaluation | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| SE 25 | Parental consent | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 32 | Parent advisory council for special education | Not Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 7 | Information to be translated into languages other than English | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |
| ELE 6 | Program Exit and Readiness | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |
| ELE 17 | Program Evaluation | Not Implemented |
| ELE 18 | Records of ELL students | Partially Implemented |

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| **Criterion & Topic:** SE 3 Special requirements for determination of specific learning disability | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that when a student suspected of having a specific learning disability is evaluated, the IEP Team creates a written determination as to whether or not he or she has a specific learning disability. However, not all Team members sign the written determination or, if there is disagreement as to the determination, Team members do not document their disagreement. |
| **Description of Corrective Action:** 1. UP Education Network staff (Director of Special Education or Manager of Special Education Coordinators) will review policy and procedures to ensure they reflect that the written determination of SLD must be signed by all IEP team members. UP Education Network will ensure policy and procedures reflect that if there is a disagreement as to the determination, Team members must document their disagreement.2. UP Education Network staff (Director of Special Education or Manager of Special Education Coordinators) will provide training to the UP Academy Dorchester Special Education Coordinator on these policies and procedures.3. The school will develop an internal oversight and tracking system to ensure that the school completes the written eligibility determination for students suspected of having SLD. The system will include periodic reviews by an administrator to ensure ongoing compliance.4. The school will develop a report of the results of an internal review of student records, which SLD eligibility determinations conducted subsequent to implementation of all corrective actions, to ensure that written eligibility determinations for students suspected of having a specific learning disability have been signed by all IEP team members. |
| **Title/Role(s) of Responsible Persons:**Merlisha Theodat, Special Education CoordinatorCaroline Burke, Manager of School Operations | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**- Documentation of UP Education Network policy on determination of SLD (Network Compliance Guide).- Documentation of staff training, including presenter name, agenda, and signed attendance sheet with staff name, role, and signature.- Description of the school's internal oversight and tracking system.- Documentation of the results of the internal review of student records. |
| **Description of Internal Monitoring Procedures:** 1. Each quarter, an audit team including the Special Education Coordinator and Manager of School Operations will pull a sample of student records with SLD eligibility determinations conducted subsequent to the implementation of all corrective actions.2. Using a checklist, the audit team will verify that written SLD eligibility determinations are signed by all team members. If there is a disagreement as to the determination, the audit team will verify that written documentation of any disagreement is present in the student record.3. If non-compliance is identified, the audit team will document the specific actions taken to correct each individual student record, identify and record the root cause of ongoing non-compliance, and develop a plan to remedy it. 4. Evidence of the audits will be kept on file in the special education coordinator?s office and include the following: a) List of student names and grades for the records reviewed, b) Date of the review, c) Name of person(s) who conducted the review, their role(s), and Signature(s). |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3 Special requirements for determination of specific learning disability | **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):** By January 19, 2018 submit evidence of training for staff on appropriate policy and procedures for developing written determinations for students suspected of having specific learning disabilities. Include the agenda, training materials, attendance lists with signature and role of participants, and name and role of presenter.By April 13, 2018 submit the results of an internal review of approximately ten (10) records across all grade levels with IEP 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 for which a written SLD determination was appropriately completed, including having been signed by all IEP team members. 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):** 01/19/201804/13/2018 |

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| **Criterion & Topic:** SE 11 School district response to parental request for independent educational evaluation | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that the charter school has procedures to offer an independent educational evaluation (IEE) to parents or guardians who disagree with an initial evaluation or re-evaluation completed by the school. However, these procedure do not specify that IEEs funded by the school must abide by the rates set by the responsible state agency and, whenever possible, be completed within thirty (30) days of parental request. |
| **Description of Corrective Action:** 1. UP Education Network staff (Director of Special Education or Manager of Special Education Coordinators) will revise policy and procedures regarding offering independent educational evaluations (IEEs) to parents who disagree with an initial evaluation or reevaluation completed by the school.2. The procedures will be revised to specify that IEEs funded by the school must abide by the rates set by the responsible state agency and, whenever possible, be completed within thirty (30) days of parental request. |
| **Title/Role(s) of Responsible Persons:**John Miller, Manager of Special Education Coordinators;Director of Special Education | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**Uploaded documentation of updated UP Education Network policy on Independent Educational Evaluations (revised Network Compliance Guide). |
| **Description of Internal Monitoring Procedures:** Annually, the UP Education Network Director of Special Education will review the Network Compliance Guide to insure compliance with applicable state and federal regulations. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 11 School district response to parental request for independent educational evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 11/02/2017 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By January 19, 2018 submit the charter school's revised independent educational evaluation (IEE) procedures, which will specify that IEEs funded by the school must abide by the rates set by the responsible state agency and, whenever possible, be completed within thirty (30) days of parental request. By January 19, 2018 submit evidence of dissemination of the IEE procedures to staff, students, and families. |
| **Progress Report Due Date(s):** 01/19/2018 |

