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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: Granby

CPR Onsite Year: 2016-2017

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 03/09/2017.

**Mandatory One-Year Compliance Date:** **03/08/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 8 | IEP Team composition and attendance | Partially Implemented |
| SE 9 | Timeline for determination of eligibility and provision of documentation to parent | Partially Implemented |
| SE 11 | School district response to parental request for independent educational evaluation | Partially Implemented |
| SE 12 | Frequency of re-evaluation | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 20 | Least restrictive program selected | Partially Implemented |
| SE 37 | Procedures for approved and unapproved out-of-district placements | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 54 | Professional development | Partially Implemented |
| CR 9 | Hiring and employment practices of prospective employers of students | Partially Implemented |
| CR 10A | Student handbooks and codes of conduct | Partially Implemented |
| CR 10B | Bullying Intervention and Prevention | Partially Implemented |
| CR 10C | Student Discipline | 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 | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |
| CR 20 | Staff training on confidentiality of student records | Partially Implemented |
| CR 21 | Staff training regarding civil rights responsibilities | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |
| CR 25 | Institutional self-evaluation | Partially Implemented |
| ELE 17 | Program Evaluation | Not Implemented |

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

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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:**  Record review indicates that while the district informs the student and the parent at least one year prior to the student's 18th birthday of the rights that will transfer from the parent to the student at the age of majority, the Team is not documenting this information on the IEP. | | |
| **Description of Corrective Action:**  Root Cause- The Granby Public Schools has had a high turnover in administration of the Pupil Service Department, so there wasn't consistent oversight of IEP development.  To address this non-compliance - A detailed narrative description of the updated procedure highlighting the need to document the student's transfer of rights on the front page of the IEP. Training will be provided to the high school staff and Special Education Team Leader. | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Staff Training by September 15, 2017- send DESE PowerPoint, and sign in sheet 2. Record review for Transfer of parental rights and Age of Majority from 9/01/2017-11/15/2017 | | |
| **Description of Internal Monitoring Procedures:**  All Special Education correspondence goes through the Pupil Service Department, so the Director of Pupil Services and the Administrative Assistant for the Director of Pupil Services will review every IEP noting compliance with documenting the student's transfer of rights on the front page of the IEP before mailing. | | |
| 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:** Partially Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Clarification of finding: The concern is not whether the district has been documenting the student's decision to share or delegate decision-making upon reaching age 18, but that the IEP developed for a 17 year old student must include a statement that the student has been informed of the rights that will transfer to the student upon the student's 18th birthday. | | |
| **Department Order of Corrective Action:**  Review the requirement to document that the district has informed the student and the parent, at least one year prior to the student's 18th birthday, of the transfer of student rights at the age of majority. Please see Administrative Advisory SPED 2011-1 Age of Majority at http://www.doe.mass.edu/sped/advisories/11\_1.html, before developing district procedures and training staff. | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit procedures and evidence of training (PowerPoint presentation, sign-in sheet) provided to the special education teachers and Team Chairperson to ensure each Team is documenting the discussion of the transfer of parental rights at least one year prior to the student reaching age 18 on the student's IEP.  By December 1, 2017, conduct a review of records for students age 17 and older, after staff training, to ensure that the Team is documenting the discussion of transfer of parental rights at least one year prior to the student reaching age 18, on the IEP. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/29/2017  12/01/2017 | | |

