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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: MATCH Charter Public School (District)

CPR Onsite Year: 2015-2016

Program Area: Special Education

All corrective action must be fully implemented and all noncompliance corrected as soon as possible and no later than one year from the issuance of the Coordinated Program Review Final Report dated 09/03/2016.

**Mandatory One-Year Compliance Date:** **09/03/2017**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 1 | Assessments are appropriately selected and interpreted for students referred for evaluation | Partially Implemented |
| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18A | IEP development and content | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 24 | Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | Partially Implemented |
| SE 27 | Content of Team meeting notice to parents | Partially Implemented |
| SE 29 | Communications are in English and primary language of home | Partially Implemented |
| SE 56 | Special education programs and services are evaluated | Not Implemented |
| CR 3 | Access to a full range of education programs | Partially Implemented |
| CR 7A | School year schedules | Partially Implemented |
| CR 7B | Structured learning time | Partially Implemented |
| CR 7C | Early release of high school seniors | Partially Implemented |
| CR 8 | Accessibility of extracurricular activities | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 12A | Annual and continuous notification concerning nondiscrimination and coordinators | Partially Implemented |
| CR 16 | Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | Not Implemented |
| CR 18A | School district employment practices | Partially Implemented |
| ELE 4 | Waiver Procedures | Partially Implemented |
| ELE 5 | Program Placement and Structure | Partially Implemented |
| ELE 10 | Parental Notification | Partially Implemented |
| ELE 11 | Equal Access to Academic Programs and Services | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |
| ELE 17 | Program Evaluation | Not Implemented |
| ELE 18 | Records of ELL students | Partially Implemented |

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| **Criterion & Topic:**  SE 1 Assessments are appropriately selected and interpreted for students referred for evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that when a student's primary language is not English, the charter school does not administer tests and evaluation materials in a language and form most likely to yield accurate information on what the student knows and can do academically, developmentally and functionally. | | |
| **Description of Corrective Action:**  The district needs to train SPED directors to follow a protocol whereby they consult parents and teachers of a student being referred for evaluation  The district will revise consent forms so that they reflect whether or not the district has chosen to conduct the evaluation in another language. This revision will help with the district's internal audits so that it can cross check that the language checked off on the form matches the language the evaluation was conducted in.  The district will do an assessment of the current vendors that it works with to determine their capacity to conduct evaluations in languages other than English. If the district finds that it current vendor cannot meet the language needs, it will secure another vendor.  The district will add documentation from the evaluator that he/she ruled out language as a factor after consultation with student (and family/team?). This will live in the N1 form.  Meeting will be convened for MM by 10/14/16. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Sign in sheet documenting that all SPED directors attended the training  Updated consent form.  Confirmation from vendor of their ability to administer tests in languages. | | |
| **Description of Internal Monitoring Procedures:**  The district will audit files on a quarterly basis to ensure that the language on the assessment matches that on the consent form. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 1 Assessments are appropriately selected and interpreted for students referred for evaluation | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Before selecting evaluation instruments and evaluators for a student identified as an English Learner or whose home language is not English the district needs to determine the dominant language of the student.  The ongoing compliance monitoring needs to ensure that students are being appropriately identified as English learners before being evaluated, and identify who will be designated with responsibility to oversee all monitoring activities. | | |
| **Department Order of Corrective Action:**  Develop a process for determining the dominant language of a student identified as an English learner or whose home language is not English in order to select tests and evaluation materials that will most likely yield accurate information on what the student knows and can do academically, developmentally and functionally.  Provide training for Special Education Directors on the process for determining language dominance and ensuring that evaluations are conducted in the dominant language, or, when it is not possible to conduct an evaluation in the student's dominant language that the evaluator considers the possible impact of a student's English proficiency in the interpretation of results.  Conduct a review of records of students identified as English Learners or whose home language is not English as noted on the Home Language Survey and with initial evaluations or re-evaluations to ensure that the student's dominant language was determined before conducting an evaluation and that assessments were selected in the language and form most likely to yield accurate information on what the student knows and can do academically, developmentally and functionally, or, when it was not possible to conduct an evaluation in the student's primary language, that the evaluation summary included an interpretation of how the student's English proficiency may have impacted the results. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, for the two (2) students identified by the Department, submit the required documentation listed on the Student Issues Worksheet.  By January 13, 2017 submit the district's proposed procedures for determining prior to conducting an evaluation the dominant language of a student identified as an English learner or whose home language is not English, and identify who is designated with responsibility for ongoing monitoring activities.  By March 10, 2017 submit evidence, including the agenda, signed attendance sheet, name and role of presenter, and training materials, of staff training on the procedures for determining a student's language dominance or for ensuring that evaluators consider the possible impact of a student's English proficiency in the interpretation of results.  By April 28, 2017 submit the results of an internal review of records of students identified as ELs or whose home language is not English and with an initial or re-evaluation conducted subsequent to implementation of all corrective actions. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the student's dominant language was determined prior to evaluation. For evaluations conducted in English rather than in the student's dominant language indicate the number with evaluation summaries that include the possible impact of a student's English proficiency in the interpretation of results. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  03/10/2017  04/28/2017 | | |

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| **Criterion & Topic:**  SE 3 Special requirements for determination of specific learning disability | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that when a student suspected of having a specific learning disability (SLD) is evaluated, IEP Teams do not consistently complete all four components used to determine a specific learning disability: Historic Review and Educational Assessment (SLD 1), Area of Concern and Evaluation Method (SLD 2), Exclusionary Factors (SLD 3), and Observation (SLD 4).  Record review also demonstrated that IEP Teams do not consistently create a written determination as to whether or not the student has a specific learning disability, and which is signed by all members of the Team. | | |
| **Description of Corrective Action:**  The district has determined that the root cause of this deficiency is the lack of consistency in the observation process for determining if students have a Specific Learning Disability (SLD). The district will conduct a training with the Special Education Directors to ensure they have the knowledge, tools, and appropriate scheduling allocations to consistently complete all four forms that are required in the SLD determination process. Particular attention will be placed on norming the observation protocol. Attendance will be mandatory and will be tracked with a sign-in sheet. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Training sign in sheet. | | |
| **Description of Internal Monitoring Procedures:**  The district will have quarterly internal file audits to ensure this practice is happening consistently. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Although the district identified the need to train Special Education Directors on completing all required components for making a determination of a specific learning disability, it did not address the requirement that the written determination be signed by all members of the IEP Team, and that any disagreement be documented in writing.  The proposed internal monitoring process does not identify who will be responsible for conducting ongoing internal oversight of SLD eligibility determinations to ensure continued compliance. | | |
| **Department Order of Corrective Action:**  Review Department guidance at http://www.doe.mass.edu/sped/cspd/sld\_eligibility.pdf before developing procedures for completing the four components of a determination of a specific learning disability: Historic Review and Educational Assessment (SLD 1), Area of Concern and Evaluation Method (SLD 2), Exclusionary Factors (SLD 3), and Observation (SLD 4). Note that all components must be completed prior to the eligibility meeting.  Identify the person who will be responsible for conducting ongoing internal oversight of SLD eligibility determinations to ensure continued compliance.  Provide training for special education staff on the procedures, including the requirement that all Team members sign their agreement to the Specific Learning Disability Team Determination of Eligibility (Mandated form 28M/10), available with the other four component documents on http://www.doe.mass.edu/sped/iep/sld/default.html.  Conduct an internal review of records of students who were suspected of having a specific learning disability and with evaluations conducted subsequent to implementation of all corrective actions for documentation of the four components of a specific learning disability determination, including the signed agreement by all members of the IEP Team or their documented disagreement. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit the procedures for completing the four components of a specific learning disability (SLD) determination and for completing the Specific Learning Disability Team Determination of Eligibility (Mandated form 28M/10), which must be signed by all Team members.  By January 13, 2017, identify the individual responsible for conducting ongoing internal oversight of SLD eligibility determinations to ensure continued compliance.  By March 10, 2017 submit evidence of staff training on the procedures for making a determination of an SLD, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By April 28, 2017 submit the results of an internal review of records of students who were suspected of having an SLD and with initial and re-evaluations conducted subsequent to implementation of all corrective actions. Provide a detailed summary of the internal review including the number of records reviewed, and the number with documentation of the four components of the SLD determination were completed, and the signed agreement by all members of the IEP Team. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  03/10/2017  04/28/2017 | | |