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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 IEP Teams do 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:** 1. UP Education Network staff (Director of Special Education or Manager of Special Education Coordinators) will review policy and procedures to ensure they reflect that IEP Teams must state why removal from the general education classroom is considered critical to the student's program. The IEP team?s nonparticipation justification statement must also include the basis for the team?s conclusion conclusion that education in the least restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily.2. UP Education Network staff (Director of Special Education or Manager of Special Education Coordinators) will provide training to the UP Academy Dorchester Special Education on these policies and procedures.3. The school will develop an internal oversight and tracking system to ensure that IEP teams consistently consider and document least restrictive environment selection. The system will include periodic reviews by an administrator to ensure ongoing compliance. |
| **Title/Role(s) of Responsible Persons:**Merlisha Theodat, Special Education Coordinator;Caroline Burke, Manager of School Operations | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**- Documentation of UP Education Network policy on change to educational setting and team consideration and documentation of least restrictive environment selection.- Documentation of staff training, including presenter name, agenda, and signed attendance sheet with staff name, role, and signature.- Description of the school?s internal oversight and tracking system.- Documentation of the results of the internal review of student records. |
| **Description of Internal Monitoring Procedures:** 1. Each quarter, an audit team including Special Education Coordinator and Manager of School Operations will pull a sample of student records who have been determined to receive services outside of the general education classroom subsequent to the implementation of all corrective actions.2. Using a checklist, the audit team will verify that the IEP team states why removal from the general education classroom is considered critical to the student's program. The audit team will verify the IEP team?s nonparticipation justification statement includes the basis for the team?s conclusion that education in the least restrictive environment, with the use of supplementary aids and services, could not be achieved satisfactorily.3. If non-compliance is identified, the audit team will document the specific actions taken to correct each individual student record, identify and record the root cause of ongoing non-compliance, and develop a plan to remedy it. 4. Evidence of the audits will be kept on file in the special education coordinator?s office and include the following: a) List of student names and grades for the records reviewed, b) Date of the review, c) Name of person(s) who conducted the review, their role(s), and Signature(s). |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 20 Least restrictive program selected | **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):** By January 19, 2018 submit evidence of training for special education staff on writing Non-participation Justification statements that explain 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. Include the agenda, training materials, attendance lists with signature and role of participants, and name and role of presenter.By April 13, 2018 submit the results of an internal review of approximately ten (10) records across all grade levels with IEP 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 for which the Non-participation Statement specifies why removal from the general education classroom is considered critical to the student's program. 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):** 01/19/201804/13/2018 |

