|  |
| --- |
| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION****Program Quality Assurance Services** |

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: Farmington River Reg

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 04/03/2014.

**Mandatory One-Year Compliance Date:** **04/03/2015**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 3 | Special requirements for determination of specific learning disability | Not Implemented |
| SE 3A | Special requirements for students on the autism spectrum | Not Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 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 | Not Implemented |
| SE 55 | Special education facilities and classrooms | Partially Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 3 Special requirements for determination of specific learning disability | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** Student record review, interviews, and documents indicate that when a student suspected of having a specific learning disability is evaluated, the Team does not create a written determination as to whether or not he or she has a specific learning disability, which is signed by all members of the Team, or if there is disagreement as to the determination, one or more Team members do not document their disagreement. |
| **Description of Corrective Action:** Farmington River did not use a written determination letter signed by team members verifying a specific learning disability finding and only used the Flow Chart as documentation. Farmington River will create, utilize, sign and file in student record a written document that staff will sign as to whether the staff member agree or disagree with the finding |
| **Title/Role(s) of Responsible Persons:**Michael A. Saporito | **Expected Date of Completion:**04/03/2015 |
| **Evidence of Completion of the Corrective Action:**Farmington will provide a training to staff (staff attendance sheet is evidence) and then utilize the document. The completed filed documents will serve as primary evidence of the implementation of corrective action. |
| **Description of Internal Monitoring Procedures:** The Director of Student Services will verify the document is used in the team meeting process. A checklist system will be utilized to assure the task is completed at the end of eligibility determination team meetings for SLD cases. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Partially Approved **Status Date**: 05/28/2014 |
| **Basis for Status Decision:** The district stated that responsible staff members will be trained on the requirements for identifying and documenting a student with a specific learning disability and the director of student services will monitor compliance associated with these requirements. |
| **Department Order of Corrective Action:**The district will utilize the specific learning disability (SLD) forms and professional development module to train staff members provided by the Department at http://www.doe.mass.edu/sped/iep/sld/default.html. Subsequent to corrective actions, the district will also conduct a administrative review of student records for students who have been identified by the Team to have an SLD to ensure compliance exists in identifying and documenting the SLD. |
| **Required Elements of Progress Report(s):** By September 26, 2014, submit to the Department evidence (agenda, dated attendance sheet with staff role and signature, materials presented) that responsible staff members have been trained on the requirements associated with documenting the determination of a student's specific learning disability. Please refer to http://www.doe.mass.edu/sped/iep/sld/default.html for additional guidance. By September 26, 2014, submit to the Department a description of the internal oversight and tracking system identifying the person(s) responsible for supervising the implementation of documenting a student's specific learning disability.By February 13, 2015, submit to the Department the results of an administrative review of student records for students across all grade levels who been identified by the Team as having a specific learning disability, subsequent to the completion of corrective actions. Report the number of student files reviewed at each grade level, the number of records in compliance, the root cause for any continuing noncompliance, and any corrective action taken if non-compliance is identified.\*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, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 09/26/201402/13/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 3A Special requirements for students on the autism spectrum | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** Student record review, documents, and interviews indicate that whenever an evaluation indicates that a student has a disability on the autism spectrum, the IEP Team does not consider and specifically address and document the verbal and nonverbal communication needs of the student; the need to develop social interaction skills and proficiencies; the needs resulting from the student's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development. See Technical Assistance Advisory SPED 2007-1: Autism Spectrum Disorder http://www.doe.mass.edu/sped/advisories/07\_1ta.html. |
| **Description of Corrective Action:** Although Farmington River reviews the IEP needs of diagnosed autistic students we did not document the specific verbal and nonverbal communication needs of the student; the need to develop social interaction skills and proficiencies; the needs resulting from the student's unusual responses to sensory experiences; the needs resulting from resistance to environmental change or change in daily routines; the needs resulting from engagement in repetitive activities and stereotyped movements; the need for any positive behavioral interventions, strategies, and supports to address any behavioral difficulties resulting from autism spectrum disorder; and other needs resulting from the student's disability that impact progress in the general curriculum, including social and emotional development. Farmington will add a document to its IEP process for students on the autism spectrum. The new document will address the specific criteria for SE 3A. The document will be completed at team meeting, and will place in the student special education file for verification. |
| **Title/Role(s) of Responsible Persons:**Michael A. Saporito | **Expected Date of Completion:**04/03/2015 |
| **Evidence of Completion of the Corrective Action:**Attendance sheet from staff training on change in IEP process for Autistic students. Blank copy of the new document for use in team meetings. Completed copy of document in the IEP file for students with Autism. |
