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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: Saugus

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 09/07/2018.

**Mandatory One-Year Compliance Date:** **09/07/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 6 | Determination of transition services | Partially Implemented |
| SE 39 | Procedures used to provide services to eligible students enrolled in private schools at private expense | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 7A | School year schedules | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 10C | Student Discipline | Partially Implemented |
| CR 11A | Designation of coordinator(s); grievance procedures | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |
| ELE 6 | Program Exit and Readiness | Partially Implemented |
| ELE 13 | Follow-up Support | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |
| ELE 17 | Program Evaluation | Partially Implemented |

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| **Criterion & Topic:**  SE 6 Determination of transition services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that Transition Planning Forms (TPFs) do not consistently include the student's postsecondary vision or address the student's disability-related needs. Specifically, record review demonstrated that transitional needs for students, as documented on the TPF, are not always fully addressed as measurable post-secondary goals that are based upon age-appropriate transition assessments, training, education or employment experiences. | | |
| **Description of Corrective Action:**  SPS has contacted Amanda Green, Secondary Transition Coordinator, to set up a training for all middle and high school staff that complete/contribute to Transition Planning Forms for IEP's, as well as the transition planning process in general for students. SPS plans to hold this training in order to be in full compliance with this Criterion. Before, during and after this training, an ongoing internal record review will be conducted to ensure compliance. Those IEP's found not to sufficiently address the criterion will have another staff review to make the necessary adjustments. | | |
| **Title/Role(s) of Responsible Persons:**  Dawn Trainor, Director of PPS  Nicole Newbury, Evaluation Team Leader | | **Expected Date of Completion:**  03/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Internal record reviews will ensure compliance and understanding of the requirement to write measurable post secondary goals which align with the TPF for a students, and that these are derived by data complied through appropriate transition assessments related to student education and employment goals. | | |
| **Description of Internal Monitoring Procedures:**  In conjunction with Ms. Newbury, all transition aged student IEP's and TPF's will be reviewed to determine whether compliant with the criterion. As these IEP's are written on an ongoing basis throughout the year, they will be reviewed immediately upon completion and as submitted to the Director for signature. As stated, those found not to be in compliance will be met on to address the area (s) of concern before finally being signed by the Director. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2019, provide evidence of staff training on the completion of Transition Planning Forms to include full and complete measurable post-secondary goals that are based upon age-appropriate transition assessments, training, education, or employment experiences. Evidence of training should include a roster of staff in attendance with names and roles, the name and role of the presenter, a copy of the agenda, and a copy of presentation materials.  By April 26, 2019, submit the results of an internal review of student records containing a transition planning form completed subsequent to the implementation of corrective action. | | |
| **Progress Report Due Date(s):**  01/18/2019  04/26/2019 | | |

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

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| **Criterion & Topic:**  SE 39 Procedures used to provide services to eligible students enrolled in private schools at private expense | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the district has procedures to provide services to eligible students who attend a private school within the district's geographic boundary whose parents reside in Massachusetts or out of state, the district does not obtain signed written affirmation that consultation with the private schools, in accordance with federal requirements, has occurred. | | |
| **Description of Corrective Action:**  A letter to private school officials will be sent from Saugus Public Schools inviting them to meet and consult regarding their students and potential future students on IEP's, receiving services or referred for evaluation to determine such. If meeting is successful, a sign in sheet with date and agenda of meeting will be secured and sent to ESE for documentation. If meeting attempts prove unsuccessful, a follow up letter to ESE will be drafted, documenting the attempts and result. | | |
| **Title/Role(s) of Responsible Persons:**  Dawn Trainor, Director of PPS | | **Expected Date of Completion:**  03/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Evidence of meetings and attempted meetings will be provided through the means listed above, and will be submitted at regular intervals to ESE as required. | | |
| **Description of Internal Monitoring Procedures:**  A calendar will be kept by the Director to ensure timeliness and sufficient attempts to secure meeting dates and times that are mutually agreeable to both SPS and the private school. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 39 Procedures used to provide services to eligible students enrolled in private schools at private expense | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2019, provide copies of letters sent to private schools for the purpose of obtaining signed written affirmation that consultation with the private schools has occurred, and copies of any signed written affirmations returned to the district. | | |
| **Progress Report Due Date(s):**  01/18/2019 | | |