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| **Criterion & Topic:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Although staff interviews indicated that one year prior to the student reaching age 18, during the IEP Team meeting the charter school informs the student and the parent/guardian of the rights that will transfer from the parent/guardian to the student upon the student's 18th birthday, a review of student records indicated that the charter school does not consistently document such notification in the IEP. Additionally, record review indicated that the charter school waits until a new IEP is developed to obtain consent from 18 year old students with sole or shared decision-making rights, rather than having the student sign the current IEP when they turn 18. | | |
| **Description of Corrective Action:**  The root cause of this gap is that the district has not been documenting the discussions had with students to alert them to their consent rights. The district will add a section to its IEP forms to clearly document when these discussions happen in an IEP meeting. Furthermore, the High School Special Education Directors will create a birthday tracker to monitor when students are turning 18. On that date--when students turn 18--the HS Special Education Director will communicate with students via an in-person meeting to ensure they understand their consent rights instead of waiting to communicate this information at their next IEP meeting.  JQ FAPE issue resolved 9/30/16. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  11/30/2106 |
| **Evidence of Completion of the Corrective Action:**  Updated IEP form and the birthday tracker. | | |
| **Description of Internal Monitoring Procedures:**  The district will use the birthday tracker to conduct quarterly audits of files of students who turn 18. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, for the students whose records were identified by the Department, submit the required documentation listed on the Student Record Issues Worksheet.  Prior to developing or revising procedures, review the Department's guidance on documenting the Age of Majority at http://www.doe.mass.edu/sped/advisories/11\_1.html.  By January 13, 2017 submit procedures for documenting the notification to the student and parent at least one year before the student's 18th birthday of the transfer of rights that will occur when the student turns 18, and procedures for obtaining the student's consent to continue their special education program upon the student's 18th birthday, and identify who is designated with responsibility for ongoing monitoring activities.  By January 13, 2017 submit evidence of special education staff training on the procedures, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By April 28, 2017 submit the results of an internal review of approximately five (5) records of students who turned 17 subsequent to implementation of all corrective actions for evidence the student and parent were notified at least one year before the student's 18th birthday of the transfer of rights that would occur when the student turned 18. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the district notified the student and parent at least one year before the student's 18th birthday of the transfer of rights that would occur when the student turned 18.  By April 28, 2017 submit the results of an internal review of approximately five (5) records of students who turned 18 subsequent to implementation of all corrective actions for evidence the district gained the student's consent to continue their special education program and placement, or documentation of the student's choice to delegate decision-making rights. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the district obtained the student's consent or documented the student's choice to delegate their rights. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  04/28/2017 | | |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that parents are not consistently sent reports on the student's progress towards reaching the goals set forth in the IEP at least as often as parents are informed of the progress of non-disabled students. | | |
| **Description of Corrective Action:**  Progress reports were not being filed into student records | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  03/12/2017 |
| **Evidence of Completion of the Corrective Action:**  Submit procedures  Document of training SPED coordinators and teacher | | |
| **Description of Internal Monitoring Procedures:**  SPED coordinators will do an internal record review | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit procedures, including the frequency of all ongoing monitoring activities, for ensuring that reports of student progress toward meeting IEP goals are sent as least as often as progress reports are sent to parents of non-disabled students, and that progress reports are documented in the student's special education record.  By January 13, 2017 submit evidence of special education staff training on the procedures including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By April 28, 2017 submit the results of an internal review of fifteen (15) records across elementary, middle school, and high school levels for evidence that, subsequent to implementation of all corrective actions, reports of progress toward meeting IEP goals were provided to parents at least as often as progress reports were sent to parents of non-disabled students, and that the provision of progress reports was documented in the student's special education record. Provide a detailed summary of the internal review including the number of records reviewed, and the number that included a progress report for each reporting period. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the charter school does not consistently convene an IEP Team meeting on or before the anniversary date of the IEP to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. | | |
| **Description of Corrective Action:**  The root causes of our inconsistencies in scheduling IEP meetings on or before the anniversary date are: (1) not providing enough advance notice to parents for the scheduling of the meetings, and (2) not documenting our repeated attempts to contact parents. The district will make a log of IEP anniversary dates with a clearly articulated "meeting notification date" that's a full four weeks before the IEP anniversary. This is at least 2 weeks more advance notice than it is currently providing on all its campuses. The district will also keep a contact log where it document all of its efforts to reach the parent for the scheduling of this meeting. For meetings when a parent does not show, the district will cross out the date on the sign-in sheet of the meeting, keep a copy of the original sign in sheet in the student's file, and make a new sign-in sheet for the next meeting. This will give a complete record of communication. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Log of IEP anniversary dates, contact log and IEP sign in form. | | |
| **Description of Internal Monitoring Procedures:**  The district will use the log of IEP anniversary dates to facilitate scheduling of IEP meetings | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The proposed internal monitoring process does not identify who will be responsible for conducting ongoing internal oversight and the frequency of internal monitoring to ensure continued compliance. | | |
| **Department Order of Corrective Action:**  Develop an internal oversight and tracking system to ensure that IEPs are reviewed and revised, or the student is referred for a re-evaluation, on or before the anniversary date of the current IEP. The oversight system should include periodic reviews by the Director of Special Education to ensure ongoing compliance. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit a description of the ongoing monitoring system to ensure that IEPs are reviewed and revised on or before the anniversary date of the current IEP, and identify the frequency of the internal monitoring as well as who will be designated with responsibility for oversight of all monitoring activities.  By January 13, 2017 submit evidence of special education staff training on ensuring that IEPs are reviewed and revised on or before the anniversary date of the current IEP, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By April 28, 2017 submit the results of an internal review of ten (10) records of students across elementary, middle, and high school grade levels with annual reviews conducted subsequent to implementation of all corrective actions. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the IEP was reviewed and revised, or the student was referred for a re-evaluation, on or before the anniversary date of the previous IEP. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  SE 18A IEP development and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that for students who are identified with a disability on the autism spectrum, or whose disability makes him or her vulnerable to bullying, harassment, or teasing, IEP Teams do not consistently consider and address in the IEP the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing. | | |
| **Description of Corrective Action:**  The root cause of this deficiency has been a lack of consistent fidelity to the IEP team meeting agendas. The district's agenda templates have 7 key points on it, including one about addressing anti-bullying strategies. The district will train its Special Education Directors to ensure that they are integrating the discussion outcomes about anti-bullying for every students who has been identified with autism. This will be documented on the PLEP A & B.  JM no longer attends the school. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Updated PLEP A 7 B documents and training sign in sheets | | |
