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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: Prospect Hill Academy Charter (District)

CPR Onsite Year: 2013-2014

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 08/19/2014.

**Mandatory One-Year Compliance Date:** **08/19/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 6 | Determination of transition services | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 10 | Anti-Hazing Reports | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 15 | Non-discriminatory administration of scholarships, prizes and awards | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| CR 22 | Accessibility of district programs and services for students with disabilities | Partially Implemented |

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| **Criterion & Topic:**  SE 6 Determination of transition services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of records indicated that when transition services are to be discussed for a student 14 years of age or older, the school does not always invite the student to the IEP Team meeting or list the student's name on the Team Meeting Attendance Sheet (N3A). In addition, the IEP Vision Statement does not always reflect the vision of a student who is 14 or over; the Vision Statement is not consistently based upon the student's preferences and interests, and does not include desired outcomes for adult living, post-secondary, and working environments. Some student records included IEP Vision Statements that reflect the vision of the parents rather than the student. | | |
| **Description of Corrective Action:**  As the Team Chair for PHA's special education program, Mrs. Kingsley is responsible for the development of all transition plans for students aged 14 and above. Following our site visit, Mrs. Kingsley received training with respect to required elements of transition plans and is now implementing all required elements. | | |
| **Title/Role(s) of Responsible Persons:**  Lisa Kingsley, Associate Director of Student Services | | **Expected Date of Completion:**  09/30/2014 |
| **Evidence of Completion of the Corrective Action:**  PHA will submit a meeting agenda which reflects professional development provided to Lisa Kingsley, Team Chair. The district will also submit sample transition plans which include all required elements. | | |
| **Description of Internal Monitoring Procedures:**  All IEPs are written by Lisa Kingsley, Associate Director of Student Services and reviewed by Stacy Camposano, Director of Student Services prior to mailing. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date**: 09/25/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 24, 2014, submit evidence of Team chairperson training, including the agenda and sign-in sheet from the training. In addition, for the individual student records identified by the Department, submit evidence that the records have been remedied as indicated in the Student Record Issues Worksheet provided to the charter school.  By February 10, 2015, submit a report of the results of an internal review of records in which IEPs were developed subsequent to implementation of all corrective actions, and include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district 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 person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  11/24/2014  02/10/2015 | | |

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  See SE 6. | | |
| **Description of Corrective Action:**  Please see corrective action plan for SE 6. | | |
| **Title/Role(s) of Responsible Persons:**  Lisa Kingsley, Associate Director of Student Services (Team Chair) | | **Expected Date of Completion:**  09/30/2014 |
| **Evidence of Completion of the Corrective Action:**  Please see corrective action plan for SE 6. | | |
| **Description of Internal Monitoring Procedures:**  Please see corrective action plan for SE 6. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date**: 09/25/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  See SE 6. | | |
| **Progress Report Due Date(s):**  11/24/2014  02/10/2015 | | |

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| **Criterion & Topic:**  SE 29 Communications are in English and primary language of home | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of records and staff interviews indicated that the school is not providing parents with progress reports in the primary language of the home when translations have been requested on the home language survey. | | |
| **Description of Corrective Action:**  1. The special education team will utilize a new feature in ESPED which allows for identification and tracking of families requiring written translation and oral interpretation.  2. At the conclusion of each marking period, the Department Coordinator will run an ESPED report to identify families requiring translated progress reports. The Department Coordinator will submit progress reports to in-house translators (Spanish, Portuguese and Haitian Creole) or external providers for other languages, if necessary.  3. The Department Coordinator will send translated progress reports home in accordance with regular department protocol. | | |
| **Title/Role(s) of Responsible Persons:**  Lisa Kingsley, Associate Director of Student Services | | **Expected Date of Completion:**  01/30/2015 |
| **Evidence of Completion of the Corrective Action:**  PHA will submit a roster of families requiring written translation of IEP related documents and samples of translated progress reports. PHA will also submit samples of translated progress reports. | | |
| **Description of Internal Monitoring Procedures:**  By September 30, 2014, the Associate Director of Student Services will ensure that all special education teachers have entered translation/interpretation requirements into the ESPED program. At the conclusion of each marking period, the Associate Director of Student Services (Lisa Kingsley) will consult with the Department Coordinator to review the list of families requiring written translation of IEP documents (as reported in ESPED). Director of Student Services will approve internal translation requests and invoices for external translation services, as needed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Approved  **Status Date**: 09/25/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By November 24, 2014, submit evidence of special education teacher training on the protocols for translations and the tracking report for provision of translated documents. In addition, for the individual student records identified by the Department, provide evidence of the required translated documents.  By February 10, 2015, submit a report of the results of an internal review of records in which special education progress reports were written subsequent to implementation of all corrective actions, and include the following: 1) The number of student records reviewed; 2) The number of records in compliance; 3) For any records not in compliance, determine the root cause(s) of the non-compliance; and 4) The district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district 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 person(s) who conducted the review, their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  11/24/2014  02/10/2015 | | |