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

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review indicates a representative of the school district with the authority to commit the resources of the district was not always in attendance at IEP Team meetings. Record review also indicates the district is not documenting the parent agreement, in writing, to excuse the participation of a required Team member, and ensuring the excused member provides written input into the development of the IEP to the parent and the IEP Team prior to the meeting. | | |
| **Description of Corrective Action:**  Root Cause- The Granby Public Schools has had a high turnover in administration of the Pupil Service Department, so there wasn't consistent oversight of IEP development.  To address this non-compliance - A detailed narrative description of the updated procedure and use of the IEP meeting excusal form, description of internal oversight and training of building administration, Special Education Team Leader and special education teachers on the updated procedure. | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Staff Training by September 15, 2017- agenda, materials, sign-in sheet, PowerPoint. 2. Record review of excusal of Team Members and attendance of representatives of the school district with the authority to commit resources from 9/01/2017-11/15/2017. | | |
| **Description of Internal Monitoring Procedures:**  All Special Education correspondence goes through the Pupil Service Department, so the Director of Pupil Services and the Administrative Assistant for the Director of Pupil Services will review all attendance sheets noting compliance of IEP participation before mailing. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit procedures and evidence of training provided to the special education teachers and Team chairperson (PowerPoint presentation, sign-in sheet) to ensure a person with the authority to commit district resources attends each Team meeting, the parent and staff agreement to excuse an invited Team meeting participant is documented in writing, and an excused required Team member provides written input into the development of the IEP to the parent and the IEP Team prior to the Team meeting. By  By December 1, 2017, conduct a review of records for students across all grade levels subsequent to implementation of all corrective actions, to ensure that 1) a person with the authority to commit district resources is attending each Team meeting and 2) the district is documenting in writing the parent and staff agreement to excuse an invited Team meeting participant, and an excused required Team member is providing written input into the development of the IEP to the parent and the IEP Team prior to the Team meeting. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review and interviews indicate the district does not always convene a Team meeting to discuss the results of assessments within forty-five school working days after receipt of the parent's written consent to an initial evaluation or a reevaluation. | | |
| **Description of Corrective Action:**  Root Cause- During the 2015-2016 school year, Granby Public Schools did not have a school psychologist on staff and relied on outside providers, who didn't adhere to timelines.  to address this non-compliance- The District has hired a full-time school psychologist, so evaluation are being completed in a timely manner adhering to DESE timelines. Staff training on the new procedure in review of semstracker initial and re-evaluation meeting data. | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services  and the Special Education Team Leader | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Staff Training by September 15, 2017- send DESE PowerPoint, and sign in sheet 2. Record review of initial or re-evaluation IEP meetings from 9/01/2017-11/15/2017 | | |
| **Description of Internal Monitoring Procedures:**  On the first day of school, and on the first day of each month moving forward, the Assistant to the Director of Pupil Services will provide the Special Education Team Leader with a complete listing of the initial and re-evaluation meetings. When the Pupil Service office receives the consent to evaluate, the Assistant to the Director of Pupil Services will notify all providers via email and hard copy of the testing timelines. Additionally, the Special Education Team Leader will be notified since she will be responsible for ensuring the IEP meeting is held within the 45 day timeframe. The Assistant will also maintain a district-wide data base to monitor timeline compliance and notify the providers and Special Education Team Leader of approaching deadlines. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility and provision of documentation to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit a copy of the procedures developed and evidence of training provided to the special education teachers, Team chairperson, and the administrative assistant to the Director of Student Services (PowerPoint presentation, sign-in sheet) to ensure a Team meeting is convened and the parent receives the proposed IEP and proposed placement within forty-five school working days after receipt of the parent's written consent to an initial evaluation or a reevaluation.  By December 1, 2017, conduct a review of records for students that had an initial or re-evaluation Team meeting across all grade levels subsequent to implementation of all corrective actions, to ensure that a Team meeting was held and the parent received a proposed IEP and proposed placement within 45 school-working days of receipt of a parent's written consent to initial or re-evaluation. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/29/2017  12/01/2017 | | |

