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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: Upper Cape Cod Regional Vocational Technical

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 09/18/2018.

**Mandatory One-Year Compliance Date:** **09/18/2019**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 32 | Parent advisory council for special education | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Not Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 10C | Student Discipline | 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 24 | Curriculum review | Not Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that while the district conducts annual trainings on the rights of students and their parents and guardians under state and federal special education laws, Upper Cape Cod Regional Technical School does not currently have an established district-wide special education parent advisory council (SEPAC). | | |
| **Description of Corrective Action:**  District will increase frequency of contact with parents, providing pertinent information about SEPAC role, focusing on parents of underclassmen to generate momentum. Parent presence at IEP Team meetings, where the district excels in participation, will be utilized more effectively to recruit increased awareness and participation in SEPAC events and advisory role.  In addition, District will pursue expansion of information pertinent to parents on the school website by fully developing the Special Education page of the website. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Documentation of parent participation in scheduled SEPAC events, monitoring increases in parent presence and level of involvement. Data will be collected on discussion with parents as related to the IEP Team meeting process. School website Special Education page will demonstrate modifications, reviewed quarterly. | | |
| **Description of Internal Monitoring Procedures:**  Special Education Department, under the direction of the Director of Student Services will review current status and measurable growth in parent participation monthly through department meetings, with meeting minutes as evidence of the efforts. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/16/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district has proposed a procedure to recruit and increase parent participation into a group that will eventfully be the Special Education Advisory Council. However, the district does not provide a timeline for the establishment of the group to draft its by-laws and elect officers. | | |
| **Department Order of Corrective Action:**  The district will develop a timeline for the SEPAC meetings for the 2018-2019 SY for the purposes of drafting and voting on by-laws, electing officers, and hosting the students and parents rights workshop and other activities deemed appropriate for the timeline. | | |
| **Required Elements of Progress Report(s):**  By December 7, 2018, the district will provide to the department a copy of the 2018-2019 SEPAC meeting schedule, copies of meeting announcements and brochures for SEPAC meetings. By February 8, 2019, the district will provide evidence of one or more meetings, including a copy of the agenda(s) and sign-in sheet(s), a copy of the SEPAC by-laws and names of the elected officers of the SEPAC. | | |
| **Progress Report Due Date(s):**  12/07/2018  02/08/2019 | | |

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| **Criterion & Topic:**  SE 56 Special education programs and services are evaluated | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documentation indicated that the district's special education programs and services are not regularly evaluated. Specifically, the district provided a copy of a spreadsheet that recorded several special education compliance requirements for ten students during the 2015-2016 school year. The district also submitted a report on "Special Education Grants to States" compliance requirements for the 2014-2015 school year, which mainly reviewed financial requirements pertaining to special education. These documents do not demonstrate an assessment of the district's special education programming and services or provide recommendations for addressing concerns or improving the programming and services currently offered by the district. | | |
| **Description of Corrective Action:**  District will sub-contract with an independent evaluator to conduct a full review of programs related to special education. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Independent evaluator final report of program status. | | |
| **Description of Internal Monitoring Procedures:**  Director of Student Services will coordinate evaluation activities with independent evaluator during the course of the review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/16/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district proposes to hire an independent evaluator to conduct a full reivew of the special education. The review must also address concerns or strategies to improve programming and services offered by the district. | | |
| **Department Order of Corrective Action:**  The review will also address recommendations for improvements to programming and services. | | |
| **Required Elements of Progress Report(s):**  By December 7, 2018, the district will submit the name of the evaluator who will conduct a review of district special education programs and services.  By June 15, 2019, the district will submit a copy of the special education program review that includes recommendations for improvements to programming and services. | | |
| **Progress Report Due Date(s):**  12/07/2018  06/15/2019 | | |

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and interviews indicated that the district does not provide professional development on bullying prevention and intervention to cafeteria workers, bus drivers and custodians. | | |
| **Description of Corrective Action:**  District will conduct in-person training with each targeted group, scheduled at times respecting the availability of personnel, given time constraints inherent in their job roles. Each individual trained will receive a copy of the written policy, with a sign-off. The Plan will also be published on the school website for review. | | |
| **Title/Role(s) of Responsible Persons:**  Dean of Students | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Training agenda/minutes and documented sign-off on receipt of written Plan | | |
| **Description of Internal Monitoring Procedures:**  Dean of Students will manage evidence documentation and scheduling of annual trainings, generally expected to occur at the beginning of each school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 10/25/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2018, the district will submit a copy of the training material and the name and title of the person providing training.  By February 8, 2019, the district will submit evidence of training (agenda and sign-in sheet) on bullying prevention and intervention to cafeteria workers, bus drivers and custodians. | | |
| **Progress Report Due Date(s):**  12/07/2018 | | |

