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| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION****COORDINATED PROGRAM REVIEW** |

Collaborative: CAPS Education Collaborative

Corrective Action Plan Forms

Program Area:

Special Education, Civil Rights and Approved Public Day School Standards

Prepared by: Cindy Landanno, Executive Director

CAP Form will expand to as many lines as necessary. Before completing and emailing to pqacap@doe.mass.edu, please see separate *Instructions for Completing Corrective Action Plans.*

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 to the school or district.

**Mandatory One-Year Compliance Date: July 21, 2016**

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE13 Progress Reports and Content**  | **Rating: Partially Implemented** |
| **Department CPR Finding:** *A review of student records and staff interviews indicated that when a student’s eligibility terminates because the student has graduated from secondary school or exceeded the age of eligibility, the Collaborative does not provide the student with a summary of his or her academic achievement and functional performance, including recommendations on how to assist the student in meeting his or her postsecondary goals. Additionally, progress reports are always not completed for students in both the Bennett and LINK programs.* |
| **Narrative Description of Corrective Action:** CAPS CollaborativeProgram Directorswill conduct staff training in the fall of 2015 and annually thereafter on how to write progress reports to specifically address student progress based on goals, objectives and/or benchmarks in a given area. Achecklist system to monitor distribution of Progress Reports on a quarterly basis to parents, school districts, and for filing in student records will be developed by collaborative staff and monitored for compliance by the Program Directors before November 2015. Programs staff servicing students who will be graduating or are aging out will receive additional training in the fall of 2015 and annually thereafter regarding writing academic achievement/functional performance summaries provided by Program Directors. A sample achievement /functional performance template will be developed during the training session in the Fall of 2015. CAPS Program Directors will monitor the completion of achievement /functional performance plans as part of the graduation packet checklist sent home with students and forwarded to the student’s home district. |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director, Program Directors, Special Education Teachers | **Expected Date of Completion for Each Corrective Action Activity:** September 30, 2015 thru June 30, 2016 ongoing thereafter |
| **Evidence of Completion of the Corrective Action:** The Department will receive copies of Staff MeetingAgendas and training specific to procedures for completing progress reports: sign-in sheets documenting staff attendance, and checklists developed to monitor this process, and copy of a sample achievement/functional performance summary template. |
| **Description of Internal Monitoring Procedures:** A random sample of progress reports and checklists used for monitoring the process will be reviewed for compliance by Program Directors and the Executive Director from the programs cited quarterly.  |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 13** | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** Submit documentation of staff training on how to write progress reports to specifically address student progress based on goals, objectives and/or benchmarks. Submit documentation on relevant staff training on writing academic achievement/functional performance summaries. Documentation of staff training to include signed attendance sheets, agendas, and training materials by **January 8, 2016**.Provide copy of procedures and checklist developed to monitor the completion of progress reports. Additionally provide copy of sample achievement/functional performance summary template, and graduation packet checklist by **January 8, 2016**.Subsequent to the training, and after the implementation of all corrective actions, submit the results of an administrative review of a sample of student records for students in both the Bennett and LINK programs to ensure progress reports are present. Indicate the number of records reviewed, the number found to be compliant, and an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the collaborative to address any identified noncompliance by **March 18, 2016.**Additionally submit the results of an administrative review of a sample of student records for students who have graduated or exceeded the age of eligibility and Summary of Progress has been developed. Indicate the number of records reviewed, the number found to be compliant, and an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the collaborative to address any identified noncompliance by **June 24, 2016.****\*Please note when conducting administrative monitoring the collaborative 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 the person(s) who conducted the review, with their role(s) and signature(s).**  |
| **Progress Report Due Date(s): January 8, 2016, March 18, 2016 and June 24, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 22 IEP implementation and availability** | **Rating:** Partially Implemented |
| **Department CPR Finding:***A review of student records and staff interviews indicated that at the beginning of each school year, there is not a current IEP in effect for each enrolled student.* |
| **Narrative Description of Corrective Action:** CAPS Program Directors will create an intake and student tracking form for use commencing this fall 2015 to track student documents to ensure that forms are in place in accordance with regulations. Student intake tracking form/checklist will be updated to include date of signed IEP and Placement. The Collaborative will work with sending districts to ensure IEPs and Placements are signed prior to enrolling students. The Collaborative will document district contact efforts made to sending districts in the way of a log to ensure signed IEPs and Placements forms are signed in a timely manner. Program specific office staff will be assigned the role of completing the tracking form and keeping information up to date for students in their specific programs. Program Directors will also emphasize the importance of a signed IEP at each intake meeting to support compliance. A log of attempts to get signed IEP’s from sending districts will be keep in a log. Staff responsible for keeping track of the logs will receive overview training in the Fall of 2015 from the Executive Director. |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director, Program Directors, Program office staff | **Expected Date of Completion for Each Corrective Action Activity: November** 30, 2015, ongoing thereafter |
| **Evidence of Completion of the Corrective Action:** Copy of th**e s**tudent referral and intake checklist will be supplied. Documentation of official notification sent to sending school districts, and staff meeting agendas, attendance, and materials used to address the issue of signed IEPs and Placement forms. Copy of log of attempted contact with sending districts. |