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  At Veterans Elementary School, facilities observations and a review of student schedules indicated that the English as a Second Language (ESL) instructional space can only be accessed by passing through the speech and language therapy spaces, which creates auditory and visual distractions for students receiving speech services. | | |
| **Description of Corrective Action:**  A new schedule was developed to address eliminating distractions of ELL students and speech therapy students. This schedule allows for scheduled times that do not overlap/conflict with passing through the space during a therapy session, which eliminates the distraction altogether. This schedule was adopted at the start of the '18-'19 school year, and is currently in session. | | |
| **Title/Role(s) of Responsible Persons:**  Tracey Ragucci, Veteran's Memorial Principal  Dawn Trainor, Director of PPS | | **Expected Date of Completion:**  11/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Evidence is provided through the submitted map of the building, with room designated, as well as schedules of students involved (ELL and speech) so that no distractions/disruptions to either service occur. This documentation was provided via email to Erin V., district liaison for the CAP, on 10/1/18. | | |
| **Description of Internal Monitoring Procedures:**  This newly designed schedule will continue throughout the school year to be in compliance with the criterion. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  A Department representative will conduct a facilities observation at the Veteran's Memorial Elementary School to verify the district's corrective action before January 18, 2019. | | |
| **Progress Report Due Date(s):**  02/11/2019 | | |

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| **Criterion & Topic:**  CR 7A School year schedules | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that all students at Saugus High School are scheduled for 948 hours of structured learning time per year, rather than the required minimum of 990 hours. | | |
| **Description of Corrective Action:**  Saugus High School administration, along with the Central office administrative team, have developed a weekly schedule which once implemented, will exceed the required 990 hours of instructional time per week. This schedule is proposed to begin in January, in preparation for our new 6-12 educational complex currently being built. | | |
| **Title/Role(s) of Responsible Persons:**  Michael Hashem, SHS Principal | | **Expected Date of Completion:**  01/01/2019 |
| **Evidence of Completion of the Corrective Action:**  A copy of this proposed schedule has been sent to Erin VandeVeer as supporting documentation. SPS plans to implement this schedule in January of 2019. | | |
| **Description of Internal Monitoring Procedures:**  Once implemented, the requirement will have been met for this criteria. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7A School year schedules | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2019, provide a copy of the completed and signed Principal's Structured Learning Time Worksheet (the Principal's worksheet is included in the PQA document library under "Structured Learning Time Worksheets (CR 7A)") certifying that the high school's schedule meets or exceeds 990 hours. | | |
| **Progress Report Due Date(s):**  01/18/2019 | | |