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| **Criterion & Topic:**  SE 55 Special education facilities and classrooms | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Staff interviews and classroom observations indicated that special education classes are not at least equal in all physical respects to the average standards of general education facilities and classrooms. Specifically, the special education tutorial spaces at the Early Childhood Campus have multiple instructional groups running concurrently with as many as six students and three teachers in small spaces causing significant visual and auditory distractions. All special education tutorial spaces at the Upper Elementary (Grades 4-6) and Upper School (Grades 7-8) are clustered together in separate wings at the end of hallways and do not maximize the inclusion of such students into the life of the school. The special education tutorial spaces at the Upper School (Grades 9-12) are small for the number of students served at one time, which can be more than three students with one teacher. The size of these spaces combined with the number of students leads to auditory and visual distractions. | | |
| **Description of Corrective Action:**  The Director of Student Services, Stacy Camposano, will collaborate with the Upper School principal to identify an alternative space for one of the special education offices/learning centers at the Upper School campus (50 Essex). At the Upper Elementary campus, general education intervention services will be conducted in the spaces formerly reserved for Special Education and ESL, thus ensuring integration with the general ed program. Mrs. Camposano will also consult with the Associate Director of Student Services (Lisa Kingsley) and lead special education teachers to reassign service delivery sessions in the Early Childhood and High School learning centers to ensure that sessions don't exceed the maximum number of students in a given class period. | | |
| **Title/Role(s) of Responsible Persons:**  Stacy Camposano, Director of Student Services | | **Expected Date of Completion:**  08/01/2015 |
| **Evidence of Completion of the Corrective Action:**  1. Early Childhood Campus: The district will submit service delivery schedules (including student groupings) which reflect a reduced number of students/teachers in each learning center.  2. Upper Elementary: The district will provide evidence to reflect the integration of general education support services which will take place in the former student services cluster. A variety of support services, including reading and tutoring interventions, will now take place in these spaces, along with special ed and ESL services.  3. Upper School (50 Essex): The district will submit a floor plan which reflects the reassignment of one student services classroom to the main level of 50 Essex and the integration of a general ed intervention space into the current student services hallway.  4. Upper School (54 Essex): The district will submit class schedules which reflect a maximum of 3 students in the learning centers at 54 Essex. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services will collaborate with each campus principal and the facilities manager to identify appropriate room assignments for special education classrooms/offices. Re-assignments will take place during the summer break of 2015. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 09/25/2014 | |
| **Basis for Decision:**  The charter school indicated that it will reassign service delivery sessions in the Early Childhood Learning Centers and ensure that sessions do not exceed the maximum number of students in a class period; however, no maximum number was noted. Also, the charter school indicated that re-designation of classroom spaces will take place during the 2015 summer break. Reassignments must take place sooner in order to ensure adherence to the one year timeline for corrective actions. | | |
| **Department Order of Corrective Action:**  The charter school must indicate the maximum number of students assigned to the Early Childhood Learning Centers during a class period. Also, provide for the reassignment of spaces to ensure full compliance, including follow-up onsite visits by the Department, no later than August 17, 2015. | | |
| **Required Elements of Progress Report(s):**  By November 24, 2014, indicate the charter school's plan for the maximum number of students to be assigned to the Early Childhood Learning Centers during a class period.  By November 24, 2014, submit the instructional groupings by period for learning centers at the Early Childhood Campus and Upper School (Grades 9-12). In addition, provide updated floor plans for the Upper Elementary and Upper School noting the relocation of the special education spaces and the date that the classrooms will be relocated.  Follow-up site visits will be arranged by DESE prior to February 10, 2015. | | |
| **Progress Report Due Date(s):**  11/24/2014  02/10/2015 | | |

