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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: Assabet Valley Collaborative

CPR Onsite Year: 2022-2023

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 08/19/2023.

**Mandatory One-Year Compliance Date:** **08/19/2024**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| CSE 13 | Progress Reports and Content (APD 8.8, where applicable) | Partially Implemented |
| CSE 22 | IEP implementation and availability (APD 8.5, where applicable) | Partially Implemented |
| CSE 46 | Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district (APD 9.6, where applicable) | Partially Implemented |
| CSE 51 | Appropriate special education teacher certification/licensure | Partially Implemented |
| CCR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CCR 10C | Student Discipline | Partially Implemented |
| APD 12.2 | In-Service Training Plan and Calendar (APD 12.2(a) and 12.2(d), where applicable) | Partially Implemented |

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| **Criterion & Topic:**  CSE 13 Progress Reports and Content (APD 8.8, where applicable) | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated the recipients of IEP Progress Reports are not documented consistently, therefore, the Department was not able to verify that they are being sent to sending school districts and parents/guardians. A review of documentation and student records indicated that not all Progress Reports corresponded to the most recently approved and consented to IEP. Therefore, Progress Reports did not always include written information on the student's progress toward meeting the annual goals in the IEP that the program should be implementing. | | |
| **Description of Corrective Action:**  Assabet Vally Collaborative has corrected this. In the last few years of transition and turnover, two of our programs had fallen out of the practice of filling out the mailing checklists at the cover of each student record, while one of our programs had continued the practice. This has now been corrected. | | |
| **Title/Role(s) of Responsible Persons:**  Cathy Cummins | | **Expected Date of Completion:**  11/15/2023 |
| **Evidence of Completion of the Corrective Action:**  Cover sheets from first progress reports' distribution. | | |
| **Description of Internal Monitoring Procedures:**  Within each program, administrative assistants will document distribution of progress reports on the checklist in each student's record. Directors will spot check files to ensure that the checklists are being completed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CSE 13 Progress Reports and Content (APD 8.8, where applicable) | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/28/2023  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The Collaborative has indicated the continued practice of filling out a mailing checklist that identifies the recipients of to whom progress reports are sent. | | |
| **Department Order of Corrective Action:**  The Collaborative will submit the procedures in place for issuing progress reports that correspond to the most recently approved and consented IEP. The procedures will include a process to documentation recipients to whom progress reports are sent as well as the date sent. | | |
| **Required Elements of Progress Report(s):**  By October 27, 2023, the Collaborative will submit the procedures put in place for issuing progress reports that correspond to the most recently approved and consented IEP. The procedures will include a process to documentation recipients to whom progress reports are sent.  By December 15, 2023, the Collaborative will submit documentation of an internal administrative record review\* that indicates the date progress reports were issued and documentation of the recipients to whom the progress reports were sent.  Indicate the number of records reviewed at each program, the number of records found to be compliant, an explanation of the root cause(s) for any continued noncompliance, and a description of additional corrective action 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(s) of the person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2023  12/15/2023 | | |

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| **Criterion & Topic:**  CSE 22 IEP implementation and availability (APD 8.5, where applicable) | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and review of student records indicated that there was not a current Individualized Education Program (IEP) for each enrolled Massachusetts student that had been issued by the responsible public school district and consented to by the student's parent or the student, when applicable. In student records where an IEP was found not to be current, there was not documentation of the program's efforts to obtain a current IEP from the responsible school district. | | |
| **Description of Corrective Action:**  Assabet Vally Collaborative has corrected this. In the last few years of transition and turnover, each of our programs had fallen out of the practice of keeping the IEP roster up to date. Because the IEPs are issued by sending school districts, there are times when a new IEP is proposed but the parents have not yet signed it. Historically, AVC has had a protocol to update the IEP roster to include all outreach to families/districts to obtain signed IEPs; this roster was not fully up to date at the time of DESE's visit. Both new administrative assistants and all three new program directors have been trained on the process and have begun to implement. | | |
| **Title/Role(s) of Responsible Persons:**  Program Directors and Administrative Assistants | | **Expected Date of Completion:**  11/15/2023 |
| **Evidence of Completion of the Corrective Action:**  Submission of IEP rosters that incude all efforts to obtains signatures for students for whom we do not have a signed, current IEP. | | |
| **Description of Internal Monitoring Procedures:**  Monthly spot checks and updates. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CSE 22 IEP implementation and availability (APD 8.5, where applicable) | **Corrective Action Plan Status:** Approved  **Status Date:** 09/28/2023  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2023, the Collaborative must submit the process and procedures for keeping the IEP roster updated. This process must contain the procedures for documenting efforts to obtain consent for students for whom the Collaborative does not have a signed, current IEP.  By December 15, 2023, the Collaborative must submit the results of an administrative review\* of a sample of student records across all collaborative programs to ensure student records contain a current signed IEP or documentation of correspondence with families and/or sending public school districts in an attempt to obtain signed IEP. Indicate the number of records reviewed at each program, the number of records found to be compliant, an explanation of the root cause(s) for any continued noncompliance, and a description of additional corrective action 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(s) of the person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/27/2023  12/15/2023 | | |