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| **Criterion & Topic:** SE 22 IEP implementation and availability | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that when there is a delay in the implementation of an IEP due to lack of personnel, the charter school immediately informs parents in writing of the delayed services, reasons for delay, and actions that the school is taking to address the lack of personnel. However, the charter school does not offer alternative methods to implement the IEP immediately until the personnel issues are resolved. Specifically, administrative interviews and document review indicated that between December 2016 and March 2017, students did not receive counseling services while the charter school sought to fill the school psychologist position. |
| **Description of Corrective Action:** 1. UP Education Network staff (Director of Special Education or Manager of Special Education Coordinators) will revise procedures for ensuring that when there is a delay in the implementation of an IEP due to lack of personnel, the school immediately informs parents in writing of the delayed services, reasons for delay, and actions the school is taking to address the lack of personnel. Additionally, the policy will reflect that the charter school must offer alternative methods to meet the goals of the accepted, and upon agreement of the parents, immediately implements the alternative methods until the personnel issues are resolved.2. UP Education Network staff (Director of Special Education or Manager of Special Education Coordinators) will provide training to the UP Academy Dorchester special education coordinator and principals on these procedures. 3. The school will develop an internal oversight and tracking system to ensure that when consented-to IEPs are not fully implemented due to lack of staff, the school has notified the parent in writing and proposed alternative methods of implementing the IEP for parental agreement. The oversight and tracking system will include periodic reviews by an administrator to ensure ongoing compliance. 4 The school will develop a list of all students who did not receive consented-to counseling services during the 2016-2017 school year due to a lack of personnel and provide a narrative description of the school?s corrective actions taken for each student.5. The school will develop a report of the results of an internal review of student records with delays of IEP services subsequent to implementation of all corrective actions, to ensure that parents are immediately notified and offered alternative methods to meet the goals on the accepted IEP. |
| **Title/Role(s) of Responsible Persons:**Merlisha Theodat, Special Education Coordinator;Caroline Burke, Manager of School Operations | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**- Documentation of UP Education Network policy and procedures for IEP implementation and availability (Network Compliance Guide).- Documentation of staff training, including presenter name, agenda, and signed attendance sheet with staff name, role, and signature.- List of all students who did not receive consented-to counseling services during the 2016-2017 school year, including student initials and a narrative description of corrective actions taken for each student.- Description of the school?s internal oversight and tracking system.- Documentation of the results of the internal review of student records. |
| **Description of Internal Monitoring Procedures:** 1. Each quarter, an audit team including the Special Education Coordinator and Manager of School Operations will pull a sample of student records who are subject to delays of IEP service subsequent to implementation of all corrective actions. 2. Using a checklist, the audit team will verify that, in the event of a delay of IEP services, parents are notified immediately and offered alternative methods to meet the goals on the accepted IEP. 3. If non-compliance is identified, the audit team will document the specific actions taken to correct each individual student record, identify and record the root cause of ongoing non-compliance, and develop a plan to remedy it. 4. Evidence of the audits will be kept on file in the special education coordinator?s office and include the following: a) List of student names and grades for the records reviewed, b) Date of the review, c) Name of person(s) who conducted the review, their role(s), and Signature(s). |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 22 IEP implementation and availability | **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):** By January 19, 2018 submit a list of all students who received/are owed compensatory counseling services for the months of December 2016 to March 2017. Include in the list the student name, the amount of services missed, the amount of services received, and, if applicable, the amount of services outstanding,By April 13, 2018 submit the results of an internal review of records of students whose IEP implementation was delayed due to lack of classroom space or personnel subsequent to implementation of corrective actions. Provide a detailed narrative summary of the review including the number of records reviewed and the number for which parents were notified of the absence or vacancy and were offered alternative methods to meet the goals on the accepted IEP. 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. If no students have experienced a delay in IEP implementation due to lack of classroom space or personnel, indicate this in a narrative response. \*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):** 01/19/201804/13/2018 |

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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 participation or consent of a parent is required and the parent fails or refuses to participate, the charter school does not consistently attempt to secure consent through multiple attempts using a variety of documented methods. Subsequent to IEP Team meetings, the charter school will consistently send the proposed IEP and placement page to the parent multiple times; however, attempts to secure the parent's consent by a variety of methods, such as written notices sent by certified mail, electronic mail (e-mail), telephone calls, or home visits, are not employed. |
| **Description of Corrective Action:** 1. UP Education Network staff (Director of Special Education or Manager of Special Education Coordinators) will develop specific procedures for attempting to secure the parent's consent through multiple attempts using a variety of methods. These procedures may include methods such as written notices sent by certified mail, electronic mail (e-mail), telephone calls, or home visits.2. UP Education Network staff (Director of Special Education or Manager of Special Education Coordinators) will provide training to the UP Academy Dorchester special education coordinator on these procedures.3. The school will develop an internal oversight and tracking system to ensure that the school consistently attempt to secure consent through multiple attempts using a variety of documented methods. The system will include periodic reviews by an administrator to ensure ongoing compliance.4. The school will develop a report of the results of an internal review of student records with IEP development subsequent to implementation of all corrective actions, to ensure that the charter school made multiple attempts to secure parental consent, using a variety of methods, and consistently documented such efforts. |
| **Title/Role(s) of Responsible Persons:**Merlisha Theodat, Special Education Coordinator;Caroline Burke, Manager of School Operations | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**- Documentation of UP Education Network procedures for attempting to secure the parent's consent through multiple attempts using a variety of methods. - Documentation of staff training, including presenter name, agenda, and signed attendance sheet with staff name, role, and signature.- Description of the school?s internal oversight and tracking system.- Documentation of the results of the internal review of student records. |
| **Description of Internal Monitoring Procedures:** 1. Each quarter, an audit team including the Special Education Coordinator and Manager of School Operations will pull a sample of student records awaiting parental consent subsequent to implementation of all corrective actions. 2. Using a checklist, the audit team will document the number of days that the school has awaited consent, and verify that the charter school made multiple attempts to secure parental consent, using a variety of methods, and consistently documented such efforts.3. If non-compliance is identified, the audit team will document the specific actions taken to correct each individual student record, identify and record the root cause of ongoing non-compliance, and develop a plan to remedy it. 4. Evidence of the audits will be kept on file in the special education coordinator?s office and include the following: a) List of student names and grades for the records reviewed, b) Date of the review, c) Name of person(s) who conducted the review, their role(s), and Signature(s). |
| 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):** By January 19, 2018 indicate the frequency of administrative internal reviews and identify who will be designated with responsibility for oversight of all monitoring activities.By January 19, 2018 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 April 13, 2018 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):** 01/19/201804/13/2018 |