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| **Criterion & Topic:**  SE 11 School district response to parental request for independent educational evaluation | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates the district's written procedure is to extend the right to a publicly funded independent educational evaluation for sixteen months from the date of the evaluation with which the parent disagrees. It does not state that this sixteen month limit applies only if cost shared or funded for state wards or for students receiving free or reduced cost lunch. | | | |
| **Description of Corrective Action:**  Root Cause- The policy submitted was from the previous administration and had not been updated to include the wording regarding request of independent evaluation and that the sixteen month limit applies only if cost shared or funded for state wards or for students receiving free or reduced cost lunch.  To address this non-compliance- The policy will be revised to note that the sixteen month limit applies only if cost shared or funded for state wards or for students receiving free or reduced cost lunch. | | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  12/01/2017 | |
| **Evidence of Completion of the Corrective Action:**   1. Revised policy, staff training, PowerPoint, sign-in sheet 2. The Pupil Service department will submit a report from 9/1-17-11/15/17 on the number of requested IEE. | | | |
| **Description of Internal Monitoring Procedures:**  Any Independent Evaluation request forwarded from a Principal or special educator will be reviewed by the Director of Pupil Services and Independent Evaluation procedures will be followed to ensure compliance. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  SE 11 School district response to parental request for independent educational evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, provide a copy of the revised policy and submit evidence of training provided to the special education teacher and Team chairperson (PowerPoint presentation, sign-in sheet) on the policy for parental request for independent educational evaluations. | | | |
| **Progress Report Due Date(s):**  09/29/2017 | | | |

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| **Criterion & Topic:**  SE 12 Frequency of re-evaluation | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review and interviews indicate the district does not always conduct a full re-evaluation every three years for eligible students. Record review also demonstrated that there was no evidence documenting the parent and district had agreed the re-evaluation was unnecessary. | | |
| **Description of Corrective Action:**  Root Cause- During the 2015-2016 school year, Granby Public Schools did not have a school psychologist on staff and relied on outside providers, who didn't complete all required assessments nor did they adhere to timelines.  The District has hired a full-time school psychologist, so evaluation are being completed in a timely manner adhering to DESE timelines. Additionally, a detailed narrative description of the procedure will be added to the Special Education Handbook and professional development will be provided to the special education teachers and Special Education Team Leader on completing a request to conduct a full re-evaluation noting the need for parents to agree in writing to waive any of the evaluations of the full re-evaluation. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Pupil Services | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Staff training by September 15, 2017, send DESE PowerPoint and sign-in sheet 2. Record review of re-evaluation meetings, which include the request to evaluate from 9/01/2017-11/15/2017 | | |
| **Description of Internal Monitoring Procedures:**  All Special Education correspondence goes through the Pupil Service Department, so the Director of Pupil Services and the Administrative Assistant for the Director of Pupil Services will review every request to evaluate to ensure parents have agreed to waive any assessment if applicable. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 12 Frequency of re-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, provide a copy of the procedures developed and evidence of training provided to the special education teachers, Team chairperson, and the administrative assistant to the Director of Student Services (PowerPoint presentation, sign-in sheet) to ensure the district conducts a full re-evaluation every three years for eligible students and documents the parent and district agreement if they determine a re-evaluation is unnecessary.  By December 1, 2017, conduct a review of records for students across all grade levels that had a re-evaluation Team meeting subsequent to implementation of all corrective actions, to ensure that 1) a Team meeting was held within three years, and 2) if the parent and district agree a re-evaluation is not necessary, this is documented in the student record. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/29/2017  12/01/2017 | | |