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of records and staff interviews indicated that English language learner (ELL) students do not have equal access to the general education programming. Specifically, ELL students do not have access to Spanish classes as do their peers; ELL students are scheduled for English language development instruction in lieu of Spanish class.  Document review indicated that gender identity is not included as a protected category in the school's policy regarding access to a full range of education programs. | | |
| **Description of Corrective Action:**  1. Gender identity has been added as a protected category in PHA's school policy describing ELL's access to a full range of education programs.  2. ESL service delivery schedules have been revised to allow for students to participate in Spanish classes. | | |
| **Title/Role(s) of Responsible Persons:**  Stacy Camposano, Director of Student Services | | **Expected Date of Completion:**  09/30/2014 |
| **Evidence of Completion of the Corrective Action:**  1. The district will submit a revised policy statement which includes gender identity as a protected category with regard to ELLs right to access a full range of education programs.  2. The district will submit schedules and class rosters which reflect ESL student enrollment and participation in Spanish classes. | | |
| **Description of Internal Monitoring Procedures:**  Through consultation with the Upper School principal and instructional leaders, Stacy Camposano, Director of Student Services, will identify a service delivery schedule for ELLs that allows for their participation in Spanish classes and access to the full academic program. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 09/25/2014 | |
| **Basis for Decision:**  The charter school indicated that gender identity has been added as a protected category in the school's policy describing English language learner (ELL) access to a full range of education programs. The policy should not be specific to ELL students; it should be a policy for all students. | | |
| **Department Order of Corrective Action:**  Add gender identity as a protected category in the school's policy regarding access to a full range of education programs for all students. | | |
| **Required Elements of Progress Report(s):**  Submit a copy of the updated policy. Also, submit schedules and class rosters for all ELL students which reflect enrollment and participation in Spanish classes. | | |
| **Progress Report Due Date(s):**  11/24/2014 | | |
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| **Criterion & Topic:**  CR 10 Anti-Hazing Reports | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that the school is not maintaining a record of signed anti-hazing policy acknowledgements from designated officers of student groups, teams, and organizations. | | |
| **Description of Corrective Action:**  On September 4, 2014, Mrs. Camposano informed all necessary parties of the Anti-Hazing Law and provided a summary of all required documentation to be completed by the Upper School Principal and faculty advisers. | | |
| **Title/Role(s) of Responsible Persons:**  Stacy Camposano, Director of Student Services | | **Expected Date of Completion:**  10/01/2014 |
| **Evidence of Completion of the Corrective Action:**  The district will submit documentation of PHA's Anti-Hazing Principal's Report (to be submitted to DESE by October 1, 2014), Adviser Compliance Forms and Student Receipts.  The district will also submit evidence of training provided to principals and faculty advisers by Stacy Camposano on September 4, 2014. | | |
| **Description of Internal Monitoring Procedures:**  PHA's Director of School Culture, Estelle Archibold, will conduct an internal review of all required anti-hazing documentation. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10 Anti-Hazing Reports | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 09/25/2014 | |
| **Basis for Decision:**  The charter school indicated that the Director of Student Services reviewed the anti-hazing law with necessary staff members and the school will submit documentation to DESE by October 1, 2014, as required. The school did not, however, indicate how it will maintain its own records of signed anti-hazing acknowledgements from designated officers of student groups, teams, and organizations. | | |
| **Department Order of Corrective Action:**  Provide a description of the charter school's plan for maintaining its own records of signed anti-hazing acknowledgements from designated officers of student groups, teams, and organizations. Indicate the names and roles of staff members involved. | | |
| **Required Elements of Progress Report(s):**  Submit the school's plan for maintaining signed anti-hazing acknowledgements from designated officers of student groups, teams, and organizations. Also, provide evidence of the staff training that occurred on September 4, 2014.  In addition, submit copies of the anti-hazing acknowledgements from designated officers of student groups, teams, and organizations. | | |
| **Progress Report Due Date(s):**  11/24/2014 | | |

