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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: Canton

CPR Onsite Year: 2017-2018

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 08/30/2018.

**Mandatory One-Year Compliance Date:** **08/30/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 23 | Comparability of facilities | Partially Implemented |
| CR 26A | Confidentiality and student records | Partially Implemented |
| ELE 3 | Initial Identification of ELs and FELs | Partially Implemented |
| ELE 7 | Parent Involvement | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  See CR 23. | | |
| **Description of Corrective Action:**  The district is extending the wall in the classroom to create a sufficient noise barrier and separate space for the two service providers (Speech Language Pathologist and ELL teacher). | | |
| **Title/Role(s) of Responsible Persons:**  Debra Bromfield  Director of Student Services | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Picture of newly developed space alongside picture of space before addition of wall and during addition of wall. | | |
| **Description of Internal Monitoring Procedures:**  Visits to classroom space prior to construction, during construction, and after construction. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/15/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not include plans for providing separate spaces for each class while the current space is being renovated. | | |
| **Department Order of Corrective Action:**  The district must demonstrate that each of the classes are conducted in a separate space comparable to facilities for other students. | | |
| **Required Elements of Progress Report(s):**  By 12/17/2018, the district will give an update to DESE on the process of completely separating the SLP and ELL instructional spaces. In addition, the district will show evidence that each of these classes are conducted in a separate space comparable to facilities for other students while renovating. The district will submit evidence of completion of the instructional spaces by 06/30/2019, which will demonstrate the same priority as general education programs in the allocation of instructional and other space in public schools in order to minimize the separation or stigmatization of eligible students. | | |
| **Progress Report Due Date(s):**  12/17/2018  06/30/2019 | | |

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation indicated that the district notice to students 16 or over who have ten consecutive absences does not cite the correct regulatory requirements for sending such notice. Specifically, the district's letter states that the requirement is to send notice within ten days after ten consecutive absences, when the regulatory requirement is to send notice within five days. Furthermore, the letter does not specify that the parties shall agree to a date and time for the exit interview, and the interview shall occur within ten days of the notice. | | |
| **Description of Corrective Action:**  The letter that does not properly state the regulations has been revised to reflect the "within five days" requirement. | | |
| **Title/Role(s) of Responsible Persons:**  Debra Bromfield  Director of Student Services | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  The newly revised letter as well as the principals signature on an assurance document created by the Director of Student Services that 5 (unless there are fewer than 5 students in this category) randomly selected files demonstrated use of the new letter. We will be using the letter provided by DESE. | | |
| **Description of Internal Monitoring Procedures:**  Completed on 9/5/2018. Will conduct mid year and end of the 2018-2019 school year random check of files to ensure the newly revised letter is in use and old letter no longer being used. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Approved  **Status Date:** 10/15/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The district will submit the updated 'Notice to students 16 or over leaving school without a high school diploma ' letter, to DESE that include all the necessary requirements, as mentioned in M.G.L. c. 76, section 18 by 11/16/2018. | | |
| **Progress Report Due Date(s):**  11/16/2018 | | |

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| **Criterion & Topic:**  CR 23 Comparability of facilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Observation indicated that at Lt. Peter M. Hansen Elementary School, English language learner (ELL) instruction is provided in the same space that special education speech services are provided. There are no room or space dividers, which results in auditory and visual distractions for students. | | |
| **Description of Corrective Action:**  The district is extending the wall in the classroom to create a sufficient noise barrier and separate space for the two service providers (Speech Language Pathologist and ELL teacher). | | |
| **Title/Role(s) of Responsible Persons:**  Debra Bromfield  Director of Student Services | | **Expected Date of Completion:**  06/30/2109 |
| **Evidence of Completion of the Corrective Action:**  Picture of newly developed space alongside picture of space before addition of wall and during construction. | | |
| **Description of Internal Monitoring Procedures:**  Visits to classroom space prior to construction, during construction and after completion of construction. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 23 Comparability of facilities | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/15/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not include plans for providing separate spaces for each class while the current space is being renovated. | | |
| **Department Order of Corrective Action:**  The district must demonstrate that each of the classes are conducted in a separate space comparable to facilities for other students. | | |
| **Required Elements of Progress Report(s):**  By 12/17/2018, the district will give an update to DESE on the process of completely separating the SLP and ELL instructional spaces. In addition, the district will show evidence that each of these classes are conducted in a separate space comparable to facilities for other students while renovating. The district will submit evidence of completion of the instructional spaces by 06/30/2019, which will demonstrate the same priority as general education programs in the allocation of instructional and other space in public schools in order to minimize the separation or stigmatization of eligible students. | | |
| **Progress Report Due Date(s):**  12/17/2018  06/30/2019 | | |

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| **Criterion & Topic:**  CR 26A Confidentiality and student records | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the district does not consistently maintain and provide access to student records in accordance with federal and state requirements. Specifically, not all student records reviewed included a log of access to record information about persons who access the record. | | |
| **Description of Corrective Action:**  The log form is being added to any file without one. All files are being reviewed for this element by the building level Student Service Coordinators and the OOD Coordinator. | | |
| **Title/Role(s) of Responsible Persons:**  Debra Bromfield  Director of Student Services | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  The principals assurance on a document created by the Director will be evidence that 10 files were randomly selected for review 2 times annually during the 2018-2019 school year. Those assurance documents will be included in the submission of the corrective action plan. | | |
| **Description of Internal Monitoring Procedures:**  Ten random files will be selected and reviewed to ensure that these log forms are included in the record. This random review will happen twice annually and the sampling will happen at all levels including the OOD files. The random review will be done by the building principals. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 26A Confidentiality and student records | **Corrective Action Plan Status:** Approved  **Status Date:** 10/15/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the actual "log form" to DESE by 11/16/2018. In addition, please give evidence of your first review of 10 files done by the principal of the building, which will ensure that log forms are included in all records, by 12/17/2018. | | |
| **Progress Report Due Date(s):**  11/16/2018 | | |