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| **Criterion & Topic:** SE 29 Communications are in English and primary language of home | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that when a family's primary language of the home is other than English and the parent has requested translation as documented on the Home Language Survey, the charter school does not consistently ensure that all special education documents, specifically progress reports, are translated. |
| **Description of Corrective Action:** 1. UP Education Network Staff (Director of Special Education or Manager of Special Education Coordinators) and the UP Academy Dorchester special education coordinator will collaborate to develop specific procedures for ensuring that all special education documents are translated into the primary language of the home when the parent has requested translations.2. UP Education Network staff will provide training to the UP Academy Dorchester special education coordinator on these procedures. 3. For those students whose records were identified by the Department (see student record worksheet), the school will translate all special education documents into the primary language of the home. These documents will include IEPs, notices, progress reports, and assessment summaries. 4. The school will develop an internal oversight and tracking system to ensure that all special education documents are translated into the primary language of the home when the parent has requested translations. The system will include periodic reviews by an administrator to ensure ongoing compliance.5. The school will develop a report of the results of an internal review of student records with IEP meetings conducted subsequent to implementation of all corrective actions to ensure that all special education documents are provided in both English and the primary language of the home when the parent has requested translations. |
| **Title/Role(s) of Responsible Persons:**Merlisha Theodat, Special Education Coordinator;Caroline Burke, Manager of School Operations | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**1. Documentation of UP Academy Dorchester procedures for ensuring that all special education documents are translated into the primary language of the home when the parent has requested translations.2. Documentation of staff training on these procedures, including presenter name, agenda, and signed attendance sheet with staff name, role, and signature.3. For those students whose records were identified by the Department, the school will submit translations all special education documents into the primary language of the home.4. Description of the school?s internal oversight and tracking system.5. Documentation of the results of the internal review of student records. |
| **Description of Internal Monitoring Procedures:** 1. Each quarter, subsequent to the implementation of all corrective actions, an audit team including the Special Education Coordinator an Manager of School Operations will pull a sample of student records with home languages other than English that require translations. 2. Using a checklist, the audit team will verify that all IEP documents, including IEPs, notices, progress reports, and assessment summaries, are translated into the student?s home language.3. If non-compliance is identified, the audit team will document the specific actions taken to correct each individual student record, identify and report the root cause of ongoing non-compliance, and develop a plan to remedy it. 4. Evidence of the audits will be kept on file in the special education coordinator?s office and include the following: a) List of student names and grades for the records reviewed, b) Date of the review, c) Name of person(s) who conducted the review, their role(s), and signature(s). |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 29 Communications are in English and primary language of home | **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):** By January 19, 2018 submit evidence of training for staff on appropriate policy and procedures for ensuring that when a family's primary language of the home is other than English and the parent has requested translation as documented on the Home Language Survey, the charter school consistently translates all special education documents. Include the agenda, training materials, attendance lists with signature and role of participants, and name and role of presenter.By January 19, 2018 for those student records identified by the Department, submit copies of translated special education documents, such as IEPs, notices, progress reports and assessment summaries. Finally, by December 13, 2017, submit a description of the school's internal oversight and tracking system.By April 13, 2018 submit the results of an internal review of approximately ten (10) records across all grade levels with IEP 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 for which a written SLD determination was appropriately completed, including having been signed by all IEP team members. 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):** 01/19/201804/13/2018 |

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| **Criterion & Topic:** SE 32 Parent advisory council for special education | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** A review of documents and interviews with administrative staff indicated that the charter school has not established a school-wide parent advisory council (PAC) on special education or sought a waiver from the Department to meet this requirement in an alternative manner. |
| **Description of Corrective Action:** 1. The school leadership team in collaboration with the Special Education Coordinator will develop a detailed plan to establish a parent advisory council that offers membership to all parents of students with disabilities in the school, as well as other interested parties, along with by-laws regarding officers and operational procedures. 2. The school will provide at least one workshop on the rights of students and parents/guardians under State and Federal special education laws. |
| **Title/Role(s) of Responsible Persons:**Merlisha Theodat, Special Education Coordinator;Brittany Morse and Jabari Peddie, Principals | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**- Documentation of UP Academy dorchester?s parent advisory council, including copies of outreach materials and by-laws regarding officers and operational procedures- Materials from one workshop held on the rights of students and parents/guardians under State and Federal special education laws, including agenda, materials, and attendance sheet documenting school staff and parent participation |
| **Description of Internal Monitoring Procedures:** 1. Annually, the Manager of School Operations will provide notice to the the school principals of the requirement to maintain a Special Education PAC.2. The Manager of School Operations and Special Education Coordinator will provide routine oversight of PAC development via quarterly audits of documentation of PAC development and staff and parent participation. |
| 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):** By January 19, 2018 submit a plan that describes how the charter school will meet the requirement for a parent advisory council. By April 13, 2018 depending on the charter school's plan, submit evidence of the following:1) a parent advisory council with by-laws regarding officers and operational procedures has been established; or 2) the school's alternative means to meet the requirement for a PAC has been approved by PRS.By May 18, 2018, submit evidence of that at least one workshop has been held on the rights of students and parents/guardians under State and Federal special education laws. Include the agenda, training materials, attendance lists with signature and role of participants, and name and role of presenter. |
| **Progress Report Due Date(s):** 01/19/201804/13/201805/18/2018 |