| **Description of Internal Monitoring Procedures:** Program Directors and the Executive Director will randomly select student records quarterly to ensure that IEPs and Placement forms across programs and grades are signed. Student intake checklist will be reviewed quarterly. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 22** | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** Provide documentation of notification sent to sending school districts to ensure IEPs and placements are signed prior to enrolling students by **January 8, 2016**.Provide evidence of relevant staff training on obtaining signed IEPs, and process of documenting attempts to obtain signed IEPs from Districts by **January 8, 2016**. Evidence of staff training to include signed attendance sheets indicating name(s)/role(s) of staff, agendas, and training materials.Subsequent to training, and after the implementation of all corrective actions, provide the results of an administrative review of a sample of student records across the collaborative programs for evidence of a current signed IEP**.** Indicate the number of records reviewed, the number found to be compliant, and an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the collaborative to address any identified noncompliance by **March 18, 2016**.\***Please note when conducting administrative monitoring the collaborative 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 the person (s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): January 8, 2016 and March 18, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 29 Communications are in English and primary language of home** | **Rating:** Not Implemented |
| **Department CPR Finding:** *A review of student records and staff interviews indicated that communications with parents are not in clear and commonly understood words and are not provided in both English and the primary language of the home if such primary language is other than English. In addition, if the Collaborative provides notices orally or in some other mode of communication that is not written language, the Collaborative does not keep written documentation (a) that it has provided such notice in an alternate manner, (b) of the content of the notice, and (c) of the steps taken to ensure that the parent understands the content of the notice.* |
| **Narrative Description of Corrective Action: :** CAPS Directors will create as part of the intake documentation process a language survey form for parents to complete that indicates their preferred language for communication. The form will be used starting Fall of 2015 for all new intakes. In the Fall of 2015 the form will be sent home to all current students’ families to identify any family language needs and establish a data base. Staff, working with Program Directors will create a communication plan for families needing communication in a form other than English. The Plan will identify if an alternative methods is needed, and how to ensure families will understand the content of all shared documents. Since the CPR, CAPS has contracted with an agency to assist with translation of documents and translation at team meetings. The company is available on short notice and is able to provide translation in multiple languages. CAPS staff will document the use of alternative communication with families in classroom based logs. In the Fall of 2015 the teaching staff will be trained by the Program Directors on communication plans and resources available associated with family communication needs.  |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director, Program Directors, Special Education Teachers | Expected Date of Completion for Each Corrective Action Activity: November 30, 2015 |
| **Evidence of Completion of the Corrective Action:** Sample of the family language survey and copy of the data base indicating family language needs. Sample of a written family communication plan created by staff. Documentation of sample translated materials. Documentation of alternative communication used to meet parent’s needs. Copy of classroom based communication log.  |
| **Description of Internal Monitoring Procedures:** Program Directors and the Executive Director will randomly select student records to ensure that documentation of meeting families language needs is evident. Checks will take place quarterly. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 29** | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** Submit documentation of staff training on communications with parents in English and the primary language of the home if such primary language is other than English by **January 8, 2016.** Documentation of staff training to include signed attendance sheets, agendas, and training materials.Provide signed contract with agency secured to assist with the translation of documents and translation at meetings. Additionally provide the sample of family language survey, written family communication plan, copy of the data base created to indicate family language needs, copy of classroom communication log and copy of sample translated materials by **January 8, 2016.** Subsequent to training, and after the implementation of all corrective actions, provide the results of an administrative review of a sample of relevant student records across all levels/programs for evidence of a family communication plan and communications in the primary language of the home if such primary language is other than English**.** Additionally, review a sample of student records when the Collaborative provides notices orally or in some other mode of communication that is not written language, ensure that the Collaborative is keeping written documentation (a) that it has provided such notice in an alternate manner, (b) of the content of the notice, and (c) of the steps taken to ensure that the parent understands the content of the notice. Indicate the number of records reviewed, the number found to be compliant, and an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the collaborative to address any identified noncompliance by **March 18, 2016**.\***Please note when conducting administrative monitoring the collaborative 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 the person (s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): January 8, 2016 and March 18, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 41 Age span requirements** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *A review of documents and staff interviews indicated that classrooms in the following programs: DHHP Middle School, Kelly Day Elementary, Kelly Day High School and Sr. Senators include students whose age differs by more than 48 months, without approval of the Department of Elementary and Secondary Education.* |
| **Narrative Description of Corrective Action:** Prior to the start of each school year (August 2015) the Executive Director and the Program Directors will review class lists for age span compliance. (annually thereafter) When possible classrooms will be rearranged to meet age span compliance. When out of compliance CAPS will apply for an age span waiver through the Department. CAPS has restructured classrooms for the 2015-2016 school year and age span is no longer an issue with the DHHP Middle School and the Kelly Day Elementary for the upcoming year. Kelly Day High School program and the Senior Senators program will be out of compliance for several months until students age out. A waiver will be applied for immediately for the 2015/16 school year. Program Directors will review student ages when conducting intake interviews and plan for compliance around age span annually.  |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director, Program Directors | **Expected Date of Completion for Each Corrective Action Activity:** August 30, 2015 annually thereafter |
| **Evidence of Completion of the Corrective Action:** Lists of classrooms with student ages provided to DESE. Copies of Waivers applied for, for any out of compliance programs.  |
| **Description of Internal Monitoring Procedures:** Annual review of age spans compliance during the summer of each school year conducted by Program Directors and the Executive Director. Program Directors will monitor new referrals for potential age span non-compliance. Annually age span waivers will be applied for if needed.  |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 41**  | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** Submit copies of the waivers submitted to the Department of Elementary and Secondary Education for the Kelly Day High School and Senior Senators Program by **January 8, 2016.**Submit schedule of instructional groups by period including names and dates of birth for youngest and oldest students in the DHHP Middle School and Kelly Day Elementary for the 2015-2016 school year by **January 8, 2016.** |