| **Description of Internal Monitoring Procedures:**  The district will review student records of students identified with a disability on the autism spectrum and ensure that there are anti bullying strategies in place. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  In addition to addressing the needs of students on the autism spectrum, the procedures and training for Special Education Directors and the internal monitoring process must include the consideration of skills and proficiencies for students who do not have autism but whose disability makes them vulnerable to bullying, harassment, and teasing.  The internal monitoring process does not indicate how frequently records will be reviewed or the person designated for ongoing monitoring. The oversight system should include periodic reviews by the Director of Special Education to ensure ongoing compliance.  The district reported that one (1) of the two (2) students identified on the Student Issues Worksheet is no longer enrolled in the district, therefore, no further action regarding that student is required. | | |
| **Department Order of Corrective Action:**  Reconvene the IEP Team of the student identified by the Department to consider and address the skills and proficiencies the student may need to avoid and respond to bullying, harassment, or teasing.  Develop procedures for IEP Teams for considering and addressing the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students on the autism spectrum or whose disability makes them vulnerable to bullying, harassment, or teasing.  Specify who is responsible for internal oversight of IEPs and the frequency of oversight.  Conduct an internal review of records of students on the autism spectrum or whose disability makes them vulnerable to bullying, harassment or teasing; and with IEP Team meetings held subsequent to implementation of all corrective actions, for evidence that IEP Teams considered and addressed the skills and proficiencies needed to avoid and respond to bullying, harassment, and teasing. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 for the student identified by the Department, submit the required documentation listed on the Student Issues Worksheet.  By January 13, 2017 submit the procedures for IEP Teams to consider and address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students with ASD or whose disability otherwise makes them vulnerable.  By January 13, 2017 submit a description of the internal monitoring process including identifying who will be designated with responsibility for oversight and the frequency of monitoring activities.  By March 10, 2017 submit evidence of training for special education staff on the procedures for IEP Teams to consider and address the skills and proficiencies needed to avoid and respond to bullying, harassment, or teasing for students with ASD or whose disability otherwise makes them vulnerable, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By April 28, 2017 submit the results of an internal review of records of students on the autism spectrum or whose disability makes them vulnerable to bullying, harassment or teasing; and with IEP Team meetings held subsequent to implementation of all corrective actions, for evidence that IEP Teams considered and addressed the skills and proficiencies needed to avoid and respond to bullying, harassment, and teasing. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the student's vulnerability to bullying, harassment, and teasing was considered and addressed. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the charter school does not consistently provide parents with two (2) copies of the proposed IEP and placement. | | |
| **Description of Corrective Action:**  The root cause of this deficiency is a lack of training for the Special Education Directors on the need for this protocol. The district will correct that gap with a training. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Training sign in sheet and documentation on the N1 | | |
| **Description of Internal Monitoring Procedures:**  Directors will consistently document on the N1 that two copies of the IEP and recommended placement forms are sent home to parents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district indicated it will provide training for Special Education Directors but it did not describe an internal monitoring process for ensuring ongoing compliance with the requirement to provide parents with two (2) copies of the IEP and Placement page. | | |
| **Department Order of Corrective Action:**  Develop an internal monitoring process for ensuring ongoing compliance with the requirement to provide parents with two (2) copies of the IEP and Placement immediately following development of the IEP. Include the frequency of monitoring activities and identify who will be designated with responsibility for ongoing monitoring activities.  Provide training for special education staff on the requirement to provide the parent with two (2) copies of the IEP and Placement page immediately following development of the IEP. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, submit a description of the internal monitoring process, including the frequency of monitoring activities and identify who will be designated with responsibility for oversight to ensure ongoing compliance with the requirement to provide the parent with two (2) copies of the IEP and Placement page immediately following development of the IEP.  By January 13, 2017, submit evidence of staff training, including the agenda, signed attendance sheet, name and role of presenter, and training materials, on the requirement to provide the parent with two (2) copies of the IEP and Placement page immediately following development of the IEP.  By April 28, 2017 submit the results of an internal review of 15 records across elementary, middle and high school levels with an IEP developed subsequent to implementation of all corrective actions. Provide a detailed summary of the internal review including the number of records reviewed, and the number demonstrating that two (2) copies of the IEP and Placement page were provided to the parent immediately following development of the IEP. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that information included in the narrative description of the Notice of Proposed School District Action (N1) does not consistently contain sufficient detail of the charter school's proposed actions on page 2 of the form. Specifically, the charter school's notices do not consistently include a description of why the charter school proposed or refused to take action; other options the Team considered and the reasons why those options were rejected; a description of each evaluation procedure, test, record, report, or other factors the Team used as a basis for the proposed or refused action; or a description of any other factors that were relevant to the proposal or refusal. | | |
| **Description of Corrective Action:**  The root cause of the pattern of insufficient information in the narrative portions of the N1 is a lack of training among the special educators. The team has not been made fully aware of the descriptive standards that are necessary to adequately complete these documents. The district will ask the Special Education Directors to audit current files to identify exemplar descriptions to be used in a training with the rest of the special education team, PreK-12. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Training sign in sheet | | |
| **Description of Internal Monitoring Procedures:**  The district will audit files to ensure that the notices are compliant. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 24 Notice to parent regarding proposal or refusal to initiate or change the identification, evaluation, or educational placement of the student or the provision of FAPE | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The internal monitoring process does not indicate the frequency of all monitoring activities and who will be designated with responsibility for oversight of ongoing monitoring. | | |
| **Department Order of Corrective Action:**  Provide training for special education staff on completing a Notice of Proposed School District Action (N1) for an IEP that contains an individualized response tailored to the student for each of the required six (6) elements. For guidance, please see Department advisory and example, available at http://www.doe.mass.edu/sped/advisories/01\_4.html.  Develop an oversight and tracking system to ensure that Notices of Proposed School District Action (N1s) are completed with individualized responses tailored to the student for each required element. Identify the frequency of monitoring and who will be designated with responsibility for ongoing oversight of all monitoring activities.  Conduct an internal review of records with IEP development subsequent to implementation of all corrective actions for an N1 containing individualized responses tailored to the student for each required element. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit an exemplar of a Notice of Proposed School District Action (N1) for an IEP that contains an individualized response tailored to the student for each of the required six (6) elements.  By January 13, 2017 submit a description of the internal system for monitoring N1s to ensure that they contain individualized responses for each element. Include the frequency of all monitoring activities and the designated person responsible for monitoring.  By March 10, 2017 submit evidence of special education staff training on appropriate completion of N1s, including the agenda, signed attendance sheet, name and role of presenter, and training materials.  By April 28, 2017 submit the results of an internal review of fifteen (15) records of students across elementary, middle, and high school levels, with an IEP developed subsequent to implementation of all corrective actions. Provide a detailed summary of the internal review including the number of records reviewed, and the number showing that the N1 included individualized responses tailored to the student for each required element. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  03/10/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  SE 27 Content of Team meeting notice to parents | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that the Team Meeting Invitation (N3), notifying parents of the purpose, time and location of the IEP Team meeting, and the Special Education Team Meeting Attendance Sheet (N3A), informing parents of the composition of the IEP Team, are not consistently included in student records. | | |