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that gender identity is not included as a protected category in the school's non-discrimination policy. | | |
| **Description of Corrective Action:**  On September 4, 2014, the Associate Director of Student Services informed required parties of the need to add "gender identity" as a protected category in PHA's non-discrimination policy. | | |
| **Title/Role(s) of Responsible Persons:**  Stacy Camposano, Director of Student Services | | **Expected Date of Completion:**  09/30/2014 |
| **Evidence of Completion of the Corrective Action:**  The district will submit a revised version of PHA's student handbook which reflects the addition of gender identity as a protected category in our non-discrimination policy. | | |
| **Description of Internal Monitoring Procedures:**  Revised non-discrimination policies will be submitted to Stacy Camposano, Director of Student Services, for review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date**: 09/25/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Provide the revised non-discrimination policy along with evidence of notification to students and staff by November 24, 2014. | | |
| **Progress Report Due Date(s):**  11/24/2014 | | |

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| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that gender identity is not included as a protected category in written materials and other media used to publicize the school. | | |
| **Description of Corrective Action:**  On September 4, 2014, the Director of Student Services informed Anja Bressler, Director of External Relations, of the need to add "gender identity" as a protected category in PHA's non-discrimination policy, as reflected in all documentation used to promote and publicize the school. | | |
| **Title/Role(s) of Responsible Persons:**  Anja Bressler, Director of External Relations | | **Expected Date of Completion:**  06/30/2015 |
| **Evidence of Completion of the Corrective Action:**  The district will submit samples of written materials and other media used to publicize the school which reflect the addition of gender identity as a protected category. | | |
| **Description of Internal Monitoring Procedures:**  Revised publicity materials will be submitted to Stacy Camposano, Director of Student Services, for review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date**: 09/25/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the addition of gender identity as a protected category in all written materials and other media used to publicize the school by November 24, 2014. | | |
| **Progress Report Due Date(s):**  11/24/2014 | | |

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| **Criterion & Topic:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that gender identity is not included as a protected category in the school's statement regarding the non-discriminatory administration of scholarships, prizes and awards. | | |
| **Description of Corrective Action:**  On September 4, 2014, the Director College Counseling revised PHA's policy statement regarding the non-discriminatory administration of scholarships, prizes and awards to reflect gender identity as a protected category. | | |
| **Title/Role(s) of Responsible Persons:**  Stacy Camposano, Director of Student Services | | **Expected Date of Completion:**  09/30/2014 |
| **Evidence of Completion of the Corrective Action:**  The district will submit a revised policy statement which reflects the addition of gender identity as a protected category with regard to the administration of scholarships, prizes and awards. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Student Services will distribute revised policy statements regarding non-discriminatory administration of scholarships, prizes and awards to all applicable parties (college counseling, upper school leadership and senior leadership). | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 15 Non-discriminatory administration of scholarships, prizes and awards | **Corrective Action Plan Status:** Approved  **Status Date**: 09/25/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the addition of gender identity as a protected category in the school's statement regarding the non-discriminatory administration of scholarships, prizes and awards along with evidence of notification to students and staff by November 24, 2014. | | |
| **Progress Report Due Date(s):**  11/24/2014 | | |

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and staff interviews indicated that at least annually and within the first month of each school year, the school has not implemented staff training on the use of physical restraint consistent with regulatory requirements. In addition, the school has not identified staff authorized to serve as school-wide resources for ensuring the proper use of physical restraint. | | | |
| **Description of Corrective Action:**  On August 25, 2014, Stacy Camposano conducted a full faculty training on the use of physical restraint. Campus specific CPI trainings will be conducted on or before September 30, 2014 for faculty/staff identified by the building principals. By September 30, 2014, principals will inform their campus communities of the CPI team members and procedures for utilizing these supports. | | | |
| **Title/Role(s) of Responsible Persons:**  Stacy Camposano, Director of Student Services | | **Expected Date of Completion:**  09/30/2014 | |
| **Evidence of Completion of the Corrective Action:**  The district will submit evidence of K-12 faculty/staff training, conducted on August 25, 2014. The district will also submit evidence of CPI training conducted to select teams of teachers/staff members at each campus and evidence to reflect the identification of CPI team members at each campus. | | | |
| **Description of Internal Monitoring Procedures:**  Campus principals will submit evidence of CPI training and a list of CPI team members to Stacy Camposano, Director of Student Services by October 30, 2014. Principals will also submit evidence to reflect the identification of CPI team members within their campus communities. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Approved  **Status Date**: 09/25/2014 | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the all-staff training held on August 25, 2014. Evidence should include staff attendance sheets noting the name and role of all staff along with training materials used. In addition, submit a list of the staff serving as resources for physical restraint at each of the school's campuses and evidence of notification to all staff members of the staff resources.  In addition, provide evidence of the in-depth staff resource training on the use of physical restraint. | | | |
| **Progress Report Due Date(s):**  11/24/2014 | | | |