| **Progress Report Due Date(s): January 8, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 51 Appropriate special education teacher licensure** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Document review and staff interviews indicated that the individuals in the DHHP Middle School and Kelly Day High School who design and/or provide direct special education services described in IEPs are not appropriately licensed. Additionally, the individual delivering service at the LINK program does not hold an educational license, nor is this person supervised by a licensed individual.* |
| **Narrative Description of Corrective Action:** Staffing in the identified programs has been reassigned to bring each program into compliance regarding appropriately licensed teachers in lead teacher positions in each program. In addition the Links program is no longer a standalone program but has been incorporated into the Gateway programs. Licensed teachers of the Deaf have been hired to teach and supervise in the deaf programs. All programs are supervised by appropriately licensed staff. CAPS Executive Director during the fall of 2015 will create hiring procedures to ensure that all new staff hired are in compliance with the appropriate licensure for the programs in which they will work. CAPS Executive director will create a license data base that will track licenses and expiration dates for all staff.  |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director, Program Directors | **Expected Date of Completion for Each Corrective Action Activity:** November30, 2015 and ongoing thereafter |
| **Evidence of Completion of the Corrective Action:** CAPS will supply the Department with a list of each staff person, their roles and their current licensure status. (license data base)A description of the program configuration will be supplied and copy of hiring procedures will be given as evidence.  |
| **Description of Internal Monitoring Procedures:** A hiring policy standard will be developed and all Program Directors and the Executive Director will adhere to all teaching staff needing the appropriate licensure prior to being hired at CAPS Collaborative. The licensure data base will be reviewed by the Executive Director bi annually for licensure expiration and staff will be held responsible for renewal.  |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 51**  | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** Submit teaching rosters for both the DHHP Middle School and Kelly Day School including the role of each staff member, and electronic copies of teacher licenses and/or license numbers by **January 8, 2016.**Provide developed and approved hiring policy to ensure all teaching staff are hired with the appropriate license for the classroom they are teaching by **January 8, 2016.** |
| **Progress Report Due Date(s): January 8, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 54 Professional development** | **Rating: Partially Implemented** |
| **Department CPR Finding:** *Review of documents and staff interviews indicated that the Collaborative does not ensure that all staff, including both special education and general education staff, are trained on state and federal special education requirements and related local special education policies and procedures; analyzing and accommodating diverse learning styles of all students in order to achieve an objective of inclusion in the general education classroom of students with diverse learning styles; and methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom.* |
| **Narrative Description of Corrective Action:** Staff will participate in a variety of training opportunities throughout the 2016 school year focused on meeting the diverse learning needs of their student population. Program Directors will establish a training schedule for their programs for the 2016 school year. All staff will complete a required review of all the mandatory training topics via a website and complete a related training assessment by October 31, 2015. Para professional and related services assistant staffing will participate in a training in November of 2015 on special education regulations and understanding students IEPS. Program Directors and selected teaching staff will conduct the training related to identifying diverse learning needs and planning instruction to meet student needs. In addition staff will participate in training on working with at risk student and supporting social emotional developmental delays with a goal of supporting inclusion and movement to a less restrictive environment. Training schedules will be developed by Program Directors in the Fall of 2015.  |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director, Program Directors, Special Education Teachers | **Expected Date of Completion for Each Corrective Action Activity:** November30, 2015 and ongoing trainings throughout the school year. |
| **Evidence of Completion of the Corrective Action: :**  CAPS will provide the department with a schedule of ongoing trainings as well as trainer names, agendas and sign-in sheets from trainings throughout the school year.  |
| **Description of Internal Monitoring Procedures:** Program Directors will monitor staff for application of new information and technique through the formal teacher /staff evaluation system.  |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 54**  | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** Submit documentation of staff trainings held October 31, 2015 and November 2015 by **January 8, 2016.**  Documentation to include signed attendance sheets, agendas and training materials.Provide training schedule for all collaborative programs for the 2015-2016 school year by **January 8, 2016** |
| **Progress Report Due Date(s): January 8, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: CR 7 Information to be translated into languages other than English** | **Rating: Not Implemented** |
| **Department CPR Finding:** *Review of documents and staff interviews indicated that important information and documents, e.g. handbooks and codes of conduct, being distributed to parents are not translated as required for parents or guardians with limited English skills; the Collaborative has not established a system of oral interpretation to assist parents/guardians with limited English skills, including those who speak low-incidence languages.* |
| **Narrative Description of Corrective Action:** Families will complete a language survey in the Fall of 2015. A language needs data base will be created and Program Directors along with classroom teachers will create family communication plan to address the needs of families for whom English is not their primary language. The plan will include a log for staff to document communications done to support families with language needs other than English. CAPS executive Director will arrange for translation of common program documents such as handbooks and codes of conduct into Spanish (the identified most needed language translation) by the Fall of 2015. CAPS has also contracted with a translation company to assist with other translation needs identified in individual family communication plans. Parents will complete sign offs indicating that they have received materials such as handbooks and codes of conduct in their required language |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director and Program Directors | **Expected Date of Completion for Each Corrective Action Activity:** September 30, 2015 ongoing throughout the school year. |