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district publishes its local Bullying Prevention and Intervention Plan (Plan) in the faculty and student/family handbooks. However, the Plan has not been updated consistent with the amendments to the Massachusetts anti-bullying law to extend protections to students who are bullied by a member of the school staff, which includes, but is not limited to, an educator, administrator, school nurse, cafeteria worker, custodian, bus driver, athletic coach, advisor to an extracurricular activity or paraprofessional. | | |
| **Description of Corrective Action:**  A review of the district Bullying Prevention and Intervention Plan will be conducted by district administration. Language referred to above which is not currently evident in the existing plan will be updated and included in the plan. This plan will then need to be brought before the School Committee for policy approval. Once this occurs, district wide updates will be provided to staff via faculty meetings, and the updated plan will be disseminated via district website. | | |
| **Title/Role(s) of Responsible Persons:**  Dawn Trainor, Director of PPS | | **Expected Date of Completion:**  04/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Sign in sheets from faculty meetings will be collected and supplied as evidence for CAP. as well as the updated plan. | | |
| **Description of Internal Monitoring Procedures:**  Compliance will be added to discussion with district level admin team meetings, which occur on a monthly basis. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2019, submit a copy of the district's Bullying Prevention and Intervention Plan updated to include revisions required by amendments to Massachusetts anti-bullying law.  These changes should include:  1. Language specifying that protections are extended to students who are bullied by a member of the school staff, the definition of which includes, but is not limited to, educators, administrators, counselors, school nurses, cafeteria workers, custodians, bus drivers, athletic coaches, advisers to extracurricular activities, support staff, or paraprofessionals.  2. An explanation of the reporting process for students, staff, parents, guardians, and others, including how to make verbal and written reports, and notification of the provision for reports to be made anonymously by all groups other than staff.  The district should ensure that other changes to anti-bullying law are included in the District's Bullying Prevention and Intervention Plan, if they are not already.  1. Plans "shall recognize that certain students may be more vulnerable to becoming a target of bullying or harassment based on actual or perceived differentiating characteristics, including race, color, religion, ancestry, national origin, sex, socioeconomic status, homelessness, academic status, gender identity or expression, physical appearance, pregnant or parenting status, sexual orientation, mental, physical, developmental or sensory disability, or by association with a person who has or perceived to have one or more of these characteristics." Plans must include specific steps they will take to support these vulnerable students and provide students with stills, knowledge and strategies they need to respond to bullying or harassment. Plans must also notify parents and guardians of the process for contacting the Department's Problem Resolution System (PRS) and assist them in understanding that process.  2. Plans must be updated every two years, although they do not need to be submitted to the Department.  The DESE website includes a document entitled "Checklist that can be used at the local level to track if all legislatively required elements are included in the local plan (Updated June 2014)" at http://www.doe.mass.edu/bullying/.  By January 18, 2019, provide evidence of staff training on the revised Bullying Prevention and Intervention Plan. Evidence of training should include a roster of staff in attendance with names and roles, the name and role of the presenter, a copy of the agenda, and a copy of presentation materials. | | |
| **Progress Report Due Date(s):**  01/18/2019 | | |

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| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district has not developed a system for periodic review of discipline data by special populations. | | |
| **Description of Corrective Action:**  Quarterly reviews held by building admin teams will be established to examine discipline data. Findings and patterns will be discussed at faculty meetings to develop strategies to respond to trends in sub groups. In addition, a student management team is in development to coordinate reviews of disciplinary practices, trends, etc. This team will consist of teachers and administrators from the BMS and SHS. | | |
| **Title/Role(s) of Responsible Persons:**  SHS,BMS Administrative team  Central Admin team | | **Expected Date of Completion:**  04/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Documentation from each meeting and results from data analysis would be uploaded into portal to support CAP. | | |
| **Description of Internal Monitoring Procedures:**  Ensuring the team meets as designated, and that the data and strategies to address are completed and submitted to the portal as evidence. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2019, submit a description of the system for periodic review of discipline data by principals to address the impact of disciplinary action on selected student populations and modify disciplinary practices as needed. See Department guidance under section VIII, Data Collection and Reporting (603 CMR 53.14), at http://www.doe.mass.edu/lawsregs/advisory/discipline/StudentDiscipline.html.  By January 18, 2019, provide evidence of staff training on the district's revised system for periodic review of discipline data by principals. Evidence of training should include a roster of staff in attendance with names and roles, the name and role of the presenter, a copy of the agenda, and a copy of presentation materials.  By February 11, 2018, submit an example or model of the proposed revised system for periodic review of discipline data by principals, indicating who will conduct the review, what disciplinary measures are recorded, how data will be collected and managed (e.g. with what process, on what software, etc.), a description of how principals will analyze this data, and under what circumstances principals may modify disciplinary practices.  By April 26, 2019, submit a narrative on the impact of the school's suspensions based on an analysis of the discipline data for selected populations and the alternatives to suspensions the district will consider to address any disproportionality evident in the data. | | |
| **Progress Report Due Date(s):**  01/18/2019  02/11/2019  04/26/2019 | | |