| **Description of Corrective Action:**  The root cause of the inconsistent record keeping to inform parents about the composition of IEP teams is due to the occasional uncertainty about which team members will be available to join the meeting. The district will correct this deficiency by deciding on and notifying team members at least two weeks in advance of the IEP meeting. This change in protocol will be communicated to all Special Education Directors in a training, and will be put in place immediately thereafter. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Training sign in sheet | | |
| **Description of Internal Monitoring Procedures:**  Special Educator Directors will review the IEP meeting notification logs to confirm that parents with upcoming meetings have been notified of the team members that will be in attendance at IEP meetings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 27 Content of Team meeting notice to parents | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit evidence of staff training, including the agenda, signed attendance sheet, name and role of presenter, and training materials, on the procedures for providing a Team Meeting Invitation (N3) with the names of all invited members to the parent, and maintaining the N3 and signed Special Education Team Meeting Attendance Sheet (N3A) in the student record.  By April 28, 2017 submit the results of an internal review of 15 records across elementary, middle and high school levels with IEP Team meetings held subsequent to implementation of all corrective actions. Provide a detailed summary of the internal review including the number of records reviewed, and the number including a Team Meeting Invitation (N3) with a list of invitees, and a Team Meeting Attendance Sheet (N3A) signed by all who were invited to the Team meeting unless excused in writing by the parent. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  SE 29 Communications are in English and primary language of home | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the charter school does not consistently provide translated documents, including IEPs, Notices of Proposed School District Action (N1s), evaluation summaries, and progress reports, as well as interpreters at Team meetings, for parents whose primary language of the home is other than English and who have requested translations per the Home Language Survey. | | |
| **Description of Corrective Action:**  The district will train Special Education Directors on translation requirements for students whose primary language is not English. Special Education Directors will begin translating all necessary documents in the 2016-17 school year. Since 2016 budgets has already been set, the district will make necessary adjustment to the 2017 budget to allow for more allocation to translation starting in 2017-18 school year  DO no longer attends the school. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Training sign in sheet and increased allocation for translation in the budget for 2017-18 | | |
| **Description of Internal Monitoring Procedures:**  Special Education Directors will review student files and ensure that there is a translated version of documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district proposes to provide training for Special Education Directors on providing translations and interpreters but did not describe its procedures for identifying which parents have requested to receive translated documents or an interpreter for meetings.  The internal monitoring process does not indicate which records will be reviewed or the frequency of monitoring activities.  The district reported that one (1) of the five (5) students identified on the Student Issues Worksheet is no longer enrolled in the district; therefore, no further action regarding that student is required. | | |
| **Department Order of Corrective Action:**  Develop procedures for ensuring that when the parent has requested it on the Home Language Survey (HLS) all documents are provided to parents in both English and the primary language of the home, and an interpreter attends all IEP meetings and signs the Attendance form (N3A).  Provide training for special education staff on the procedures.  Describe the internal monitoring process for ensuring ongoing compliance with the requirement to provide translations of documents in the primary language of the home and interpreters for meetings when requested on the Home Language Survey. Indicate the frequency of all monitoring activities. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, for the four (4) students whose records were identified by the Department, submit the required documentation listed on the Student Record Issues Worksheet.  By January 13, 2017 submit the procedures for ensuring that parents who requested translations and interpreters on the Home Language Survey are identified and provided with translated documents and an interpreter for Team meetings.  By March 10, 2017 submit evidence, including the agenda, signed attendance sheet, name and role of presenter, and training materials, of special education staff training on the procedures for identifying parents that requested translations and interpreters on the HLS, for providing the translations, and for ensuring that an interpreter attends Team meetings.  By April 28, 2017 submit the results of an internal review of approximately five (5) records of students whose Home Language Survey indicates a request for translations and/or interpreters, and with IEPs developed subsequent to implementation of all corrective actions, for evidence that the parent was provided with translations of all documents and an interpreter was made available at Team meetings. Provide a detailed summary of the internal review including the number of records reviewed, and the number for which all documents were translated, and the number for which the Attendance sheet (N3A) demonstrated that an interpreter was present at the meeting. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  03/10/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  SE 56 Special education programs and services are evaluated | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the charter school's special education programs and services are not regularly evaluated. | | |
| **Description of Corrective Action:**  The district will contract with a licensed and experienced external special educator to conduct a thorough evaluation of its services and record-keeping practices. The evaluation protocol will include:  - Review Service Delivery Model (meeting scholars needs in more effective way possible) and review accommodations  - Observe direct service delivery  - Observe an IEP meeting  - File Audit | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  04/30/2017 |
| **Evidence of Completion of the Corrective Action:**  The district will have a program evaluation report. | | |
| **Description of Internal Monitoring Procedures:**  The CAO will be responsible for putting the program evaluation date on the calendar and then backwards planning to ensure that the evaluation protocol is followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 56 Special education programs and services are evaluated | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit a description of the district's proposed evaluation plan, the timeline for implementation, and the staff responsible.  By April 28, 2017 submit the special education program evaluation including an analysis of the survey data, a summary of the results, and an action plan for any recommendations based on the results. | | |
| **Progress Report Due Date(s):**  01/13/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  CR 3 Access to a full range of education programs | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Although document review indicated that the charter school has a policy that ensures equal access to a full range of education programs for all students, regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, or disability, the policy does not address the protected category of homelessness. | | | |
| **Description of Corrective Action:**  The district will add the protected category of homelessness to its policy for equal access to a full range of education programs for students who are homeless. The district will also inform principals of the updated policy during weekly principal meetings so that principals can communicate to their staff, students, and families. | | | |
| **Title/Role(s) of Responsible Persons:**  Chief Operating Officer, COO | | **Expected Date of Completion:**  11/30/2016 | |
| **Evidence of Completion of the Corrective Action:**  Updated policy in student and family handbooks  Updated printed handbook to be distributed for the 2017-2018 school year | | | |
| **Description of Internal Monitoring Procedures:**  The COO will review handbooks each July before they are finalized and published. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 3 Access to a full range of education programs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | | |
| **Basis for Decision:**  Although the district does not have to update the printed handbook before the 2017-2018 school year the policy must be revised for 2016-2017 and the community must be notified of the revision that includes homelessness as a protected category. Notification may be in one or more forms such as a hardcopy or email memo distributed to students, families and staff or a notice prominently displayed on the district website. | | | |
| **Department Order of Corrective Action:**  Revise the district's non-discrimination policy to include homelessness as a protected category, revise all descriptions of the policy in district publications, including on the district website, and notify the district's students, families and staff of the revised policy. | | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit evidence, such as minutes from a Board of Trustees meeting or other meeting notes, that the non-discrimination policy has been revised to include homelessness as a protected category.  By March 10, 2017 submit evidence that students, families and staff have been notified of the revised policy, and that descriptions of the policy on the district website have been updated to include the revised policy. Web links to relevant pages on the website may be submitted as evidence. | | | |
| **Progress Report Due Date(s):**  01/13/2017  03/10/2017 | | | |