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review and interviews indicate the district is not convening a Team meeting at least annually, on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, or develop a new IEP. Additionally, written district procedures instruct staff that for annual reviews, the Team may not change information on the PLEP A, PLEP B, goals and objectives, the service delivery grid, or the Non-participation Justification statement on the IEP. | | |
| **Description of Corrective Action:**  Root Cause- The Granby Public Schools has had a high turnover in administration of the Pupil Service Department, so there wasn't consistent oversight of the IEP development.  To address this non-compliance - A detailed narrative description of the updated procedure addressing what sections of the IEP must be updated and that a Team meeting is held at least annually, on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, or develop a new IEP. Training will be provided to the Special Education Team Leader and special education teachers on the updated procedure. | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Staff Training by September 15, 2017- send DESE PowerPoint, and sign in sheet 2. Record review of Annual Reviews to ensure they are held on or before the anniversary date of IEP 9/01/2017-11/15/2017 | | |
| **Description of Internal Monitoring Procedures:**  All Special Education correspondence goes through the Pupil Service Department, so the Director of Pupil Services and the Administrative Assistant for the Director of Pupil Services before mailing will review all Annual Reviews to ensure they are held on or before the anniversary date. Additionally the Administrative Assistant will also maintain a district-wide data base to monitor timeline compliance and notify the special education teachers and Special Education Team Leader of approaching deadlines. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, provide a copy of procedures developed and submit evidence of training provided to the special education teachers and Team chairpersons (PowerPoint presentation, sign-in sheet) to ensure the district convenes a Team meeting at least annually, on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, or develop a new IEP, including the ability to revise all parts of the IEP.  By December 1, 2017, conduct a review of records for students across all grade levels subsequent to implementation of all corrective actions, to ensure that a Team meeting is being convened at least annually, on or before the anniversary date of the IEP. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/29/2017  12/01/2017 | | |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Student record review and interviews indicate that the district does not consistently provide to the parent/guardian a proposed IEP and placement immediately following the conclusion of the Team meeting. Furthermore, while a summary of the meeting is provided, it does not include information regarding the major goal areas associated with the special education services identified in the service delivery grid of the IEP. | | |
| **Description of Corrective Action:**  Root Cause- The Granby Public Schools has had a high turnover in administration of the Pupil Service Department, so there wasn't consistent oversight IEP development.  To address this non-compliance - A detailed narrative description of the updated procedure highlighting the need to parents to receive a draft IEP at annual review meetings and comprehensive summaries at the conclusion of all initial and re-evaluation meetings. Training will be provided to the special education teachers and Special Education Team Leader.  \* Draft IEPs are provided to parents at the annual review meetings and comprehensive summaries that include service grid and detailed goals are provided to parents at initial and re-evals IEP meetings. | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Staff Training by September 15, 2017- send DESE agenda, PowerPoint, sign in sheet, and new summary form. 2. Record review for Determination of placement; provision of IEP to parent from 9/01/2017-11/15/2017 | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil services will monitor initial and re-evaluation student records quarterly to ensure comprehensive summaries, which include service delivery grids and statement of major goals are provided to parents at the end of the IEP meeting. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, provide a copy of procedures developed to ensure consistency with district policy to provide parents with a draft IEP at the conclusion of each annual review Team meeting and a meeting summary at the conclusion of each initial and re-evaluation Team meeting, which includes information regarding the major goal areas associated with the special education services identified in the service delivery grid of the IEP.  By September 29, 2017, submit evidence of training (agenda, PowerPoint presentation, sign-in sheet) provided to the special education teachers and Team chairperson on these procedures.  By December 1, 2017, conduct a review of records for students across all grade levels subsequent to implementation of all corrective actions, to ensure that 1) parents are receiving a proposed IEP and placement immediately following the conclusion of the Team meeting and 2) meeting summaries provided to parents at initial and re\_ealuation Team meetings include information regarding the major goal areas associated with the special education services identified in the service delivery grid of the IEP. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 20 Least restrictive program selected | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review indicates the Non-participation Justification statements in students' IEPs do not always state why removal from the general education classroom is considered critical to the student's program, or the basis for the Team's conclusion that the education of the student could not be achieved satisfactorily in a less restrictive environment with the use of supplementary aids and services. | | |
| **Description of Corrective Action:**  Root Cause- The Granby Public Schools has had a high turnover in administration of the Pupil Service Department, so there wasn't consistent oversight of IEP development.  To address this non-compliance - A detailed narrative description of the updated procedure highlighting the need to document the student's non-participation statement noting why the student is removed from the general education classroom. Training will be provided to special education teachers and the Special Education Team Leader. | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Staff Training by September 15, 2017- send DESE agenda, PowerPoint, and sign in sheet 2. Record review for Non-participation Justification statements from 9/01/2017-11/15/2017 | | |
| **Description of Internal Monitoring Procedures:**  All Special Education correspondence goes through the Pupil Service Department, so the Director of Pupil Services and the Administrative Assistant for the Director of Pupil Services will review every IEP ensuring compliance with documenting the student's non-participation statement noting why the student is removed from the general education classroom before mailing. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 20 Least restrictive program selected | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, provide a copy of the procedures developed and submit evidence of training provided to the special education teachers and Team chairpersons (PowerPoint presentation, sign-in sheet) to ensure the Non-participation Justification statements in students' IEPs state why removal from the general education classroom is considered critical to the student's program, and the basis for the Team's conclusion that the education of the student could not be achieved satisfactorily in a less restrictive environment with the use of supplementary aids and services.  By December 1, 2017, conduct a review of records for students across all grade levels subsequent to implementation of all corrective actions, to ensure that the Non-participation Justification statements in students' IEPs state why removal from the general education classroom is considered critical to the student's program, and the basis for the Team's conclusion that the education of the student could not be achieved satisfactorily in a less restrictive environment with the use of supplementary aids and services. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
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| **Criterion & Topic:**  SE 37 Procedures for approved and unapproved out-of-district placements | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Record review indicates that written contracts with out-of-district placements are not always signed by the out-of-district placement and include a statement of non-discrimination that does not include gender identity as a protected category of students. | | |
| **Description of Corrective Action:**  Root- Previous administration was asking that the Out-of -District schools to provide the district with a contract, but often times no contract was sent.  To address this non-compliance - The Department of Pupil Services will begin sending all Out-of District Schools a District Contract which requires signatures from the district's superintendent and the administrator from the Out-of District school and includes a statement of non-discrimination that does include gender identity as a protected category of students. The Director of Pupil Services is the Special education team leader for all Out-of-District students. | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. A copy of the revised contract will be sent to the Department of Elementary and Secondary Education 2. Record review of redacted signed contracts will be submitted to the Department of Elementary and Secondary Education by 12/01/2017 | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will ensure that there is a new contract signed each school year. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 37 Procedures for approved and unapproved out-of-district placements | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit a copy of the written contracts to be used with out-of-district placements that contains a statement of non-discrimination that includes gender identity as a protected category of students.  By December 1, 2017, conduct a review of records for out-of-district students across all grade levels subsequent to implementation of all corrective actions, to ensure that written contracts with out-of-district placements are signed by the district and out-of-district placement, and include a statement of non-discrimination that includes gender identity as a protected category of students. Indicate the number of records reviewed; the number found to be compliant; an explanation of the root cause(s) for any continued non-compliance and a description of additional corrective actions taken by the district to address any identified non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  09/29/2017  12/01/2017 | | |