| **Evidence of Completion of the Corrective Action:** Copies of translated materialswill be provided to the Department. A sample family communication plan will be provided to the Department as well as communication logs. Parent sign offs.  |
| **Description of Internal Monitoring Procedures:** The Program Directors and the Executive Director will review communication plans and logs quarterly. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: CR 7**  | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** Submit copies of translated materials including handbook/code of conduct in major second language, a sample family communication plan with communication logs and parent sign offs by **January 8, 2016.**Subsequent to all corrective actions, submit the results of an internal administrative record review of a sample of student records across collaborative programs to ensure communication plans and communication logs are being utilized. Indicate the number of records reviewed, the number found to be compliant, and an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the collaborative to address any identified noncompliance by **March 18, 2016.****\*Please note when conducting administrative monitoring the collaborative 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 the person(s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): January 8, 2016 and March 18, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: CR 10 Anti-Hazing Reports** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of documents and staff interviews indicated the Collaborative’s anti-hazing policy has not been included in the student handbook nor any other means of communicating this policy to student groups.* |
| **Narrative Description of Corrective Action:** An anti-hazing policy will be developed by program Directors and the Executive Director during the fall of 2015. The anti-hazing policy will be brought before the Board for approval at the November 2015 Board meeting. Once approved the anti-hazing policy will be added to the programs handbooks. All staff members will be notified via email of these revisions and the update to the Collaborative policies and Student Handbook will be sent home to all parents/guardians. The new policy will be posted on the Collaborative website. A sign off will be developed to document that all parents have reviewed the handbook and its corresponding policies. A separate sign off sheet will be created by the Program Directors in the event that a group team or activity is developed in the future for individual sign off related to complying with the anti-hazing policy.  |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director and Program Directors | **Expected Date of Completion for Each Corrective Action Activity:** November 30, 2015. |
| **Evidence of Completion of the Corrective Action:** A copy of the new anti-hazing policy will be sent to the Department. A Revised Student Handbook including the new policy will be sent to the Department. Correspondence sent to parents/guardians; website posting; updated registration packets including the new policy will also be forwarded to the DESE. Anti-hazing policy compliance sign off sheet for group activities.  |
| **Description of Internal Monitoring Procedures:** New policy will be approved by the CAPS Collaborative Board in November. The new policy will be distributed to families in December 2015. The Executive Director will review tracking list to ensure that all parents have received notification; ensure that revised Student Handbooks are in new student registration packet. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: CR 10**  | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** Submit the agenda, meeting minutes and a copy of the Board Policy update regarding the anti-hazing policy by **January 8, 2016.**Submit the applicable pages from student handbook demonstrating the addition of an anti-hazing policy along with evidence of distribution of policy to parents and student groups by **January 8, 2016.** |
| **Progress Report Due Date(s): January 8, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: CR 10A Student handbooks and codes of conduct**  | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of documents and staff interviews revealed that the program directors at CAPS Collaborative schools do not distribute the student code of conduct to students, parents, and personnel annually.* |
| **Narrative Description of Corrective Action:** The Student Handbooks will be reviewed in the Fall of 2015 to include an updated student code of conduct section. Program Directors and the Executive Director will ensure that student code of conduct as well as procedures assuring due process in disciplinary proceedings and the appropriate procedures for the discipline of students with special needs is part of all handbooks. The revised Student Handbook will be posted on the CAPS website. Parents will be provided a copy of the Student Handbook at the beginning of 2016 school year. A tracking list will be created to document that all parents have signed off on receiving the student handbook. All staff members will be notified via email of these revisions and update to the Collaborative’s policies and Student Handbook as well as that all parents/guardians have been informed. Handbooks will be distributed annually to students, parents, and staff. |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director and Program Directors | **Expected Date of Completion for Each Corrective Action Activity:** September30, 2015 |
| **Evidence of Completion of the Corrective Action:** Updated registration packet to include revised Student Handbook. Handbook parent sign off log. |
| **Description of Internal Monitoring Procedures:** Executive Director will review tracking list to ensure that all parents have received notification; ensure that revised Student Handbook is in new student registration packet. Document contact with parents who have not complied. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: CR 10A**  | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):**  Submit the applicable pages from student handbook demonstrating the addition of the updated student code of conduct by **January 8, 2016**Provide evidence of dissemination to the collaborative school community of the student code of conduct by **January 8, 2016.**  Include copy of the emails/letters sent, and list of staff receiving the email. |
| **Progress Report Due Date(s): January 8, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: CR 10B Bullying Intervention and Prevention** | **Rating: Partially Implemented** |
| **Department CPR Finding:** *Review of documents and staff interviews indicated that the Collaborative does not give parents and guardians annual written notice of the student-related sections of the local Bullying Prevention and Intervention Plan. In addition, the plan does not included protections to students who are bullied by a member of the school staff, as defined by G.L.c.71,370.* |
| **Narrative Description of Corrective Action:** CAPS Collaborative Executive Director will update the student’s handbooks with the Bullying Intervention and Prevention Plan. The revised handbooks will be distributed to students at the start of school as well as be posted on the website. A parent signature page will be returned documenting that the handbook was reviewed by the parent and the student. A log will be kept of returned sign offs. All staff members will be notified via email of these revisions and update to the Collaborative’s Bullying Intervention and Prevention Plan in the Student Handbook. |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director | **Expected Date of Completion for Each Corrective Action Activity:** September 30, 2015 |