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

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| **Criterion & Topic:**  CR 7A School year schedules | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that although the charter school has set a school year schedule that includes at least 185 school days for students at the elementary and middle schools, the high school schedule does not include at least 185 days. | | |
| **Description of Corrective Action:**  The district determined that the root cause of the high school not having the minimum number of days scheduled was lack of district oversight. Since its CPR visit, the district has reviewed the high school calendar to ensure that the calendar includes 185 days. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Operating Officer, COO | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  School calendar | | |
| **Description of Internal Monitoring Procedures:**  The COO will review all school calendars before they are finalized to ensure that the calendar has the appropriate number of days scheduled. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7A School year schedules | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit the 2016-2017 high school calendar demonstrating that the school year includes at least 185 days for all students in grades 9-12. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  CR 7B Structured learning time | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that students in 11th and 12th grade do not have physical education, which is a required subject in all grades for all students. | | |
| **Description of Corrective Action:**  The district will conduct an analysis of the current schedule and programming for 11th and 12th graders, reorganize priorities to ensure that whatever is of lowest priority will be replaced by a physical education class. The district will create a job description and posting by February and hire a qualified teacher | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  08/14/2017 |
| **Evidence of Completion of the Corrective Action:**  11th and 12th grade student schedules  Hired Physical Education Teacher | | |
| **Description of Internal Monitoring Procedures:**  The CAO will work with the high school administration each spring to make sure physical education for all grade levels, 9-12 is prioritized and the appropriate resources are allocated to make sure there is a PE teacher and PE program in place for all grade levels. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7B Structured learning time | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By March 10, 2017 submit a plan for providing required physical education instruction for all students in all grades. Please note that the district may also develop health education classes to fulfill this requirement: http://www.doe.mass.edu/news/news.aspx?id=649.  By April 28, 2017 submit a job description and posting for a physical education teacher, and a sample 2017-2018 schedule for 11th and 12th students indicating enrollment in physical education instruction. | | |
| **Progress Report Due Date(s):**  03/10/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  CR 7C Early release of high school seniors | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the last day of school for seniors is more than 12 days before the regular scheduled closing date of the high school. | | |
| **Description of Corrective Action:**  The root cause of having the last day of school for seniors be more than 12 days before the regular scheduled closing date was lack of oversight of the calendar at the district level. In creating the 16-17 calendar, the COO worked with the high school administration to ensure the accurate number of school days for seniors. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Operating Officer, COO | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  School Calendar | | |
| **Description of Internal Monitoring Procedures:**  The COO will approve the school calendar every Spring for the following school year to ensure the number of school days for seniors is in compliance with regulations. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7C Early release of high school seniors | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit the 2016-2017 high school calendar identifying the last day of school for seniors, the last day of school for grades 1-11, and the date of graduation, indicating that neither graduation nor the last day of school for seniors is more than 12 days before the last day of school for grades 1-11. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  CR 8 Accessibility of extracurricular activities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that while the charter school's policy ensures equal opportunity for students to participate in extracurricular activities on the basis of race, sex, color, religion, national origin, sexual orientation, disability, and homelessness, it does not address the protected category of gender identity. | | |
| **Description of Corrective Action:**  The district will add the protected category of gender identity to its policy for equal opportunity for students participating in extracurricular activities. The district will also inform principals of the updated policy during weekly principal meetings so that principals can communicate to their staff, students, and families. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Operating Officer, COO | | **Expected Date of Completion:**  11/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Updated policy in student and family handbooks posted on website  Updated printed handbook to be distributed for the 2017-2018 school year | | |
| **Description of Internal Monitoring Procedures:**  The COO will review handbooks each July before they are finalized and published. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 8 Accessibility of extracurricular activities | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Although the district does not have to update the printed handbook before the 2017-2018 school year the policy must be revised for 2016-2017 and the school community must be notified that the policy has been revised to include gender identity as a protected category. Notification may be in one or more forms such as a hardcopy or email memo distributed to students, families and staff or a notice prominently displayed on the district website. | | |
| **Department Order of Corrective Action:**  Revise the district's policy ensuring equal opportunity to participate in extracurricular activities to include gender identity as a protected category, revise the description of the policy wherever it occurs, including in the student handbook and on the district website, and notify the district's students, families and staff of the revised policy. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit evidence, such as minutes from a Board of Trustees meeting or other meeting notes, that the policy ensuring equal opportunity to participate in extracurricular activities has been revised to include gender identity as a protected category.  By March 10, 2017 submit evidence that students, families and staff have been notified of the revised policy, and that descriptions of the policy on the district website have been updated to include the revised policy. Web links to relevant pages on the website may be submitted as evidence. | | |
| **Progress Report Due Date(s):**  01/13/2017  03/10/2017 | | |