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| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the district does not have procedures for emergency removal of a student, pursuant to 603 CMR 53.07. Specifically, the procedures do not include making immediate and reasonable efforts to orally notify the student and the parent of the emergency removal; providing written notice to the student and parent; and providing the student an opportunity for a hearing, as well as offering an opportunity for the parent to attend the hearing.  Furthermore, document review indicated that the district does not have procedures for implementing in-school suspension pursuant to the requirements of 603 CMR 53.10, which include providing the student the opportunity to make academic progress; informing the student of the disciplinary offense charged and the basis for the charge, and providing the student an opportunity to dispute the charges; making reasonable efforts to notify the parent orally on the same day of the in-school suspension decision; inviting the parent to a meeting to discuss the student's academic performance and behavior; and sending written notice to the student and parent about the in-school suspension. | | |
| **Description of Corrective Action:**  District Leadership Team received specific training on concerns related to 603 CMR 53.07 on August 22, 2018. Leadership Team will review all language in Student Handbook and make necessary changes to bring the District into compliance, with School Committee approval of changes in the Handbook. Dean of Students will implement all procedures related to due process concerns. | | |
| **Title/Role(s) of Responsible Persons:**  Leadership Team/Dean of Students | | **Expected Date of Completion:**  05/15/2019 |
| **Evidence of Completion of the Corrective Action:**  Copies of documentation to parents related to due process steps related to emergency removal. Agenda/minutes of Leadership Team discussions. Monthly review of data of all incidents of removal to assess ongoing levels of compliance. | | |
| **Description of Internal Monitoring Procedures:**  Dean of Students will present monthly data review to the Leadership Team for processing of procedural concerns. Agenda/minutes to document review process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/16/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district proposes actions with regards to emergency removals pursuant to 603 CMR 53.07. However, the district has not any actions that addresses the concerns and review of data for procedures for implementing in-house suspension pursuant to the requirements of 603 CMR 53.10. | | |
| **Department Order of Corrective Action:**  The district will propose actions and review of data with regards to emergency removals pursuant to 603 CMR 53.07 and for procedures for implementing in-house suspension pursuant to the requirements of 603 CMR 53.10. Provide evidence of training of appropriate staff of the revised documents. | | |
| **Required Elements of Progress Report(s):**  By December 7, 2018, the district will provide revised documents (policies, Handbook) for emergency removals pursuant to 603 CMR 53.07 and for procedures for implementing in-house suspension pursuant to the requirements of 603 CMR 53.10. By February 8, 2019, provide evidence of staff training (agenda, sign-in sheets, training materials) on the updated policies. By February 8, 2019 provide evidence of notification to the school community about the updated policies. | | |
| **Progress Report Due Date(s):**  12/07/2018  02/08/2019 | | |

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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 written notice sent by the district to students aged 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion is sent after 15 consecutive absences, instead of ten, as required by Massachusetts law. Additionally, the notice does not include at least two dates and times for an exit interview between the superintendent (or designee) and the student and parent/guardian or state that the time and date for the exit interview may be extended at the request of the parent/guardian but for no longer than 14 days.  Furthermore, 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:**  District will revise the letter and related procedures to meet the 10-day requirement and include date/time for an exit interview and an opportunity to extend the time period upon request by the parent. Final language to be reviewed/approved by the Leadership Team.  District will develop language appropriate to serve as annual notice to students who have not transferred to another school or earned a competency determination through another mechanism, to encourage participation in such available programs. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Copy of each revised letter, following review and approval. Copies of evidence of its use specific to student concerns. | | |
| **Description of Internal Monitoring Procedures:**  Director of Student Services will coordinate implementation of the procedure involving use of the correspondence. | | |
| 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:** Partially Approved  **Status Date:** 10/22/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's proposal to correct all noncompliance in the letter is correct, with the exception that it must include two dates and times for the exit interview. | | |
| **Department Order of Corrective Action:**  The district must provide a copy of the revised letter with all the required information. The distict will send annual written notice to former students who have not yet earned their competency determination and 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. | | |
| **Required Elements of Progress Report(s):**  By December 7, 2018, the district will submit a copy of the revised letter to the student and to the parent regarding a student's 10 consecutive absences, and a copy of the annual notice to students who have not transferred to another school or earned a competency determination through another mechanism, to encourage participation in available programs.  By December 7, 2018 the district will send written notice to former students informing them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. The district will provide to the Department a list of the initials of these former students who were sent such written notice. | | |
| **Progress Report Due Date(s):**  12/07/2018  02/08/2019 | | |