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| **Criterion & Topic:**  CSE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district (APD 9.6, where applicable) | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  The collaborative's procedures for suspension of students with disabilities do not address what steps should be taken if the student's behavior was the result of the collaborative's failure to implement the IEP. | | |
| **Description of Corrective Action:**  Program Directors at OSA, REACH and Evolution met to review and revise handbooks prior to distribution to parents/families this fall. The section regarding the collaborative's procedures for suspension of students with disabilities now address what steps should be taken if the student's behavior was the result of the collaborative's failure to implement the IEP> | | |
| **Title/Role(s) of Responsible Persons:**  Program Directors | | **Expected Date of Completion:**  11/15/2023 |
| **Evidence of Completion of the Corrective Action:**  Excerpts from revised student handbook. | | |
| **Description of Internal Monitoring Procedures:**  Program Directors collaborated on these initial revisions. A two-year handbook revision committee has been formed and will include student, parent, and staff input to continuously review the parent/student handbook for compliance and for alignment with core values and mission/vision. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CSE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district (APD 9.6, where applicable) | **Corrective Action Plan Status:** Approved  **Status Date:** 09/28/2023  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2023, submit the collaborative's revised procedures for the suspension of students with disabilities which includes what steps should be taken if the student's behavior was the result of the collaborative's failure to implement the IEP. | | |
| **Progress Report Due Date(s):**  10/27/2023 | | |

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| **Criterion & Topic:**  CSE 51 Appropriate special education teacher certification/licensure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and interviews indicated that not all teachers were appropriately licensed or granted an appropriate waiver for the current school year. A review of documentation and interviews indicated that some teachers teach outside of their approved area of licensure for more than 20% of the school day. A review of documentation indicated that the collaborative employs both general education and special education teachers however, at least half of the teaching staff are not currently licensed in special education areas as is required for approved public day schools. | | |
| **Description of Corrective Action:**  Like other schools, AVC has continued to face a critical shortage of licensed special education teachers.  AVC has maintained continuous postings for licensed special education teachers on SchoolSpring/TalentEd, and Better Team.  AVC will request or has requested a waiver from DESE for the following:  - Teacher at OSA who is licensed as a Vocational Principal and in General Science grades 1-8 but teaching more than 20% outside of general science or beyond grade 8; Teacher has applied for special education licensure; AVC is initiating waiver progress.  - 3 Teachers at Evolution:  - Cluster 1: Teacher was on waiver at time of DESE's visit; however DESE denied 2nd year waiver - we are currently appealing as this teacher has continued graduate courses in special education and has progressed to mid-way point of SG&S process.  - Clusters 2 and 3:  One teacher was hired as long-term substitute in January - licensed as Principal, Special Education Administrator, and General Ed Teacher. That teacher has been retained long-term and the waiver process is underway; teacher has applied for special education license.  An unexpected resignation of a licensed teacher led to the appointment of two paraeducators as long-term substitute co-teachers. One of those teachers has applied for the special education license and a waiver process is underway. | | |
| **Title/Role(s) of Responsible Persons:**  Executive Director | | **Expected Date of Completion:**  08/19/2024 |
| **Evidence of Completion of the Corrective Action:**  Waiver request forms and appeals documentation.  ELAR activity for various teachers.  Evidence of postings. | | |
| **Description of Internal Monitoring Procedures:**  SG&S process for all 4 waivered teachers. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CSE 51 Appropriate special education teacher certification/licensure | **Corrective Action Plan Status:** Approved  **Status Date:** 09/28/2023  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2023 the collaborative must submit an updated teacher roster that demonstrates that all teachers are appropriately licensed or have been granted a waiver from the Department of Elementary and Secondary Education. | | |
| **Progress Report Due Date(s):**  10/27/2023 | | |