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| **Criterion & Topic:**  CR 21 Staff training regarding civil rights responsibilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicated that while civil rights training is conducted by the school, the prevention of discrimination and harassment based on gender identity is not included in the training. | | |
| **Description of Corrective Action:**  On August 25, 2014 a full faculty training on civil rights, prevention of discrimination and harassment (including gender identity) was conducted by Michael O'Donnell (HR) and Stacy Camposano (Director of Student Services). | | |
| **Title/Role(s) of Responsible Persons:**  Stacy Camposano, Director of Student Services | | **Expected Date of Completion:**  09/30/2014 |
| **Evidence of Completion of the Corrective Action:**  The district will submit evidence of the civil rights training conducted with the K-12 faculty/staff on August 25, 2014. | | |
| **Description of Internal Monitoring Procedures:**  PHA's civil rights compliance coordinator (Stacy Camposano, Director of Student Services) will consult with the Head of School each fall to ensure that required civil rights trainings are included in annual faculty orientation activities. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date**: 09/25/2014 | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit evidence of the civil rights training inclusive of the prevention of discrimination and harassment based on gender identity by November 24, 2014. Include staff attendance sheet and training materials. | | |
| **Progress Report Due Date(s):**  11/24/2014 | | |

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| **Criterion & Topic:**  CR 22 Accessibility of district programs and services for students with disabilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Observations and staff interviews indicated that the Upper School (Grade 7-8) is not accessible to all students with disabilities. While there is an elevator lift in the building's split level entryway, it is out of order. The basement, second and third floors can only be accessed via the stairs. The art classroom, student lavatories and counselor's office are located on the basement floor, while all classrooms are located on the first, second and third floors. | | |
| **Description of Corrective Action:**  1. The lift at 50 Essex is currently in working order. Students and adults requiring handicapped bathroom access are permitted to use the restroom facility in the nurse's office, which is located on the first floor.  2. In the event that a student or faculty member requires handicapped access, all of his/her classes (work space) will be re-assigned to 54 Essex Street, which is fully accessible. | | |
| **Title/Role(s) of Responsible Persons:**  Stacy Camposano, Director of Student Services | | **Expected Date of Completion:**  12/30/2014 |
| **Evidence of Completion of the Corrective Action:**  1. PHA will provide documentation to show that the elevator lift at 50 Essex Street is in good working order.  2. PHA will provide a written summary of procedures to be followed in cases where an Upper School student/employee requires handicap accessibility. | | |
| **Description of Internal Monitoring Procedures:**  Upper School Accessibility plans will be submitted to Stacy Camposano, Director of Student Services. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 22 Accessibility of district programs and services for students with disabilities | **Corrective Action Plan Status:** Partially Approved  **Status Date**: 09/25/2014 | |
| **Basis for Decision:**  The charter school reported that the elevator lift in the entryway to the Upper School is now fully functioning and allows access to the first floor of the building. However, even with the lift in working order, the basement, second and third floors are still inaccessible as the lift only travels to the first floor. The charter school indicated that in the event of a member of the school community needing handicapped access to all classrooms, all of the student or teacher work spaces would be reassigned to the high school building located at 54 Essex Street. However, please note that the building at 54 Essex Street serves students in grades 9-12 (and not grades 7-8, as in the Upper School). | | |
| **Department Order of Corrective Action:**  Submit a detailed description of the procedures to ensure full accessibility at the Upper School for students and staff with limited mobility. | | |
| **Required Elements of Progress Report(s):**  By November 24, 2014, submit a copy of the procedures to ensure full accessibility at the Upper School for students and staff with limited mobility.  By February 10, 2015, DESE will conduct a follow-up site visit. | | |
| **Progress Report Due Date(s):**  11/24/2014  02/10/2015 | | |