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| **Criterion & Topic:**  CR 11A Designation of coordinator(s); grievance procedures | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the district has designated a coordinator to address complaints from students and employees alleging discrimination based on sex or disability and has developed grievance procedures that are included in the school committee policy manual, the procedures have not been disseminated to staff. | | |
| **Description of Corrective Action:**  The grievance procedures that are documented in the School Committee policy manual will be disseminated to staff during building based faculty meetings, with all staff in that building present. Faculty meetings occur regularly, primarily on a monthly basis. | | |
| **Title/Role(s) of Responsible Persons:**  Dawn Trainor, Director of PPS | | **Expected Date of Completion:**  04/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Over the next several months, building administration will hold faculty meetings and present the grievance procedures to staff. Sign in sheets from each building will be collected and presented as evidence to support SPS CAP. | | |
| **Description of Internal Monitoring Procedures:**  Each year at district professional development days to start each school year, this information will be included as topics of discussion and policy will be distributed to district staff. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 11A Designation of coordinator(s); grievance procedures | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2019, provide a link to the discrimination and grievance procedures, which includes the name of the designated coordinator, to demonstrate that these procedures have been disseminated to staff.  By January 18, 2019, provide evidence of staff training on the procedures. Evidence of training should include a roster of staff in attendance with names and roles, the name and role of the presenter, a copy of the agenda, and a copy of presentation materials. | | |
| **Progress Report Due Date(s):**  01/18/2019 | | |

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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 documents indicated that the district has developed a notice to students 16 and over and their parents which is sent within five days of the student's tenth consecutive absence and offers at least two dates and times for an exit interview to discuss reasons why the student is permanently leaving school, and describes alternative education programs and services available to the student. However, document review also indicated that the district does not send annual written notice to former students who have not yet earned their competency determination and who have not transferred to another school to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. | | |
| **Description of Corrective Action:**  The high school administration has developed a letter to send home to students/families of students who are included in this criterion. The letter was shared via google drive with Erin V, CPR liaison, on 10/1/19 as proof of supporting documentation. | | |
| **Title/Role(s) of Responsible Persons:**  Michael Hashem, Saugus High School principal  Dawn Trainor, Director of PPS | | **Expected Date of Completion:**  11/30/2019 |
| **Evidence of Completion of the Corrective Action:**  This updated letter with all necessary components listed above, was developed by SHS administration. This letter will be sent out to students and/or their families on an annual basis beginning this school year. | | |
| **Description of Internal Monitoring Procedures:**  Students who meet this criteria will be automatically flagged out in our student service system, X2, so that administration will be aware and reminded to send the letter out. | | |
| 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:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  On October 1, 2018, the district submitted its revised annual written notice to former students who have left the district, not enrolled elsewhere and not earned their diploma, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs.  By April 26, 2019, submit the results of an internal review of all students 16 or older who left the district within the past two years indicating their status in obtaining a diploma or competency determination. The report should note the date the student left the district and whether they have transferred to another district. If the student has not transferred to another district, include the date the district sent the student a notice with information on the availability of publicly funded post-high school academic support programs and encouraging them to participate in available programs. | | |
| **Progress Report Due Date(s):**  04/26/2019 | | |