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

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the charter school's Bullying Prevention and Intervention Plan conforms to current regulations and is distributed annually to staff and families; however, new staff who have participated in related training within the past two years are exempted from the charter school's required annual training on its bullying plan. | | |
| **Description of Corrective Action:**  The district determined that the root cause of staff thinking that they did not need to attend an annual training was miscommunication. The district has held an annual bullying prevention training in the past. This past August during its annual summer professional development, the district held mandatory bullying prevention training at all campuses. All staff, new and returning were required to attend the training. The Principals and deans of each campus led the training for their entire staff. Principals are aware that bullying prevention training must occur annually for all staff. And new staff who arrive mid year, must also be trained. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Operating Officer, COO | | **Expected Date of Completion:**  08/26/2016 |
| **Evidence of Completion of the Corrective Action:**  While the district does not have a signing sheet from this past August's training because the session was held during the mandatory two week training block. The district can provide a training schedule to show that this training took place. | | |
| **Description of Internal Monitoring Procedures:**  The COO will monitor the annual summer PD training schedule and make sure that bullying prevention training is scheduled and school leaders have the necessary resources. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit a revised Bullying Prevention and Intervention Plan that states that all staff must participate in annual training on the district's bullying plan. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and school media indicated that the charter school's nondiscrimination statement accessed from each page on the district website does not address gender identity as a protected category. | | |
| **Description of Corrective Action:**  The district will add the protected category of gender identity to its nondiscrimination website that is accessed from each page of its website. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Operating Officer, COO | | **Expected Date of Completion:**  09/30/2016 |
| **Evidence of Completion of the Corrective Action:**  The updated nondiscrimination statement will include gender identity as a protected category. | | |
| **Description of Internal Monitoring Procedures:**  The district will monitor the website on a monthly basis to make sure the nondiscrimination policy is in compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit links to the home page and a sampling of additional web pages from the district's website demonstrating that the nondiscrimination statement has been revised to include gender identity as a protected category. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews demonstrated that the charter school has not developed a written notice to send to students and their parent/guardian within five (5) days of the student's tenth consecutive unexcused absence to discuss reasons the student is leaving school, offering at least two dates and times for an exit interview between the superintendent (or designee) and the student and parent/guardian to occur prior to the student permanently leaving school, along with contact information for scheduling the exit interview and an extension of the meeting at the request of the parent/guardian for no longer than 14 days.  Document review and staff interviews also confirmed that the charter school has not developed a process to provide annual written notice to former students who have left school, not enrolled elsewhere and not earned their diploma, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs. | | |
| **Description of Corrective Action:**  The district has determined that the root cause of not developing a written notice to send to students 16 or over leaving high school without a diploma or certificate of completion was lack of a clear understanding of regulations by high school administrators. High school administrators have followed a protocol of calling home to reach out to families of students who have been absent for 10 consecutive days but there has never been any written documentation. During the phone call, families have been asked to come in to the school to fill out an exit survey. Moving forward the district will create a standard letter that will be used to notify students who are 16 and have been absent for 10 consecutive days. The district will also create a standard letter to provide annual written notice to former students who have left school, not enrolled elsewhere, and not earned their diploma to inform them of the availability of publicly funded post-high school academic support programs. Once these forms and a protocol of use are created at the district level, high school administrators will be trained on their use. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Operating Officer, COO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Creation of Notice to students 16 and over after 10 consecutive absences  Creation of Notice to Students who have left and not enrolled elsewhere or earned their diploma  Creation of Protocol  Sign in sheet from training | | |
| **Description of Internal Monitoring Procedures:**  The district will monitor the attrition data and track files of students who are 16 and over and have left the school. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 16 Notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, and after reviewing the Department's High School Exit Intervention Model Protocol accessible at http://www.doe.mass.edu/dropout/2014-05ExitProtocol.pdf, submit a proposed notice to students 16 or over leaving school without a high school diploma, certificate of attainment, or certificate of completion within five (5) days of the tenth consecutive unexcused absence to discuss reasons the student is leaving school, offering at least two dates and times for an exit interview between the superintendent (or designee) and the student and parent/guardian to occur prior to the student permanently leaving school.  By January 13, 2017 submit a proposed annual notice to former students who have not yet earned their competency determination and who have not transferred to another school, to inform them of the availability of publicly funded post-high school academic support programs and to encourage them to participate in those programs.  By March 10, 2017 submit a sample of a notice sent to a student 16 or over within five (5) days of the tenth consecutive unexcused absence for an exit interview between the superintendent (or designee) and the student and parent/guardian to occur prior to the student permanently leaving school.  By April 28, 2017 submit a review of records of students 16 or over and with ten days of consecutive unexcused absences for evidence that the student and parent were sent a notice to discuss reasons the student is leaving school, offering at least two dates and times for an exit interview between the superintendent (or designee) and the student and parent/guardian. Provide a detailed summary of the internal review including the number of records reviewed, and the number with evidence of a notice sent to the student and parent inviting them to an exit interview. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  03/10/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  CR 18A School district employment practices | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and media indicated that the charter school does not include a nondiscrimination statement on all job notices indicating that the school's employment practices are free from discrimination on the basis of race, color, national origin, sex, or disability. | | |
| **Description of Corrective Action:**  The root cause of not having a nondiscrimination statement on all job notices was due to a shift in talent personnel, lack of knowledge transfer, and oversight. The district has since updated all of its job postings to include complete nondiscrimination statements. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Operating Officer, COO | | **Expected Date of Completion:**  06/30/2016 |
| **Evidence of Completion of the Corrective Action:**  All job postings on the district's website include the following statement:  "The Match Foundation, Inc., The Charles Sposato Graduate School of Education, Inc., and Match Charter Public School prohibit discrimination on the basis of race, color, sex, sexual orientation, age, national origin, physical or mental disability, religion, veteran status, and any other class of individuals protected from discrimination under state or federal law in any aspect of the access to, admission, or treatment of students in its programs and activities, or in employment and application for employment." | | |
| **Description of Internal Monitoring Procedures:**  The COO will work with the Chief Talent Officer to review all newly created job postings to ensure the district's nondiscrimination policy is included in the posting. The COO will also monitor the district's website on a monthly basis to spot check job postings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18A School district employment practices | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Please note that effective July 14, 2016 Massachusetts state law M.G.L. c. 151B was amended to include gender identity as a protected category in employment nondiscrimination policies. | | |
| **Department Order of Corrective Action:**  Revise the district's policy of nondiscrimination in employment to include gender identity as a protected category. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit evidence such as sample job postings and links to employment sections of the website indicating that the district's policy of nondiscrimination in employment includes gender identity as a protected category. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  ELE 4 Waiver Procedures | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the charter school's waiver procedures do not conform to regulations, as the procedures do not require that parents annually visit the school or indicate that parents are provided with program descriptions in a language they can understand. In addition, there are no provisions for students with approved waivers to be placed in an alternative English language development program. | | |
| **Description of Corrective Action:**  The root cause for not having waiver procedures that confirm to regulations was lack of knowledge and oversight. The district did not have a standard waiver procedure that was being implemented across campuses. Staff responsible for distributing the waiver procedures and upholding the procedures were not aligned on what the regulations are. The district will update its waiver procedures using the template provided by DESE and hold a training with EL staff and staff overseeing student records to ensure all parties understand the regulations. The district will track waivers in a central document so that it can oversee that waiver procedures are within regulatory guidelines.  The district will also seek out resources for alternative English language development programs. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Operating Officer, COO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Updated Waiver Procedures and Parent Notification  Sign In Sheet from Training  Identification of alternative English language development programs | | |