| **Evidence of Completion of the Corrective Action:** Updated registration packet to include revised Student Handbook. Handbook signature log. |
| **Description of Internal Monitoring Procedures:** Executive Director will review tracking list to ensure that all parents have received notification; ensure that revised Student Handbook is in new student registration packet, review parent sign off sheets.  |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: CR 10B**  | **Status of Corrective Action:** [ ]  Approved [x]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Collaborative developed a plan to ensure that parents and guardians are provided with written notice of the student-related sections of the local Bullying Prevention and Intervention Plan. The collaborative did not document obtaining Board approval for the revised Bullying Prevention and Intervention Plan to include protections to students who are bullied by a member of the school staff, as defined by G.L. c. 71, 370. Collaborative did not document sufficient staff training on the revised Bullying Prevention and Intervention Plan. |
| **Department Order of Corrective Action:** Present revised Bullying Prevention and Intervention Plan including protections to students who are bullied by a member of the school staff to the board from approval. Provide staff training on the revised Bullying Prevention and Intervention Plan. |
| **Required Elements of Progress Report(s):** Submit the agenda, meeting minutes of Board approval of revised Bullying Intervention and Prevention Plan by **January 8, 2016**.Provide evidence of staff training on revised Bullying Prevention and Intervention Plan by January 8, 2016. Evidence of staff training to include signed attendance sheets, agendas, and training materials. Submit relevant section of the student handbook that includes written notification of the Collaborative Bullying Prevention and Intervention Plan that includes protections to students who are bullied by a member of the school staff, as described by G.L.c.71,370. Submit evidence of dissemination to the school community and include samples of parent signature page documenting that student handbook was reviewed by **January 8, 2016**  |
| **Progress Report Due Date(s): January 8, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program.** | **Rating: Partially Implemented** |
| **Department CPR Finding:** *Review of documents and staff interviews demonstrated that Collaborative written procedures regarding appropriate responses to student behavior that may require immediate physical restraint intervention are not always made available to parents of enrolled students.* |
| **Narrative Description of Corrective Action:** Program Directors and the Executive Director will review the current physical restraint written procedures, make edits as needed and include the document in student handbooks distributed to all families in the fall 2015. (annually thereafter) All families will return a sign off sheet indicating that they have received, reviewed and understand the student handbook materials.  |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director and Program Directors | **Expected Date of Completion for Each Corrective Action Activity:** August 30, 2015 Annually thereafter |
| **Evidence of Completion of the Corrective Action:** Edited student handbooks and parent sign off sheet log.Documentation of parent contact. |
| **Description of Internal Monitoring Procedures:** Executive Director will review each fall the parent sign off log and contact any parent who has not complied. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: CR 17A** | **Status of Corrective Action:**  [ ]  Approved [x]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Please be aware that changes to 603 CMR 46.00 that go into effect on January 1, 2016 will require the collaborative to revise its physical restraint policy. |
| **Department Order of Corrective Action:** Review the changes to 603 CMR 46.00 and revise collaborative’s restraint prevention and behavior support policy and procedures to conform with regulatory changes. |
| **Required Elements of Progress Report(s):** Submit the updated restraint prevention and behavior support policy and procedures, and parent sign off sheet, acknowledging the receipt of the Collaborative’s restraint prevention and behavior support policy and procedures by January **8, 2016.****Submit evidence of staff training on changes to 603 CMR 46.00 and the collaborative’s restraint prevention and behavior support policy and procedures.** Evidence of staff training to include signed attendance sheets, agendas, and training materials.Subsequent to all corrective actions, submit the results of an administration review of a sample of student records across collaborative programs to demonstrate that student files contain a parent signed sheet indicating they have received, reviewed and understand the student handbook materials including written restraint prevention and behavior support policy and procedures. Indicate the number of records reviewed, the number found to be compliant, and an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the collaborative to address any identified noncompliance by **March 18, 2016**.\***Please note when conducting administrative monitoring the collaborative 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 the person (s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): January 8, 2016 and March 18, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: CR 26 A Confidentiality and student records** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of student records and staff interviews revealed that the Collaborative does not maintain a log of access for third party reviewers of student records in order to protect the confidentiality of personal information.* |
| **Narrative Description of Corrective Action:** During the Fall of 2015 the Program Directors will create a student record access sign off log. The log willkept with student files and will includewho is accessing the file, what was accessed, reason for the access, who released the file and the date. Staff responsible for student files will receive training by the Executive director regarding confidentiality of student records and the use of new release log.  |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director and Program Directors | **Expected Date of Completion for Each Corrective Action Activity:** September 30, 2015 |
| **Evidence of Completion of the Corrective Action:** Copy of new student access sign off log will be provided. |
| **Description of Internal Monitoring Procedures:** Executive Director will review the access log quarterly for compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: CR 26A** | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** Submit a copy of the log of access developed by the collaborative and evidence of relevant staff training on its use by **January 8, 2016.** Evidence of staff training to include signed attendance sheets, agendas, and training materials.Subsequent to training, submit the results of an administrative review of a sample student records for evidence that a log of access for third party reviewers is located in each student record. Indicate the number of records reviewed, the number found to be compliant, and an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the collaborative to address any identified noncompliance by **March 18, 2016.**\***Please note when conducting administrative monitoring the collaborative 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 the person (s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): January 8, 2016 and March 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 3.1 Policies & Procedures Manual** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of documents indicated that the public day policy and procedures manual does not contain a policy for program modifications and support services for English language learner students.* |