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that although the district has developed written restraint prevention and behavior support policy and procedures consistent with 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention, the district's elementary handbook does not contain the revised restraint procedures. In addition, materials for school-wide staff training do not incorporate the changes resulting from the amended regulations including the district's prevention and behavior support policy, methods of prevention and alternatives to restraint. The materials also include the option for a parent to waive restraint and reporting requirements when written into the IEP, which is not permitted under the amended regulations. A review of documents and staff interviews indicated that the district has identified program staff to serve as school-wide resources for the administration of restraint and provided school-wide resource staff with in-depth training on the use of physical restraint. | | |
| **Description of Corrective Action:**  District level admin team listed above will examine the current Elementary handbook to determine language that needs to be added in order to bring the handbook up to date. This will then need to be submitted to School Committee for policy approval, after which the handbook will be re-distributed. District -wide training materials will also be examined to amend and add the changes resulting from regulations noted above. Once this is complete, a faculty staff meeting will be held in each building, where the information will be presented to all district staff so they can be updated. | | |
| **Title/Role(s) of Responsible Persons:**  Dawn Trainor, Director of PPS  District-wide Principals | | **Expected Date of Completion:**  04/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Sign in sheets from these faculty meetings will be provided, as well as submitting the newly revised elementary handbook for review to DESE. | | |
| **Description of Internal Monitoring Procedures:**  Quarterly meetings with building administrators will be held to ensure compliance of newly updated regulations, in addition to review of restraint data which is already maintained at each building by administrators. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2019, submit a web link to the district's revised elementary handbook containing written restraint prevention and behavior support policy and procedures consistent with 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention.  The Department has developed a training that reviews all regulatory changes to 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention. This video can be used as a basic training for staff, but will not address specific district-level procedures that must also be covered.  http://www.doe.mass.edu/sped/videos/restraint/story\_html5.html  By January 18, 2019, submit a web link to the district's revised materials for school-wide staff training, which incorporate the changes resulting from the amended regulations including the district's prevention and behavior support policy, methods of prevention and alternatives to restraint, and which have been revised to no longer include the option for a parent to waive restraint and reporting requirements written into IEPs.  By January 18, 2019, provide evidence of staff training on the revised materials. Evidence of training should include a roster of staff in attendance with names and roles, the name and role of the presenter, a copy of the agenda, and a copy of presentation materials. | | |
| **Progress Report Due Date(s):**  01/18/2019 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the district does not evaluate all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities. | | |
| **Description of Corrective Action:**  The district will research and draft an institutional self-evaluation plan and timeline. The district will then do a pilot of the institutional self-evaluation process during the spring of 2019. After completing the process, the district will engage in reflect practice to revise and better the process for future use. | | |
| **Title/Role(s) of Responsible Persons:**  Full district and building level administration team; representatives from staff and parents. | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  The district will provide the institutional self-evaluation plan and timeline. The district will also provide a short written summary of the self-evaluations findings, and of any plans to revise the process. | | |
| **Description of Internal Monitoring Procedures:**  The district will memorialize the institutional self-evaluation process and share it with stakeholders. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2019, submit the district's proposed plan for its self-evaluation, including timeline of activities and key staff responsible 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. and identifies any areas where district policies, procedures, or practices are preventing full access.  For additional resources, refer to the CR 24 & 25 toolkit referenced during the district's technical assistance session on October 12, 2018. This toolkit may be found in the Document Library, labeled "Tiered Focused Monitoring Technical Assistance Toolkit for CR 24 & 25."  Following feedback from the Department, the district will submit its revised or approved plan on February 11, 2019.  By April 26, 2019 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 June 29, 2018 submit a written 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):**  01/18/2019  02/11/2019  04/26/2019  06/29/2019 | | |

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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:**  The documentation submitted by the district indicates that some students have been reclassified as Former English Learners (FELs) before they met minimum exit criteria determined by the Department.  The district's current reclassification procedures and practices are not in compliance with 603 CMR 14.02 that requires districts to establish exit criteria in accordance with the Department's guidelines. | | |
| **Description of Corrective Action:**  The district will revise its minimum exit criteria to be in compliance with the Department's guidelines. ELL staff will be notified of the change. Students reclassified as FELs during the 2017-18 school year will be reviewed in order to ensure compliance with the minimum exit criteria. | | |
| **Title/Role(s) of Responsible Persons:**  Executive Director of Curriculum, Instruction, and Accountability; ELL Department | | **Expected Date of Completion:**  05/01/2019 |
| **Evidence of Completion of the Corrective Action:**  The district will provide a written copy of the revised district minimum exit criteria. The district will provide student rosters and evidence of review. | | |
| **Description of Internal Monitoring Procedures:**  The revised district minimum exit criteria will be shared with all staff. ELL department will meet with Executive Director of CIA on a semi-annual basis to review practices and procedures to ensure compliance with the department. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 6 Program Exit and Readiness | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2019 the district will: 1) revise its minimum reclassification criteria in accordance with Department guidelines; 2) provide training to ELE staff regarding its revised reclassification criteria; 3) review the reclassification determinations of students for the 2017-2018 to ensure compliance with minimum reclassification criteria; and 4) submit a plan to review practices and procedures at semi-annual meetings between the ELE Department and Executive Director of CIA. | | |
| **Progress Report Due Date(s):**  01/18/2019 | | |