| **Description of Internal Monitoring Procedures:** The Director of Student Services will provide and document the training for staff members.The Director of Student Services will bring the new document to team meetings for students on the Autism SpectrumThe Director of Student Services will assure completion of the checklist document and file it in the student file system |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 3A Special requirements for students on the autism spectrum | **Corrective Action Plan Status:** Approved **Status Date**: 05/28/2014 |
| **Basis for Status Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 26, 2014, submit to the Department evidence (agenda, dated staff attendance sheet with staff role and signature, materials presented) that all responsible staff members have been trained on the requirements associated with documenting the needs of students identified with a disability on the autistic spectrum. Also, submit a description of the internal oversight and tracking system identifying the person(s) responsible for supervising the implementation of documenting the needs of a student identified with a disability on the autism spectrum.By February 13, 2015, submit to the Department an analysis of student records to determine if the district is appropriately and thoroughly documenting the needs of student's identified with a disability on the autism spectrum, subsequent to the completion of corrective actions. Report the number of student files reviewed at each grade level, the number of records in compliance, the root cause for any continuing noncompliance, and any corrective action taken if non-compliance is identified.\*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, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 09/26/201402/13/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 18B Determination of placement; provision of IEP to parent | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Student record review, interviews, and documents indicate that the summary of proposed IEP services provided to the parent at the conclusion of the Team meeting does not include all required elements, specifically, the summary does not include a statement of the major goal areas associated with the services proposed on the service delivery grid. |
| **Description of Corrective Action:** Farmington River's review of IEP meetings did not include a copy of draft goals proposed for the new IEP. Farmington River will include Draft Goals as part of its IEP summary process. Specifically, Farmington River will provide parents and or guardians a copy of the draft goals at the end of the meeting |
| **Title/Role(s) of Responsible Persons:**Michael A. Saporito | **Expected Date of Completion:**04/03/2015 |
| **Evidence of Completion of the Corrective Action:**Farmington River will maintain a copy of the attendance sheet illustrating all involved staff will be trained in the provision of draft goals. A copy of the draft goals will be attached to the attendance sheet and placed in the students IEP file system |
| **Description of Internal Monitoring Procedures:** Mr. Saporito will oversee training process. Mr. Saporito - Director of student services will assure that draft goals are provided to parents. Mr. Saporito will assure that draft goals at meeting are filed in the IEP file student file system. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved **Status Date**: 05/28/2014 |
| **Basis for Status Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 26, 2014, submit to the Department evidence (agenda, dated staff attendance sheet with staff signature and role, materials presented) that all responsible staff members have been trained on the provisions of providing parents with a complete summary of the proposed IEP at the conclusion of an IEP Team meeting. Submit a copy of the proposed IEP summary form issued to parents. See http://www.doe.mass.edu/news/news.aspx?id=3182 for additional guidance. By February 13, 2015, submit to the Department the results of an administrative review of student records, subsequent to the completion of corrective actions, to verify if parents received a completed summary of the proposed IEP at the conclusion of an IEP Team meeting. Report the number of student files reviewed at each grade level, the number of records in compliance, the root cause for any continuing noncompliance, and any corrective action taken if non-compliance is identified.\*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, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 09/26/201402/13/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 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 | **CPR Rating:** Not Implemented |
| **Department CPR Findings:** Documents and interviews indicate that the district does not have procedures in place for the suspension of a student with disabilities that exceeds 10 consecutive school days or for a pattern of suspensions exceeding 10 cumulative school days. |
| **Description of Corrective Action:** Farmington River does not have a written procedure for the suspension of students that exceeds 10 school days. Farmington River rarely if ever even suspends a student but will assure a written procedure for the guidelines of suspending students for 10 or more days. The procedure will be written with the support of the Superintendent. The procedure will be trained to all affected staff members. The procedure will be followed for all future suspensions of students. |
| **Title/Role(s) of Responsible Persons:**Michael A. Saporito - Director of Student Services | **Expected Date of Completion:**04/03/2015 |
| **Evidence of Completion of the Corrective Action:**Copy of the written procedures. Attendance sheet to verify training took place as scheduled. Review of suspension letters for all suspended students. |
| **Description of Internal Monitoring Procedures:** Director of student services will assure attendance at the training module. Director of student services will work with the principal to assure process in followed for all students suspended from school |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 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 | **Corrective Action Plan Status:** Approved **Status Date**: 05/28/2014 |