| **Narrative Description of Corrective Action:** CAPS Program Directors in conjunction with sending districts will identify students whose dominant language may not be English through intake language surveys, observations, assessments, and recommendations of parents, teachers and other personnel. Identified students will be assessed annually to determine their level of proficiency in the English language. CAPS program staff will design an individual instructional plan for each identified student to assist them with learning English and accessing the grade level subject matter.  |
| **Title/Role of Person(s) Responsible for Implementation:** Program directors, Lead program teachers | **Expected Date of Completion for Each Corrective Action Activity:** By November 2015 and ongoing thereafter  |
| **Evidence of Completion of the Corrective Action:** List of identified students for whom English is a second language. Copy of a sample language instruction plan, and language surveys.  |
| **Description of Internal Monitoring Procedures:** Executive Directorwill review documentation of language surveys being completed this fall and random checks for language plan compliance for identified students quarterly. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 3.1** | **Status of Corrective Action:** [ ]  Approved [x]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** The collaborative did not document a plan to include in the policy and procedures manual a policy for program modifications and support services for English language learner students.  |
| **Department Order of Corrective Action:**  In accordance with the CPR finding, submit policy for program modifications and support services for English language students. Develop a plan to include this policy in the public day policy and procedures manual after board approval. |
| **Required Elements of Progress Report(s):** Submit meeting notes from Board meeting approving policy for program modifications and support services for English language students by **January 8, 2016**Provide relevant section of the public day policy and procedure manual referencing the collaborative policy for program modifications and support services for English language learner students by **January 8, 2016**. |
| **Progress Report Due Date(s): January 8, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 5.2(a) Contracts**  | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of student records and staff interviews indicated that not all student records contain a written contract.* |
| **Narrative Description of Corrective Action:** CAPSCollaborative will work with sending school districts to ensure that all districts have contracts for students enrolled in the Collaborative public day schools by November 2015. CAPS will notify sending school districts in writing of the requirement for each student enrolled in the public day programs that a signed contract by district and CAPS Collaborative is needed by September 30, 2015. The need for a contract will be emphasized in all acceptance letters to districts. CAPS Collaborative will create a tracking form for all students enrolled in these public day school programs. Student referral and intake process and forms will be revised to include this requirement. Upon enrollment, new student names will be added to the list noting the sending district and the sending district will be reminded in writing of the need for a student contract. During the intake process, the Program Directors will remind district staff of the need for a written contract. This topic will be placed on the Fall Agenda of the advisory board meeting (Member District Administrators of Special Education). |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director and Program Directors | **Expected Date of Completion for Each Corrective Action Activity:** November 30, 2015 |
| **Evidence of Completion of the Corrective Action:** Meeting agendas; written communication to sending school districts; tracking form; revised student referral and intake form, training materials and acceptance letters. . |
| **Description of Internal Monitoring Procedures:** Executive Director, Program Directors and Office Staff will monitor student contract list to ensure contracts are submitted by sending school districts. The Executive Director will monitor the tracking form quarterly. In the event that a student contract has not been received, the Executive Director will notify the sending district. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 5.2(a)** | **Status of Corrective Action:**  [ ]  Approved [x]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** The collaborative developed a tracking form, and revised the public day student referral/intake process and forms to address the requirement of all public day students records to contain a written contract. The collaborative did not provide staff training on the new process and forms. |
| **Department Order of Corrective Action:** Provide training to relevant staff on the revised intake process, forms and the tracking form developed to ensure written contracts are contained in every public day student’s record. |
| **Required Elements of Progress Report(s):** Provide evidence of relevant staff training on the revised intake process, forms, and the tracking form to ensure written contacts are contained in every public day student’s record by **January 8, 2016.** Evidence of staff training to include signed attendance sheets, agendas, and training materials.Submit copy of written notice sent to districts of the requirement of a signed contract for each public day student, tracking form, revised intake and referral form by **January 8, 2016.**Submit agenda and meeting notes from the Fall meeting of the Advisory Board by **January 6, 2016.**Subsequent to training, after the implementation of all corrective actions, provide the results of an administrative review of a sample of day school student records for evidence of a contract signed by sending public school district and collaborative by **March 18, 2016.**  Indicate the number of records reviewed, the number found to be compliant, and an explanation of the root cause for any continued noncompliance and a description of additional corrective actions taken by the collaborative to address any identified noncompliance.\***Please note when conducting administrative monitoring the collaborative 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 the person (s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): January 8, 2016 and March 18, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 8.5 Current IEP & Student Roster** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of student records and staff interviews indicated that for each unsigned IEP there is no evidence or documentation of efforts or steps taken for the public school district to obtain consented- to IEPs. The Collaborative does not maintain any documentation showing its efforts to pursue consented-to IEPs from the district.* |
| **Narrative Description of Corrective Action:** CAPS Executive Director and Program Directors will create an intake and student tracking form for use commencing this fall 2015 to track student documents t**o** ensure that forms are in place in accordance with regulations. Student intake tracking form/checklist will be updated to include date of signed IEP and Placement. The Collaborative will work with sending districts to ensure IEPs and Placements are signed prior to enrolling students. The Collaborative will document district contact efforts made to sending districts in the way of a log to ensure signed IEPs and Placements forms are signed in a timely manner. Program specific office staff will be assigned the role of completing the tracking form and keeping information up to date for students in their specific programs. Program Directors will also emphasis the importance of a signed IEP at each intake meeting to support compliance. A log of attempts to get signed IEP’s from sending districts will be keep in the tracking form log. |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director and Program Directors, Program Office Staff | **Expected Date of Completion for Each Corrective Action Activity:** November 30, 2015 and ongoing thereafter |