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

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| **Criterion & Topic:**  ELE 13 Follow-up Support | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district has not updated its policies to include the four-year monitoring requirement of FELs. | | |
| **Description of Corrective Action:**  The district will updates policies and procedures to align with the four-year monitoring requirement of FELs. The district will also will also institutionalize protocols to ensure proper documentation of that monitoring. | | |
| **Title/Role(s) of Responsible Persons:**  Executive Director of Curriculum, Instruction, and Accountability; ELL Department | | **Expected Date of Completion:**  05/01/2019 |
| **Evidence of Completion of the Corrective Action:**  The district will submit copies of the updated policies and procedures for the four-year monitoring requirement of FELs. The district will also submit samples of documentation of that monitoring. | | |
| **Description of Internal Monitoring Procedures:**  Administration and EL staff will be provided with copies of updated polices and procedures for the four-year monitoring requirement of FELs. Appropriate clerical staff will provided with protocols for maintaining the documentation. ELL department will meet with Executive Director of CIA on a semi-annual basis to review practices and procedures to ensure compliance with the department. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 13 Follow-up Support | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2019, the district will: 1) update its policies to include the four-year monitoring of FELs; 2) develop protocols to ensure that FELs are properly monitored; and 3) provide training to administrators and appropriate staff of its updated policies and procedures regarding the four-year monitoring period of FELs. | | |
| **Progress Report Due Date(s):**  01/18/2019 | | |

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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:**  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. | | |
| **Description of Corrective Action:**  The district will identify core academic teachers without SEI endorsement. Those teachers will be notified of the need to complete the endorsement and provided with information on the training. Building principals will continue to monitor enrollment to ensure that EL students are placed with SEI endorsed core academic teachers. | | |
| **Title/Role(s) of Responsible Persons:**  Executive Director of Curriculum, Instruction, and Accountability; Building Principals | | **Expected Date of Completion:**  06/01/2019 |
| **Evidence of Completion of the Corrective Action:**  The district will provide an updated list of Saugus core academic staff with and without SEI endorsement. The district will also provide documentation of efforts to notify staff of need. | | |
| **Description of Internal Monitoring Procedures:**  District will maintain clear records of SEI endorsed staff for principals. District will also provide clear guidance for building administrators related to the scheduling of EL students. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1- By January 18, provide information on the support the district will provide to help the unendorsed educator(s) earn their endorsement and a timeline that shows the educators' efforts towards earning their SEI endorsement.  2- By January 18, please submit the district's plan to ensure that ELs are assigned only to core academic teachers who hold the SEI endorsement.  3- By January 18, please provide training to district administrators to ensure compliance with procedure and placement of students. Submit the training materials, sign-in sheets and agendas by the progress report due date.  4-By April 26, please 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):**  01/18/2019  04/26/2019 | | |

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

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| **Criterion & Topic:**  ELE 17 Program Evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Since the district did not submit its most recent program evaluation, which was a required document for the review of this criterion, the Department concludes that the district does not have a comprehensive process to evaluate the effectiveness of its ELE programming in developing students' English language skills and increasing their ability to participate meaningfully in the district's educational program. | | |
| **Description of Corrective Action:**  The district will research and create an effective means to evaluate the ELE programming. The process will be piloted during the 2017-18 school year. In addition, to evaluating the ELE programming, the district will reflect on the process to refine it for future use. | | |
| **Title/Role(s) of Responsible Persons:**  Executive Director of Curriculum, Instruction, and Accountability | | **Expected Date of Completion:**  06/12/2019 |
| **Evidence of Completion of the Corrective Action:**  The district will provide a copy of the pilot review process, a short, written summary of the findings of the process, and reflections on the process itself. | | |
| **Description of Internal Monitoring Procedures:**  A formalized program will be memorialized in writing, and used on an annual basis. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 11/27/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 18, 2019, provide the following information:  -names and the assignments of the staff members who will be involved in the district's program evaluation:  -qualitative and quantitative data that will be analyzed;  -meeting dates and agendas including a timeline for the process.  By June 29, 2019, provide the following information:  - complete the program evaluation tool that is available at http://www.doe.mass.edu/ell/ProgramEvaluation.pdf - Please provide information regarding the strengths and areas of improvement the district identified as a result of its ELE program evaluation.  - 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):**  01/18/2019  06/29/2019 | | |