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| **Criterion & Topic:**  ELE 3 Initial Identification of ELs and FELs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews and a review of district documentation indicated that the district has not established English language proficiency screening procedures to determine each potential English learner (EL) preschool student's English language proficiency level. | | |
| **Description of Corrective Action:**  The district will develop a screening tool to determine English language proficiency level for pre-school students. | | |
| **Title/Role(s) of Responsible Persons:**  Debra Bromfield | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will be the screen tool and use of it. Twice during the school year, the pre-school coordinator will randomly select pre-school files to ensure that the screening tool was used. | | |
| **Description of Internal Monitoring Procedures:**  Twice during the school year, the pre-school coordinator will randomly select pre-school files to ensure that the screening tool was used. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 3 Initial Identification of ELs and FELs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/28/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district shared that it will develop a screening tool to determine English language proficiency level for preschool students; however, the district must develop procedures for screening the English language proficiency of preschoolers in accordance with Department guidelines and use the screening tools approved by the Department. | | |
| **Department Order of Corrective Action:**  Please see below. | | |
| **Required Elements of Progress Report(s):**  By December 17, 2018, the District must submit: 1) written procedures for screening the English language proficiency of preschoolers in accordance with Department guidelines, which includes the selection of a standardized screening instrument (Pre-LAS, Pre-LAS Observational Tool, Pre-IPT) to assess English proficiency of potential ELs and 2) evidence that the district has provided training to staff responsible for screening the English language proficiency of preschoolers, including meeting agendas, sign-in sheets, and meeting materials. | | |
| **Progress Report Due Date(s):**  12/17/2018 | | |

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| **Criterion & Topic:**  ELE 7 Parent Involvement | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation indicated that the district uses an online translator to communicate with parents whose preferred language is not English. Online translators do not accurately convey the meaning of the source document and should be reviewed and edited by an individual qualified to do so. Since the district does not have procedures in place to review and edit documents translated using an online translator and/or by providing interpretation services, the Department concludes that the district does not meet the obligation to communicate effectively with parents whose preferred language of communication is not English. | | |
| **Description of Corrective Action:**  The district will provide translations to parents using ESped (Frontline) for IEPs and 504 plans. The district will use Cross Cultural Interpreter services for translators and translations as well. | | |
| **Title/Role(s) of Responsible Persons:**  Debra Bromfield | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will be copies of invoices/bills of use of translation services throughout the school year. | | |
| **Description of Internal Monitoring Procedures:**  ELL teachers will reach out (survey) to families 2xduring the school year to ask if translations have been made available and if those translations are satisfactory. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 7 Parent Involvement | **Corrective Action Plan Status:** Approved  **Status Date:** 09/28/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 17, 2018, the District will submit: 1) written procedures for ensuring that all parents whose preferred language is not English have access to and are provided with translation and interpretation services, upon request and 2) evidence that all staff receive training regarding these procedures, including meeting agendas, sign-in sheets, and meeting materials. | | |
| **Progress Report Due Date(s):**  12/17/2018 | | |

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| **Criterion & Topic:**  ELE 14 Licensure Requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews and the relevant SEI endorsement data indicated that most core academic teachers assigned to provide sheltered English instruction to English learners hold the SEI Teacher Endorsement, but some do not. Similarly, most principals, assistant principals, and supervisors/directors assigned to supervise or evaluate core academic teachers who provide sheltered English instruction to English learners hold the SEI Teacher Endorsement or the SEI Administrator Endorsement, but some do not. | | |
| **Description of Corrective Action:**  Core academic staff and administrators will be offered training opportunities for SEI endorsement. Anyone who has students or supervises teachers who have students with ESL needs will be required to attend SEI endorsement training. | | |
| **Title/Role(s) of Responsible Persons:**  Debra Bromfield | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  A list of staff and administrators who have been trained this year. An assurance that staff who are not trained did not have students with ESL needs. | | |
| **Description of Internal Monitoring Procedures:**  Throughout the year, staff will be asked to sign up for course and alert Professional Development office when they are admitted to a course. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 09/28/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 17, the district will:  1) submit its revised written procedures for ensuring that all core academic teachers assigned to provide sheltered English instruction to English learners and administrators supervising or evaluating core academic teachers with ELs hold the appropriate SEI Teacher Endorsement;  2) provide information on the support the district will provide to help unendorsed educator(s) and administrators earn their endorsements, including a timeline that shows their efforts towards earning the appropriate SEI endorsement;  3) submit the district's plan to ensure that ELs are assigned only to core academic teachers who hold the SEI endorsement;  4) provide training to district administrators to ensure compliance with procedure and placement of students and submit the training materials, sign-in sheets, and agendas by the progress report due date; and  5) submit the completed SEI endorsement form available in the Document Library to provide information regarding the SEI endorsement status of the core academic teachers of ELs in the district | | |
| **Progress Report Due Date(s):**  12/17/2018 | | |