| **Evidence of Completion of the Corrective Action:** Copy of log documenting attempts to get IEP’s signed and district contacts. Follow up letters and contact attempts.  |
| **Description of Internal Monitoring Procedures:** Executive Director and Office Staff will monitor quarterly student tracking checklist to ensure signed IEP’s are submitted by sending school districts. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 8.5** | **Status of Corrective Action:**  [ ]  Approved [x]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** The collaborative provided a narrative description in which program directors and program office staff will utilize newly created tracking forms and logs to ensure signed IEPs are obtained. The collaborative did not propose any staff training on this procedure. |
| **Department Order of Corrective Action:** Provide training for relevant staff on the use of the tracking form and tracking form log.  |
| **Required Elements of Progress Report(s):** Submit intake and student tracking form, and log developed to ensure signed IEPs and placement forms are obtained from the district. Additionally provide evidence of relevant staff training on this new procedure by **January 8, 2016.** Evidence of staff training to include signed attendance sheets, agendas, and training material,Subsequent to the training, and after the implementation of all corrective actions, conduct a review of a sample of student records to demonstrate that student files contain the tracking form log, and documented attempts to obtain signed IEPs. Indicate the number of records reviewed, the number found complaint, and explanation of the root cause (s) for any continued noncompliance and a description of additional corrective actions taken by the collaborative to remedy any identified noncompliance with this criterion by **March 18, 2016**.\***Please note when conducting administrative monitoring the collaborative 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 the person (s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): January 8, 2016 and March 18, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 8.8 IEP-Progress Reports** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of student records and staff interviews indicated that copies of progress reports maintained in student records do not include documentation of persons or agencies receiving such reports.* |
| **Narrative Description of Corrective Action:** Achecklist system to monitor distribution of Progress Reports on a quarterly basis to parents, school districts, and for filing in student records will be developed by collaborative office staff and monitored for compliance by the Program Directors before November 2015. Progress reports will be modified to include where and to whom they were sent.  |
| **Title/Role of Person(s) Responsible for Implementation:** Program Directors and Program Office Staff. | **Expected Date of Completion for Each Corrective Action Activity:** November 30, 2015 and ongoing thereafter |
| **Evidence of Completion of the Corrective Action:** Copy of Collaborative progress report monitoring checklist system will be sent to the DESE. Copy of a modified progress report showing who it was sent to will also be forwarded to DESE. |
| **Description of Internal Monitoring Procedures:** Checklist will be reviewed for compliance quarterly by the Executive Director.A random number of progress reports will be reviewed for compliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 8.8** | **Status of Corrective Action:** [ ]  Approved [x]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** The collaborative submitted a description of a checklist system to monitor distribution of Progress Reports. The collaborative did not provide staff training on the process of monitoring and documenting the persons or agencies receiving progress reports. |
| **Department Order of Corrective Action:** Provide staff training on the checklist system developed to document the distribution of progress reports. |
| **Required Elements of Progress Report(s):** Submit evidence of staff training on the system developed to document the distribution of progress reports by **January 8, 2016**. Evidence of staff training to include signed attendance sheet, agendas, and training materials.Submit copy of progress report checklist system and modified progress report by **January 8, 2016**.Subsequent to the training, and after the implementation of all corrective actions, conduct an administrative internal review of a sample of public day student records to demonstrate that records include documentation of persons or agencies receiving such reports**.** Indicate the number of records reviewed, the number found complaint, and explanation of the root cause (s) for any continued noncompliance and a description of additional corrective actions taken by the collaborative to remedy any identified noncompliance by **March 18, 2016.**\***Please note when conducting administrative monitoring the collaborative 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 the person (s) who conducted the review, with their role(s) and signature(s).**  |
| **Progress Report Due Date(s): January 8, 2016 and March 18, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 9.4 Physical Restraint (Day programs only)** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of student records and staff interviews indicated that parent/guardian consent to the implementation of restraint pursuant to the program’s policy is not obtained annually. (In accordance with policy changes to 603 CMR 46.00 effective January 1, 2016, corrective action for this criterion will focus solely on September-December 2015).* |
| **Narrative Description of Corrective Action:** Program Directors will provide a new consent form for the implementation of restraint for the designated period to be sent home for parental signature with annual student paperwork in the Fall of 2015. ( applicable September- December) Parental signature required and logged. |
| **Title/Role of Person(s) Responsible for Implementation:** Program Directors | **Expected Date of Completion for Each Corrective Action Activity:** September 30, 2015 |
| **Evidence of Completion of the Corrective Action:** Log documenting signed consent forms**.**  |
| **Description of Internal Monitoring Procedures:** The Executive Director will review the consent tracking log in October for 100% compliance.  |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 9.4** | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** Submit a copy of the new consent form for the implementation of physical restraint pursuant to the program’s policy. Submit copy of the log used to document signed consent forms by **January 8, 2016**. |
| **Progress Report Due Date(s): January 8, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 12.2 In-Service Training Plan and Calendar**  | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Document review and staff interviews indicated that the Collaborative does not provide annual teaching to all staff in the areas of how the learning standards of the Massachusetts Curriculum Frameworks are incorporated into the program’s instruction, and procedures of inclusion for all students in MCAS testing and/or alternate assessments.*  |