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| **Criterion & Topic:** SE 51 Appropriate special education teacher licensure | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that one individual who designs and/or provides direct special education services described in IEPs is not appropriately licensed. |
| **Description of Corrective Action:** 1. The Manager of School Operations will collaborate with the UP Education Network Talent Team (HR) to verify that all special education teachers providing specially-designed instruction are appropriately licensed or teaching under approved licensure waivers. 2. The school submit a roster of all teachers who provide special education services and include their position, grade(s) taught, and MA license number and/or proof of waiver. |
| **Title/Role(s) of Responsible Persons:**Caroline Burke, Manager of School Operations | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**Roster of all teachers who provide special education services and include their position, grade(s) taught, and MA license number. |
| **Description of Internal Monitoring Procedures:** Each year, the school will make every effort to hire teachers who fulfill the Massachusetts certification requirements. For teachers who are not certified, the UP Education Network Talent Team (HR) will complete all necessary steps to ensure that teachers who are not certified are teaching under approved licensure waivers. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 51 Appropriate special education teacher licensure | **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):** By January 19, 2018 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):** 01/19/2018 |

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

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| **Criterion & Topic:** SE 56 Special education programs and services are evaluated | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and interviews with administrative staff indicated that the charter school does not regularly evaluate special education programs and services. |
| **Description of Corrective Action:** 1. The school?s principals, in collaboration with the special education coordinator, will develop a program evaluation plan, including evaluation standards, sources of data, the timeline for implementation, and responsible staff.2. Responsible staff will conduct an evaluation of the special education program and services. 3. The school will compile a final special education program evaluation report including an analysis of data, summary of the results, and an action plan for any recommendations based on the results. |
| **Title/Role(s) of Responsible Persons:**Brittany Morse & Jabari Peddie, Principals;Merlisha Theodat, Sp. Ed. Coord. | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**- Description of the district?s proposed evaluation plan, the timeline for implementation, and list of responsible staff- Final special education program evaluation report including an analysis of data, summary of the results, and an action plan for any recommendations based on the results. |
| **Description of Internal Monitoring Procedures:** 1. Annually, the Manager of School Operations will provide notice to the the school principals of the requirement to conduct a program evaluation.2. The Manager of School Operations and Special Education Coordinator will provide routine oversight via audits and submit a report of audit results with recommendations for corrective actions as part of the program evaluation process. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 56 Special education programs and services are evaluated | **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):** By January 19, 2018 submit the district's plan for implementation, including timeline and key staff responsible for the evaluation of special education programs and services.By April 13, 2018 submit the evaluation tools and preliminary results of the self-evaluation of special education programs and services.By May 18, 2018 submit the final special education evaluation report, including an analysis of data, summary of the results, and an action plan for any recommendations based on the results. |
| **Progress Report Due Date(s):** 01/19/201804/13/201805/18/2018 |

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

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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 although the charter school has a policy that ensures equal access to a full range of education programs for all students, regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, or disability, this policy does not address the protected category of homelessness. |
| **Description of Corrective Action:** UP Academy Dorchester will update all documents which include the school's nondiscrimination policy, including the Employee Handbook and Student Family Handbook to include homelessness as a protected category. |
| **Title/Role(s) of Responsible Persons:**Emily Monteiro, Director of Operations; Caroline Burke, Manager of School Operations | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**UP Academy Dorchester will submit a sample of materials or web links to demonstrate that the district's nondiscrimination statement has been updated to include homelessness as a protected class. |
| **Description of Internal Monitoring Procedures:** UP Education Network's Manager of School Operations will check to ensure updates have been made to materials containing the non-discrimination statement. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 3 Access to a full range of education programs | **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):** By January 19, 2018 submit the revised Employee Handbook and Student Family Handbook, which will contain an updated nondiscrimination policy with homelessness included as one of the protected categories. By January 19, 2018 submit evidence of dissemination of the policy to staff, students, and families. |
| **Progress Report Due Date(s):** 01/19/2018 |