| **Description of Internal Monitoring Procedures:**  The district will conduct internal annual reviews of folders belonging to students with approved waivers. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 4 Waiver Procedures | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017, after reviewing guidance in Appendix C: G.L. c. 71A School District Program Waivers for ELs available on the Department website at http://www.doe.mass.edu/ell/guidance/guidance.pdf, submit the revised waiver procedures and a waiver request form that conforms to Department regulations.  By January 13, 2017 submit evidence of staff training, including the agenda, signed attendance sheet, name and role of presenter, and training materials, on the procedures for granting an EL student a waiver from the district's SEI program.  By April 28, 2017 conduct an internal review of all EL records of students on an approved waiver from the district's SEI program for inclusion of the waiver request signed by the parent, principal or Chief Academic Officer, and Head of School; a description of the student's alternative ELE program; and when applicable, the district's certification in no less than 250 words that the student has special and individual physical or psychological needs, separate from lack of English proficiency that requires an alternative program. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance, and submit a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  ELE 5 Program Placement and Structure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents indicated that the charter school has a Sheltered English Immersion (SEI) program. SEI has two components: English as a Second Language (ESL) instruction and sheltered content instruction as described in G.L. c. 71A, §§ 2 and 4. The school's "ELL Policies and Procedures," submitted as a part of the documentation, points out the school's commitment to making both components of the SEI program available to ELLs and also providing DESE recommended ESL instructional time. However, a review of the service data and staff interviews revealed that the school's practices are not consistent with its program policy and procedures as described in the documentation, since the SEI program in the school is limited to sheltered content instruction. Furthermore, the charter school does not have at least one teacher assigned to provide ESL instruction who has an English as a Second Language, Transitional Bilingual Education or ELL license, as required under G.L. c.71, § 38G and 603 CMR 7.04(3). See also ELE 14. | | |
| **Description of Corrective Action:**  The root cause of having a limited SEI program was capacity. The district is in the process of staffing adequate teachers across its campuses who can teach ESL instruction. At the elementary school campus we have begun staffing this with one teacher who is ESL certified and providing pull out instruction to our EL students. We will review our EL data to determine how to staff this across campuses. We will then go through the budget process and determine appropriate budget allocation in time to post job descriptions and necessary teachers by August 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  08/14/2017 |
| **Evidence of Completion of the Corrective Action:**  Job Postings for ESL teachers  Hired ESL teachers who provide ESL instruction in and hold proper licensure. | | |
| **Description of Internal Monitoring Procedures:**  The CAO will review instruction schedules and offerings to ensure that there is ESL instruction taking place staffed by the appropriate teachers. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 5 Program Placement and Structure | **Corrective Action Plan Status:** Disapproved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district should note that 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. | | |
| **Department Order of Corrective Action:**  See "Required Elements of Progress Report". | | |
| **Required Elements of Progress Report(s):**  1. Please complete the Castañeda test, available in the "Document Library". Please ensure that your answers to the questions on the test reflect the changes that the district will implement in order to comply with federal and state laws and regulations. The due date for this submission is January 13, 2017.  2. Please explain how the district will monitor the progress and completion of the program goals identified in the Castañeda test. Please include the names of the responsible staff who will be involved in the process. The due date for this submission is January 13, 2017.  3. Provide a report of the program director's efforts toward hiring ESL licensed teachers throughout 2016-2017 school year until the district reaches the number of ELE staff identified as a result of the staff analysis the Castañeda test requires for the implementation of the program adopted by the district in fidelity. The due date for this submission is January 13, 2017.  4. Please provide a copy of any job posting, application information and the outcomes of the hiring process. The due date for this submission is January 13, 2017.  5. Please provide a detailed plan on how the district will compensate for the language instruction current ELs in the district will miss during the SY 2016-17 due to the lack of ESL teachers and how the district will ensure ELs who do not receive ESL instruction have equal access to the general curricula taught at their grade level. The due date for this submission is January 13, 2017.  6. Please complete district information in the ELL Roster form available in the "Document Library" by school for each ELL student in the district by January 13, 2017.  7. Please provide evidence of the licensure of the current ESL teacher(s) by April 28, 2017. | | |
| **Progress Report Due Date(s):**  01/13/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  ELE 10 Parental Notification | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that upon identification of a student as an ELL, and annually thereafter, the charter school's written notice to parents/guardians does not inform parents of:  the student's level of English proficiency;  the specific exit requirements;  the parents' right to apply for a waiver or to decline to enroll their child in the program; and  if student has additional education needs that require Special Education Services, how the Title III program will meet the objectives of the Individualized Education Plan (IEP). | | |
| **Description of Corrective Action:**  The district determined that the root cause for EL records not containing all of the required documents was lack of a standard annual notification template across campuses and internal monitoring. The district will adopt the annual notification letter template provided by DESE and train appropriate staff on the use of the template. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Operating Officer, COO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Copy of the network adopted template  Copy of training sign in sheet | | |
| **Description of Internal Monitoring Procedures:**  The COO will check in with the appropriate staff at each campus during August PD to ensure that they are preparing the correct form for annual notification. The COO will also conduct internal program folder audits to check that the annual notification letters sent home are in compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 10 Parental Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit the revised initial Parent Notification letter and the annual Parent Notification letter, as well as evidence of training for ELE staff, including the agenda, name and role of presenter, signed attendance, and training materials, on the required elements of the parent Notification letter.  By April 28, 2017 conduct an internal review of approximately ten (10) ELL records from across elementary, middle, and high school levels for evidence that all records contain the revised initial or annual Parent Notification letter. If non-compliance is identified, report the specific actions taken to correct each individual student record, identify and report the root cause(s) of the ongoing non-compliance, and submit a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  ELE 11 Equal Access to Academic Programs and Services | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records, documents and staff interviews indicated that although the charter school ensures that ELLs have access to the same courses of instruction and academic standards as their English-speaking peers, the school does not provide ELLs with disabilities access to ESL services in addition to the provisions of the student's IEP. | | |
| **Description of Corrective Action:**  The district determined that the root cause for not providing ELs with disabilities access to ESL services in addition to the provisions of the student's IEP was lack of collaboration between EL director and SPED director. The district will implement protocols that require EL director to sir on the IEP team of an EL student with disabilities. The EL director and the SPED director will work together to make sure that students are receiving both EL services and services related to provisions in their IEP. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  Written protocol for collaboration between EL Director and SPED Director  Sign in sheets from team meetings that reflect the EL director's presence. | | |
| **Description of Internal Monitoring Procedures:**  The CAO or his designee will conduct internal audits of files of students who are ELs and have an IEP to ensure that they are receiving appropriate services. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 11 Equal Access to Academic Programs and Services | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  In addition to coordinating ESL services with special education services the district must ensure that a student's ESL instructional time is based on their English proficiency level as measured by a WIDA initial screener or annual ACCESS for ELLs result, and that special education services are provided according to the IEP Team's determination of the student's need for specialized instruction.  The description of internal monitoring does not provide sufficient detail of what data will be reviewed to ensure ongoing compliance and the frequency of internal audits. | | |
| **Department Order of Corrective Action:**  Before implementing any corrective actions review the Department's Guidance on Identification, Assessment, Placement, and Reclassification of English Learners which can be accessed at http://www.doe.mass.edu/ell/guidance/guidance.pdf.  Develop a schedule indicating that students who are ELs and who qualify for special education are provided the recommended periods of daily ESL instruction as determined by their ELD proficiency level, taught by an instructor who holds a Massachusetts English as a Second Language, Transitional Bilingual Education or ELL license.  Develop an oversight and tracking system, including the frequency of all monitoring activities, to ensure ongoing compliance providing English Learners who qualify for special education with all services they are entitled to as determined by their English proficiency level and their IEP.  Conduct a review of ELE and special education records of ELs who are also on an IEP for evidence, such as student and teacher schedules and ELD progress reports, and logs or schedules of special education services, that they are provided with ESL instructional time by a licensed ESL, TBE, or ELL instructor in accordance with their English proficiency level, and receive all services identified on the IEP. | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit ESL instructional schedules for all ELs who are also on an IEP indicating the periods of daily instruction, the student's proficiency level as measured by ACCESS for ELLs or, for any new students, the initial WIDA screener, and the name of the instructor. Identify the frequency of ongoing compliance monitoring activities.  By January 13, 2017 submit a description of the ongoing monitoring system for ensuring that ELs who are also special education students receive all services they are entitled to as determined by their English proficiency level and their IEP.  By April 28, 2017 submit the results of the review of records of all ELs who qualify for special education. Provide a detailed summary of the internal review including the number of records reviewed, and the number indicating that they are receiving all services they are entitled to as determined by their English proficiency level and their IEP. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  ELE 14 Licensure Requirements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documents and staff interviews indicated that the charter school does not have at least one teacher assigned to provide ESL instruction who has an English as a Second Language, Transitional Bilingual Education, or ELL license, as required under G.L. c.71, § 38G and 603 CMR 7.04(3). | | |
| **Description of Corrective Action:**  Since the district's CPR took place last school year, the district has reassigned personnel such that there is a teacher who has an ESL license assigned to provide ESL instruction | | |
| **Title/Role(s) of Responsible Persons:**  Chief Operations Officer, COO | | **Expected Date of Completion:**  08/29/2016 |
| **Evidence of Completion of the Corrective Action:**  ELAR information for the teacher assigned to provide ESL | | |
| **Description of Internal Monitoring Procedures:**  The COO will work with Talent and HR departments to ensure that ESL teacher candidates are aware of licensure requirements and fulfill requirements if offered and accept a teaching position. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1. Provide evidence of the licensure of the current ESL teacher(s) by January 13, 2017.  2. Provide a copy of the 2016-17 ESL teacher schedule(s) for all grade levels . All schedules should include the following for each block of time: names of the ELs, grade level for each student, English proficiency level for each student. The due date for this submission is January 13, 2017. | | |
| **Progress Report Due Date(s):**  01/13/2017 | | |