| **Narrative Description of Corrective Action:** Program Directors will conduct ongoing training with program staff around aligning curriculum to the common /core Standards. Program Directors will work with DESE model curriculum units appropriate for their staff’s program grade level throughout the 2016 school year. Each Program Director will develop a training Professional Development calendar of ongoing training topics and trainers for the 2016 school year by November of 2015. Applicable CAPS **s**taff will attend MCAS Alternative trainings offered by the Department during the 2015/2016 school year. See SE 54 for additional related information.  |
| **Title/Role of Person(s) Responsible for Implementation: Program Directors and Executive Director** | **Expected Date of Completion for Each Corrective Action Activity:** November 30, 215 ongoing throughout the school year |
| **Evidence of Completion of the Corrective Action:** Training calendars, agendas and sign ins from planned trainings.  |
| **Description of Internal Monitoring Procedures:** Teachers will be evaluated program directors for application of ongoing curriculum training methods. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 12.2** | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** Submit annual training calendar for staff to demonstrate the collaborative is providing annual training in the areas of how the learning standards of the Massachusetts Curriculum Frameworks are incorporated into the program’s instruction, and procedures of inclusion for all students in MCAS testing and/or alternate assessments by **January 8, 2016**. |
| **Progress Report Due Date(s): January 8, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 13.4 Physical Facility/Architectural Barriers** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Observations revealed that the Odyssey and Bennett locations do not assure that students with limited mobility have access free from barriers to those areas of the building and grounds needed for the implementation of their IEP. Both programs are located in inaccessible second floor locations.* |
| **Narrative Description of Corrective Action:** The Deaf Hard of Hearing program has been moved from the Bennett School in Leominster to Meetinghouse School in Westminster to a fully accessible classroom. CAPS Collaborative has expanded the leased area in the Sonoma Square Building which houses the Gateway and Odyssey Programs. Accessibility for the Odyssey program will be addressed with this new space expansion. |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director and Program Directors | **Expected Date of Completion for Each Corrective Action Activity:** BySeptember 2015 |
| **Evidence of Completion of the Corrective Action:** Memorandums of Agreements for building use will be provided to the DESE. CAPS will supply the Department with updates on program location for the 2017 school year for all programs.  |
| **Description of Internal Monitoring Procedures:** The CAPS Executive Director and Program Directors will review program locations and compliance ongoing annually.  |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 13.4**  | **Status of Corrective Action:** [ ]  Approved [x]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** The Collaborative documented moving the Deaf Hard of Hearing Program to a fully accessible classroom, and addressing the accessibility of the Odyssey program with building expansion. The Collaborative did not fully document how the building space expansion will assure that students in the Odyssey program with limited mobility have access free from barriers to those areas of the building and grounds needed for the implementation of their IEP.  |
| **Department Order of Corrective Action:** Develop a detailed plan describing how the space expansion in the Sonoma Square Building will address the accessibility of the Odyssey Program for the current 2015-2016 school year. Include a Statement of Assurance from the Collaborative Executive Director that the plan will be developed and date when completed. |
| **Required Elements of Progress Report(s):** Submit the detailed plan describing the plan to ensure students in the Odyssey program with limited mobility have access free from barriers to those areas of the building and grounds needed for the implementation of their IEP by **January 8, 2016**.Submit Statement of Assurance from Executive Director by **January 8, 2016**.Provide the memorandum and agreement for building use for the Deaf Hard of Hearing Program by **January 8, 2016**.ESE will schedule and conduct an on-site visit to verify the location of the Deaf Hard of Hearing Program is located in a classroom to assure that students with limited mobility have access free from barriers to those areas of the building and grounds needed for the implementation of their IEP by **March 18, 2016**. |
| **Progress Report Due Date(s): March 18, 2016** |

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| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 18.1 Confidentiality of Student Records** | **Rating:** Partially Implemented |
| **Department CPR Finding:** *Review of student records demonstrated that the log of access contained in each student record did not contain the name, position, or signature of the person releasing the information, nor the parts of the record to which access was obtained.* |
| **Narrative Description of Corrective Action:** Caps Collaborative will modify the student record access log to include the name, position, and signature of the person granting access as well as documentation of the section of the recorded released for review. The Executive Director will provide Staff responsible for student records a short overview of the new log requirements prior to the start of the 2016 school year.  |
| **Title/Role of Person(s) Responsible for Implementation:** Executive Director and Program Directors, program secretarial staff | **Expected Date of Completion for Each Corrective Action Activity:** September 30, 2015 |
| **Evidence of Completion of the Corrective Action:** CAPS Collaborative will submit a copy of the new student record access log to the Department in the Fall of 2015. A sign in sheet documenting training of staff responsible for student records on the new log sheet will also be provided.  |
| **Description of Internal Monitoring Procedures:** The Executive Director will conduct random reviews of student access log for compliance during the 2015/2016. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 18.1** | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**       |
| **Department Order of Corrective Action:**       |
| **Required Elements of Progress Report(s):** Submit evidence of staff training on the log of access modified to include the name, position, signature of the person releasing the information as well as the parts of the record to which access was obtained by **January 8, 2016**. Evidence of staff training to include signed attendance sheets, agendas, and training materials.Submit copy of log of access including the name, position, signature of the person releasing the information as well as the parts of the record to which access was obtained by **January 8, 2016**.Subsequent to the training, and after the implementation of all corrective actions, conduct a review of a sample of student records to demonstrate that student files contain the tracking form log, and documented attempts to obtain signed IEPs. Indicate the number of records reviewed, the number found complaint, and explanation of the root cause (s) for any continued noncompliance and a description of additional corrective actions taken by the collaborative to remedy any identified noncompliance with this criterion by **March 18, 2016**.\***Please note when conducting administrative monitoring the collaborative 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 the person (s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): January 8, 2016 and March 18, 2016** |