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

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| **Criterion & Topic:** CR 7 Information to be translated into languages other than English | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and staff interviews indicated that the charter school has translated several documents into Spanish, including the handbook, enrollment application, school calendar, and report cards. However, staff interviews indicated that many documents are translated using an online translator without a subsequent review to ensure accuracy. |
| **Description of Corrective Action:** - The school will review key translated documents to ensure documents are checked for accuracy- The school will clearly outline and distribute a policy and process for translations to ensure accurate translations, including a system for performing accuracy checks for any online translations. |
| **Title/Role(s) of Responsible Persons:**Emily Monteiro, Director of Operations; Caroline Burke, Manager of School Operations | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**School will submit a sample of translated documents, such as the bullying prevention plan. School will also submit an overview of their updated translation process. |
| **Description of Internal Monitoring Procedures:** Manager of School Operations will conduct an annual audit of a sample of translated documents, to ensure full compliance with the new translation policy, which will result in accurate and consistent translations. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 7 Information to be translated into languages other than English | **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):** By January 19, 2018 upload a copy of the school's updated policy and procedure for ensuring accurate translations, including the newly developed system for performing accuracy checks for online translations. By January 19, 2018 submit evidence of dissemination of the policy and procedure to staff. By April 13, 2018 submit a sample of documents which, subsequent to implementation of the updated policy and procedure for accurate translation, have been translated into the district's primary languages. |
| **Progress Report Due Date(s):** 01/19/201804/13/2018 |

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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 procedures for the discipline of students with disabilities, the procedures do not address students with Section 504 Accommodation Plans. |
| **Description of Corrective Action:** The Deputy CEO, in partnership with the principals, will make the necessary update to the Code of Conduct to address students with Section 504 Accommodation plans. |
| **Title/Role(s) of Responsible Persons:**Brittany Morse, K1-5 Principal; Jabari Peddie, 6-8 Principal; Nicole Dorn, Deputy CEO | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**The school will submit the updated Code of Conduct as evidence that students with Section 504 Accommodation Plans are included. |
| **Description of Internal Monitoring Procedures:** UP Education Network Deputy CEO will annually check to ensure that the code of conduct has been updated in full compliance with state and federal regulations, including addressing students with Section 504 Accommodation Plans. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10A Student handbooks and codes of conduct | **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):** By January 19, 2018 submit the revised Code of Conduct, which will contain updated procedures for the discipline of students with disabilities inclusive of students with Section 504 Accommodation Plans. By January 19, 2018 submit evidence of dissemination of the procedures to staff, students, and families. |
| **Progress Report Due Date(s):** 01/19/2018 |

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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 indicated that although the charter school has developed a Bullying Prevention and Intervention Plan, the plan does not ensure annual training of all staff. The plan specifies that staff members hired after the start of the school year are not required to participate in training during the school year if they can demonstrate participation in an acceptable and comparable program within the last two years. |
| **Description of Corrective Action:** - Bullying Intervention and Prevention plan will be updated to reflect that all staff will receive annual training, including those hired after the start date of the school year.- Distribute updated language to staff- Add bullying intervention and prevention plan training to list of on-boarding items for staff hired after the start of the year, and make summer training accessible through OneUp platform (network's intranet) |
| **Title/Role(s) of Responsible Persons:**Brittany Morse, K1-5 Principal; Jabari Peddie, 6-8 Principal; Manager of School Operations | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**- Submit updated bullying intervention and prevention plan language - Submit examples of staff training sign-in sheets.- Provide screen-shot of where training resides on UP Education Network intranet (OneUP) |
| **Description of Internal Monitoring Procedures:** Annually, Manager of School Operations will check to ensure language around annual training remains in the Bullying Intervention and Prevention plan |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10B Bullying Intervention and Prevention | **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):** By January 19, 2018 submit a revised Bullying Prevention and Intervention Plan that states that all staff, including those hired after the start of the school year, must participate in training on the school?s bullying plan. By January 19, 2018 submit evidence of dissemination of the revised Bullying Prevention and Intervention Plan to all staff. |
| **Progress Report Due Date(s):** 01/19/2018 |