| **Basis for Status Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 26, 2014 submit to the Department evidence (agenda, dared staff attendance sheet with staff signature and role) that all responsible staff members have been trained on the new procedures developed concerning the suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days. Submit a copy of the new procedures developed by the district. By February 13, 2015, submit to the Department the number of students with disabilities, if any, subsequent to the completion of corrective actions, that have been suspended and the resulting outcome based on the new procedures developed by the district. Report the number of student files reviewed, the number of records in compliance, the root cause for any continuing noncompliance, and any corrective action taken if non-compliance is identified.\*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, with their role(s) and signature(s). |
| **Progress Report Due Date(s):** 09/26/201402/13/2015 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** SE 55 Special education facilities and classrooms | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Observation and interviews indicate that the instructional space allocated for physical therapy and occupational therapy are not appropriate for the activities that need to be conducted. Furthermore, the location of the instructional space, under the ground floor stairs of an active stairwell, stigmatizes students due to the lack of privacy. |
| **Description of Corrective Action:** PT utilized stairwell for some related service activates for students. The staff was deemed unacceptable. Director of student services ordered that the PT materials be relocated to the gymnasium. The corner of the gym serves as storage. The PT sets up the gym as needed for students. Next school year the PT/OT equipment will be relocated to a classroom for the related service sessions next school year. |
| **Title/Role(s) of Responsible Persons:**Michael A. Saporito - Director of Student Services | **Expected Date of Completion:**04/03/2015 |
| **Evidence of Completion of the Corrective Action:**Equipment move memo from director of student services to operations program. Internal memo to PT letting her know where and how to provide services. physical picture of new programming space. |
| **Description of Internal Monitoring Procedures:** Mr. Saporito will write the letter to staff members to explain the change in program location. Mr. Saporito will assist janitor in moving equipment to the gym. Mr. Saporito will oversee programmatic space location in 2014-2015 school year. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 55 Special education facilities and classrooms | **Corrective Action Plan Status:** Partially Approved **Status Date**: 05/28/2014 |
| **Basis for Status Decision:** The district stated it will provide the Department with a memo and a letter relocating the PT and OT to the a new therapy area for the remainder of the 2013-2014 school year. |
| **Department Order of Corrective Action:**The district will need to submit a copy of the new floor plan for the 2014-2015 school year highlighting the new classroom location for the provision of PT and OT services. The Department will conduct an on-site visit to verify the new location of the PT and OT service area. |
| **Required Elements of Progress Report(s):** By September 26, 2014, submit to the Department copies of the internal memo and letter sent to staff members concerning the relocation for the PT and OT service area. Submit a copy of the school's floor plan highlighting the new classroom location of the PT and OT service area. Department staff will contact the Director of Special Education to schedule an on-site visit to verify the new location of the PT and OT classroom service area, after reviewing the submitted floor plan. |
| **Progress Report Due Date(s):** 09/26/2014 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 3 Access to a full range of education programs | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Documents and interviews indicate that the district's statement regarding student access to a full range of education programs is missing the required protected category of homelessness. |
| **Description of Corrective Action:** The protected category of homeless was missing in the schools handbooks. The new handbooks will incorporate the change in wording to include the protected category of homeless to it. Policy adjusted by superintendent, emailed to the administrative assistant and the director of student services. Administrative assistant adjusts handbook with revised information and then prints and distributes them next school year. |
| **Title/Role(s) of Responsible Persons:**JoAnn AustinSuperintendent of Schools | **Expected Date of Completion:**04/03/2015 |
| **Evidence of Completion of the Corrective Action:**new handbooks containing revised policy statements |
| **Description of Internal Monitoring Procedures:** Director of Student Services will send email and attachment to administrative assistant. Review change in draft copy of handbooks. Check final copy upon its distribution to parents, faculty and students. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Approved **Status Date**: 05/28/2014 |
| **Basis for Status Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 26, 2014, submit to the Department a copy of the district's new student handbook containing the updated language to the access to a full range of education programs statement including the added protected category of homelessness. |
| **Progress Report Due Date(s):** 09/26/2014 |

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

|  |  |
| --- | --- |
| **Criterion & Topic:** CR 10A Student handbooks and codes of conduct | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** Documents and interviews indicate that the student handbook does not contain procedures for the discipline of students with special needs or students with Section 504 Accommodation Plans. |
| **Description of Corrective Action:** Farmington River handbook does not contain procedures for the discipline of students with special needs or accommodations. Handbook will be adjusted to contain the procedures for discipline of students with disabilities. |
| **Title/Role(s) of Responsible Persons:**Jo Ann AustinSuperintendent of Schools | **Expected Date of Completion:**04/03/2015 |
| **Evidence of Completion of the Corrective Action:**Adjusted student handbook. |
| **Description of Internal Monitoring Procedures:** Director of student services will review revised procedure for handbook. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved **Status Date**: 05/28/2014 |
| **Basis for Status Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By September 26, 2014, submit to the Department a copy of the updated student handbook containing procedures for the discipline of students with special needs and students with Section 504 Accommodation Plans. |
| **Progress Report Due Date(s):** 09/26/2014 |