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

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| **Criterion & Topic:**  ELE 17 Program Evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  Based on the lack of evidence of a program evaluation, the Department concluded that the charter school does not have a comprehensive process to evaluate the effectiveness of its ELE programming for developing students' English language skills and increasing their ability to participate meaningfully in the school's educational program. | | |
| **Description of Corrective Action:**  The district determine that the root cause for not having a comprehensive process to evaluate the effectiveness of its EL programming was lack of clarity and capacity. The district did not have a person or persons clearly identified as owners of the evaluation process. The district has reviewed the EL Program evaluation provided by DESE and will adopt that template to complete an evaluation. The CAO, COO, and EL Director will collaborate to develop an evaluation protocol for choosing the members of the evaluation and outlining the data collection process. The district's goal for the 16-17 school year is to select team members and conduct data collection by December 16th. The Evaluation would then take place in January 2017, with a goal of completing the process by the end of February. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Academic Officer, CAO  Chief Operating Officer, COO | | **Expected Date of Completion:**  02/28/2017 |
| **Evidence of Completion of the Corrective Action:**  The district will have a program evaluation report. | | |
| **Description of Internal Monitoring Procedures:**  The CAO and COO will be responsible for putting the program evaluation date on the calendar and then backwards planning to ensure that the evaluation protocol is followed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  1. Please provide the following information: a) names and the assignments of the staff members who will be involved in the district's ELE program evaluation; b) qualitative and quantitative data that will be analyzed; and c) a timeline for the process including meeting dates and agendas. The due date for this submission is January 13, 2017.  2. Please complete a comprehensive program evaluation considering a variety of data to evaluate the effectiveness of the district's ELE program in developing students' English language skills and increasing their ability to participate meaningfully in the district's educational program by April 28, 2017.    3. Please provide information regarding the strengths and areas of improvement the district identified as a result of its ELE program evaluation by April 28, 2017. | | |
| **Progress Report Due Date(s):**  01/13/2017  04/28/2017 | | |

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

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| **Criterion & Topic:**  ELE 18 Records of ELL students | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records indicated that ELL records do not consistently contain the following:  home language surveys;  results of the identification assessments;  MCAS (science) and PARCC results;  information about students' previous school experiences;  initial and annual parent notification letters;  progress reports; and  report cards. | | |
| **Description of Corrective Action:**  The district determined that the root cause for EL records not containing all of the required documents was lack of a standard checklist across campuses and internal monitoring. The district will adopt the program folder checklist provided by DESE and provide training to staff who manage student records to ensure that they have the correct checklist and understand all of the folder components and understand that the checklist should be on the folder for reference. | | |
| **Title/Role(s) of Responsible Persons:**  Chief Operating Officer, COO | | **Expected Date of Completion:**  11/30/2016 |
| **Evidence of Completion of the Corrective Action:**  The district will submit the adopted district wide checklist and a copy of the sign in sheet as evidence that the training took place and was attended by the appropriate individuals. | | |
| **Description of Internal Monitoring Procedures:**  The COO will conduct internal EL program folder audits. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 18 Records of ELL students | **Corrective Action Plan Status:** Approved  **Status Date:** 11/09/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 13, 2017 submit evidence of staff training, including the agenda, signed attendance sheet, name and role of presenter, and training materials, on the procedures for maintenance of all required documentation in EL student records.  By April 28, 2017 submit the results of an internal review, conducted subsequent to implementation of all corrective actions, of ten (10) EL records across elementary, middle and high school levels. Provide a detailed summary of the internal review including the number of records reviewed, and the number including all required ELE documentation. If non-compliance is identified, report the specific actions taken to correct it and report the root cause(s) of the ongoing non-compliance as well as a plan to remedy it.  \*Please note that when 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 record review; b) Date of the review; c) Name of person(s) who conducted the review, their roles(s), and their signature(s). | | |
| **Progress Report Due Date(s):**  01/13/2017  04/28/2017 | | |