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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 although the charter school provides annual and continuous notification to applicants, students, parents, and employees that it does not discriminate on the basis of race, color, national origin, sex, or disability, the policy does not include gender identity as a protected category. |
| **Description of Corrective Action:** The school will update its published materials to students and families to include gender identity as a protected category. |
| **Title/Role(s) of Responsible Persons:**Emily Monteiro, Director of Operations; Caroline Burke, Manager of School Operations | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**UP Academy Dorchester will submit a sample of materials and/or web links to demonstrate that the district?s published materials have been updated to include gender identity as a protected class. |
| **Description of Internal Monitoring Procedures:** Annually, the Manager of School Operations will review a sample of materials such as the Student Family Handbook, to ensure that gender identity is included as a protected class. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **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):** By January 19, 2018 submit the revised Employee Handbook, which will contain an updated nondiscrimination policy with gender identity included as one of the protected categories. By January 19, 2018 submit evidence of dissemination of the policy to staff. |
| **Progress Report Due Date(s):** 01/19/2018 |

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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 interviews with administrative staff demonstrated that the charter school does not evaluate all aspects of its K-8 programming 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:** UP Academy Dorchester's Leadership Team, led by the principals, will evaluate all aspects of its K-8 programming on an annual basis 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. |
| **Title/Role(s) of Responsible Persons:**Brittany Morse, Principal K1-5; Jabari Peddie, Principal 6-8 | **Expected Date of Completion:**09/09/2018 |
| **Evidence of Completion of the Corrective Action:**Minutes from Leadership Team full program review which will take place in January. Sample of artifacts from programs, such as curriculum guides and agendas. |
| **Description of Internal Monitoring Procedures:** UP Education Network will conduct an annual review to ensure all programs are in compliance. Additionally, the Leadership Team will conduct subsequent full reviews of the school?s programming each summer. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 25 Institutional self-evaluation | **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):** By January 19, 2018 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.By April 13, 2018 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 May 18, 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):** 01/19/201804/13/201805/18/2018 |

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

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| **Criterion & Topic:** ELE 6 Program Exit and Readiness | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents indicated that some students have been reclassified as Former English Learners (FELs) before they met the minimum exit criteria determined by the Department. The charter school's current reclassification procedures are not in compliance with 603 CMR 14.02 that requires districts/schools to establish exit criteria in accordance with the Department's guidelines. |
| **Description of Corrective Action:** At UP Academy Dorchester, we will ensure that no student will be reclassified as a Former ELL unless they have met DESE's criteria for being reclassified. These criteria can change from year to year, so we will continue to monitor communication from the state regarding that year?s criteria for reclassification. Any student who does not meet all of the criteria will not be considered for reclassification, and even students who do meet the criteria may not be reclassified, depending on a review of the students? performance in their general education classes and on MCAS. All ELLs, including ELLs with disabilities, will be held to this standard. |
| **Title/Role(s) of Responsible Persons:**Director of English Language Learning, ESL Coordinator,Dean of Curriculum and Instruction for ESL | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**1. UP's 2018-2019 ESL Compliance Handbook, including our policy for our network on reclassification. 2. UP's list of reclassified students, including their ACCESS scores, for the 2018 ACCESS exam (and years beyond, as needed). |
| **Description of Internal Monitoring Procedures:** Each spring, the Director of ELL, UAD's DCI of ESL, and UAD?s ESL Coordinator will review the list of students who are eligible for reclassification to ensure students who are considered for reclassification meet DESE's baseline criteria. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 6 Program Exit and Readiness | **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):** By January 19, 2018:1-Submit the district's revised reclassification policies and procedures. 2- Provide training to all staff members involved in the reclassification process to ensure that they are all knowledgeable about the changes and submit the training materials, sign-in sheets and agendas. 3-Please use FEL Roster available in the Document Library to provide information for all the ELs in your district who have been reclassified in the last school year. |
| **Progress Report Due Date(s):** 01/19/2018 |