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| **Criterion & Topic:**  CCR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation submitted indicated that the Collaborative handbooks and codes of conduct do not include procedures for prompt resolution and due process of grievance and/or disciplinary action. | | |
| **Description of Corrective Action:**  Program Directors at OSA, REACH and Evolution met to review and revise handbooks prior to distribution to parents/families this fall. The section regarding the collaborative's procedures for codes of conduct now include procedures for prompt resolution and due process of grievance and/or disciplinary action. | | |
| **Title/Role(s) of Responsible Persons:**  Program Directors | | **Expected Date of Completion:**  11/15/2023 |
| **Evidence of Completion of the Corrective Action:**  Excerpts from revised student handbook. | | |
| **Description of Internal Monitoring Procedures:**  Program Directors collaborated on these initial revisions. A two-year handbook revision committee has been formed and will include student, parent, and staff input to continuously review the parent/student handbook for compliance and for alignment with core values and mission/vision. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CCR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 09/28/2023  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27 2023 the Collaborative must submit the section of the handbook code of conduct that includes the procedures for the prompt resolution and due process of grievance and/or disciplinary action. | | |
| **Progress Report Due Date(s):**  10/27/2023 | | |

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| **Criterion & Topic:**  CCR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation indicated that the collaborative's procedures for the Principal Hearing for short-term and long-term suspensions do not include all of the required elements. | | |
| **Description of Corrective Action:**  Program Directors at OSA, REACH and Evolution met to review and revise handbooks prior to distribution to parents/families this fall. The section regarding the collaborative's procedures for the Principal Hearing for short-term and long-term suspensions now include all of the required elements. | | |
| **Title/Role(s) of Responsible Persons:**  Program Directors | | **Expected Date of Completion:**  11/15/2023 |
| **Evidence of Completion of the Corrective Action:**  Excerpts from revised student handbook. | | |
| **Description of Internal Monitoring Procedures:**  Program Directors collaborated on these initial revisions. A two-year handbook revision committee has been formed and will include student, parent, and staff input to continuously review the parent/student handbook for compliance and for alignment with core values and mission/vision. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CCR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 09/28/2023  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2023, the Collaborative must submit the student discipline section of the student handbook that includes the required elements of the prinicipal hearing for short and long term suspensions. | | |
| **Progress Report Due Date(s):**  10/27/2023 | | |

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| **Criterion & Topic:**  APD 12.2 In-Service Training Plan and Calendar (APD 12.2(a) and 12.2(d), where applicable) | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews indicated that the while the collaborative has an In-Service Training Plan and Calendar that shows that staff receive training in all mandated training topics annually, that the collaborative has a plan for staff to participate in outside training opportunities, and that staff receive an average of two hours of training for each month the school is in session, the Department was not able to confirm that all staff received the training on all required trainings annually. | | |
| **Description of Corrective Action:**  AVC is launching a pilot on-line mandatory training platform - ArxEd that will document and track staff completion of asynchronous mandatory topics.  AVC is developing a training calendar for 2023-2024 that will include documentation of attendance, hours and awarding PDP certificates.  AVC is also convening a collaborative-wide PD committee for the development of a 2024-2025 PD calendar with staff, parent, student input. | | |
| **Title/Role(s) of Responsible Persons:**  Executive Director | | **Expected Date of Completion:**  08/19/2024 |
| **Evidence of Completion of the Corrective Action:**  2023-2024 Completion Data  2024-2025 Training calendar | | |
| **Description of Internal Monitoring Procedures:**  See above. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  APD 12.2 In-Service Training Plan and Calendar (APD 12.2(a) and 12.2(d), where applicable) | **Corrective Action Plan Status:** Approved  **Status Date:** 09/28/2023  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 27, 2023, the Collaborative must submit the In-Service Training Plan and Calendar hat shows that staff receive training in all mandated training topics annually, that the collaborative has a plan for staff to participate in outside training opportunities, and that staff receive an average of two hours of training for each month the school is in session. The plan must include procedures that document staff participation and how attendance for training is made up when staff are absent or newly hired. | | |
| **Progress Report Due Date(s):**  10/27/2023 | | |