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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 documentation indicated that the district's physical restraint and behavior support policy does not include the following required elements: methods for engaging parents and youth in discussions about restraint prevention and use; a procedure for receiving and investigating complaints; a description and explanation of the program's alternatives to physical restraint; a procedure for conducting periodic review of data; and a statement prohibiting medication restraint and mechanical restraint. Additionally, the district's policy requires that serious injuries resulting from the use of a restraint be reported to the Department, but the current regulations require that all injuries be reported.  Furthermore, the district's policy allows the use of restraint as described and agreed upon in a student's Individualized Education Program (IEP). However, the current regulations prohibit any written individual behavior plan or IEP from including use of physical restraint as a standard response to any behavior. | | |
| **Description of Corrective Action:**  Leadership Team will review all language in the Policy, agree on necessary changes to bring the Policy into compliance in the identified areas. Dean of Students will assure documentation/implementation of the revised Policy. Director of Student Services will assure documentation/implementation of restraint language related to the IEP process. | | |
| **Title/Role(s) of Responsible Persons:**  Dean of Students | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Revised policy, upon review/approval. Agenda/minutes of discussion forums. | | |
| **Description of Internal Monitoring Procedures:**  All instances of use of restraint will be reviewed at the Leadership Team level monthly, with documentation as warranted. | | |
| 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:** Partially Approved  **Status Date:** 10/22/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district did not propose to provide staff training on the revised physical restraint policy. | | |
| **Department Order of Corrective Action:**  Provide evidence of staff training (agenda, sign-in sheet(s), training materials) on updated restraint policy that is consistent with 603 CMR 46.00. | | |
| **Required Elements of Progress Report(s):**  By December 7, 2018, the district will provide a revised copy of the restraint policy that includes all required information, specifically: methods for engaging parents and youth in discussions about restraint prevention and use; a procedure for receiving and investigating complaints; a description and explanation of the program's alternatives to physical restraint; a procedure for conducting periodic review of data; and a statement prohibiting medication restraint and mechanical restraint. Additionally, the district's policy must require that all injuries be reported, and, the district's policy shall prohibit any written individual behavior plan or IEP from including use of physical restraint as a standard response to any behavior. By February 8, 2019, provide evidence (agenda, sign-in sheet(s), training materials) of training to staff on the updated physical restraint policy. | | |
| **Progress Report Due Date(s):**  12/07/2018  02/08/2019  06/15/2019 | | |

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documentation and interviews indicated that the district does not have procedures in place to ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation. | | |
| **Description of Corrective Action:**  District will create a form to document curriculum review and acknowledgement of compliance. Leadership Team will review and approve prior to use by faculty. Faculty will be trained in purpose and use of the form | | |
| **Title/Role(s) of Responsible Persons:**  Director of Student Services | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Copy of existence of the form; Agenda/minutes of Leadership Team discussion/approval. Agenda/attendance of faculty training. Copies of evidence of use of the approved form. | | |
| **Description of Internal Monitoring Procedures:**  Use of the approved form will be reviewed in District Teacher Leader meetings. Minutes of discussion, as warranted. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 10/23/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By December 7, 2018, the district will submit to the Department a copy of the form created to ensure that individual teachers review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, religion, national origin and sexual orientation. By February 8, 2019, submit evidence (agenda, sign-in sheet(s), training material) of training on the form for the appropriate staff. | | |
| **Progress Report Due Date(s):**  12/07/2018  02/08/2019  06/15/2019 | | |

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documentation and interviews indicated that, although the district submitted a narrative describing the results of a New England Association of Schools and Colleges (NEASC) self-study on culture and leadership, the district does not evaluate all aspects of its 9-12 program 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:**  District Leadership Team will explore evaluation tools and other forms of community feedback to review access to programs, by demographics. To be reviewed monthly in Leadership Team meeting agenda and minutes. Upon establishment of the methodology for evaluation, a schedule will be created for implementation. In addition, Leadership will undertake a review of discrimination language in all school documents | | |
| **Title/Role(s) of Responsible Persons:**  Principal/Director of Student Services/Dean of Students | | **Expected Date of Completion:**  06/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Creation of a form documenting systematic review of programs for equal access. Annual data on actual levels of participation in programs to review for patterns that may identify access concerns. | | |
| **Description of Internal Monitoring Procedures:**  Discussion on a quarterly basis as part of District's Leadership Team oversight, with necessary action carried out through assigned supervisor. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 10/22/2018  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district has not proposed submitting a copy of the evaluation tool as well as the results of the self-evaluation to the Department. | | |
| **Department Order of Corrective Action:**  The district must provide a timeline for conducting their self-evaluation, submit a copy of the self-evaluation tool, conduct a self-evaluation and provide the results, including the recommendations for addressing any areas that need improvement in order to provide equal access for all students to school programs, including athletics and other extra-curricular activities. | | |
| **Required Elements of Progress Report(s):**  By February 8, 2019, submit a copy of the self-evaluation tool and the district's timeline for completing the self-evaluation. By June 15, 2019, conduct the self-evaluation and provide to the Department the results of the self-evaluation and the recommendations for addressing any areas that need improvement in order to provide equal access for all students to school programs, including athletics and other extra-curricular activities. | | |
| **Progress Report Due Date(s):**  02/08/2019  06/15/2019 | | |