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

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| **Criterion & Topic:** ELE 14 Licensure Requirements | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documents and Educator Licensure and Renewal (ELAR) data indicated that not all individuals who teach English as a Second Language (ESL) hold an appropriate ESL license or current waiver issued by the Massachusetts Department of Elementary and Secondary Education. |
| **Description of Corrective Action:** UP Academy Dorchester will prioritize recruiting and hiring ESL teachers who are certified in ESL before joining our organization. For those ESL teachers we hire who do not have their certification before they start, we will ensure they hold their 1-year waiver and pursue their certification in their first year teaching at UP Academy Dorchester. ESL teachers who do not receive their ESL certification by the end of their first year at UP Academy Dorchester will not receive an offer letter to teach ESL for the following school year. |
| **Title/Role(s) of Responsible Persons:**Director of English Language Learning, ESL Coordinator, Dean of Curriculum and Instruction for ESL | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**1. List of teachers who are hired to teach ESL in any given year, with no teachers being without a 1-year waiver or ESL certification. |
| **Description of Internal Monitoring Procedures:** At the end of each school year, the Director of ELL, the ESL Coordinator, the Director of Talent, and the DCI of ESL will meet to review the list of teachers to determine whether ESL teachers will be asked back into ESL positions based on their certification status. The ELL Director and Director of Talent will work with the ESL teachers and Dean of Curriculum and Instruction of ESL to ensure any new uncertified ESL teachers have their 1-year waiver as soon as possible after being hired. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 14 Licensure Requirements | **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):** 1- By January 19, 2018 submit the license information of the current ESL teacher(s) and waiver information for the teacher(s) who doesn't hold an ESL license. 2- By January 19, 2018 provide information on the support the district will provide to help the uncertified educator(s) earn the appropriate licensure and a timeline that shows the educator(s)'s efforts towards earning his/her ESL license.3- By January 19, 2018 provide a copy of any job posting and application information that may remain on file in the event the currently uncertified educator(s) fails to acquire proper certification by Summer 2018. 4- By April 13, 2018, provide a report of the program director's monitoring of the educator's progress toward certification throughout 2017-2018 school year until licensure is secured, and a copy of any job posting and application information that may remain on file in the event the currently uncertified educator(s) fails to acquire proper certification by Summer 2018. |
| **Progress Report Due Date(s):** 01/19/201804/13/2018 |

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

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| **Criterion & Topic:** ELE 17 Program Evaluation | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** A review of documents indicated that the charter school submitted a blank program evaluation tool. In addition, the school's submitted ESL program summary is not acceptable in lieu of the completed program evaluation rubric (ESE Form 4) used by the Department to assess districts' ELE program evaluations. The Department concludes that the charter school does not have a system to periodically evaluate the effectiveness of its ELE program in developing students' English language skills and increasing their ability to participate meaningfully in the educational program. |
| **Description of Corrective Action:** Throughout the school year, the Director of ELL, DCI of ESL, and ESL Coordinator at UP Academy Dorchester will meet monthly discuss UP Dorchester's ELL program using our ELL Program Evaluation Tool, which is based on DESE's criteria and includes additional criteria UP Education Network and UP Academy Dorchester deem important. At the end of each school year, the Director of ELL, DCI of ESL, ESL Coordinator, and UP Academy Dorchester Principals will meet to review and discuss the completed Program Evaluation Tool. |
| **Title/Role(s) of Responsible Persons:**Director of ELL, ESL Coordinator, Dean of Curriculum and Instruction for ESL, Principals | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**1. Completed Program Evaluation Tool for each school year2. Meeting Notes from Program Evaluation meeting for each school year |
| **Description of Internal Monitoring Procedures:** Each month, the Director of ELL, DCI of ESL, and ESL Coordinator will meet to discuss the Program Evaluation Tool and our evidence we have to rate ourselves for each component of our ELL program. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 17 Program Evaluation | **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):** 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 . |
| **Progress Report Due Date(s):** 04/13/2018 |

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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 home language surveys, MCAS/PARCC reports, and report cards. |
| **Description of Corrective Action:** Every quarter, UP Education Network will complete a file audit of 5-10 ELL and FELL files in order to provide feedback to the school on what documents are included in students? folders and what documents are missing. We will use this as a feedback opportunity to ensure the ESL Coordinator and ESL team understand how to secure the appropriate documentation and how to organize it in students' folders. Depending on the audit results, the Director of ELL will support the ESL Coordinator and ESL team in finding, printing, and organizing the appropriate documentation. |
| **Title/Role(s) of Responsible Persons:**Director of ELL, ESL Coordinator, DCI of ESL | **Expected Date of Completion:**06/30/2018 |
| **Evidence of Completion of the Corrective Action:**1. Summary of UP Education Network's audit results and action steps |
| **Description of Internal Monitoring Procedures:** The Director of ELL, ESL Coordinator, and DCI of ESL will meet monthly to discuss audit results, progress toward action steps, and do follow up reviews of ELL and FELL folders |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** ELE 18 Records of ELL students | **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):** Please see http://www.doe.mass.edu/ell/resources.html for the Department's recommended Program Folder Checklist.By January 19, 2018 submit evidence of training including an agenda, training materials and a signed attendance sheet for EL staff and relevant record keeping staff on the required content of EL student records.By April 13, 2018 submit the results of an internal review of approximately ten (10) records of EL students following the implementation of all corrective actions and representing the school's grade levels, proficiency levels, and language diversity for evidence of all required content in each record, including home language surveys, MCAS/PARCC reports, and report cards. Indicate the number of student records reviewed and the number of student records in compliance; for all records not in compliance with this criterion, determine the root cause(s) of the noncompliance and provide the school's plan to remedy the non-compliance.\*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, their role(s) and signature(s). |
| **Progress Report Due Date(s):** 01/19/201804/13/2018 |