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

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| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Review of documents and interviews indicate one pre-K teacher does not hold an appropriate license to design and provide direct special education services to students in the preschool program. | | |
| **Description of Corrective Action:**  Root cause- The preschool position was a .6 FTE and no licensed preschool teacher would accept this shorter day, so we hired a non- license early educator, who was working towards licensure.  The district has now obtained a waiver for this individual and has re-posted this position for the 2017-2018 school year. | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  06/15/2017 |
| **Evidence of Completion of the Corrective Action:**  1. Copy of the waiver and posting of new 2017-2018 school year preschool position. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Pupil Services will be responsible for the monitoring of all waivered special educators to ensure they are taking steps towards licensure. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit a copy of the current ESE license for the Pre-K teacher for the 2017-2018 school year. | | |
| **Progress Report Due Date(s):**  09/29/2017 | | |

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

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate the district has not offered training for general education and special education staff in analyzing and accommodating diverse learning styles of all students or methods of collaboration among teachers and paraprofessionals to accommodate diverse learning needs of all students in the general education classroom.  Also, the district has not provided in-service training for all locally hired and contracted transportation providers, before they begin transporting any special education student receiving special transportation, on his or her needs and appropriate methods of meeting those needs; and for any such student, the district has not provided written information on the nature of any needs or problems that may cause difficulties, along with information on appropriate emergency measures. | | |
| **Description of Corrective Action:**  Root Cause- The district did not have a District Accommodation Plan and the training provided to the bus drivers wasn't student focused.  To address this non-compliance- The Principals along with their staff will develop a new DCAP for the district, which will include analyzing and accommodating diverse learning styles of all students and methods of collaboration among teachers and paraprofessionals to accommodate diverse learning needs of all students in the general education classroom. Additionally, the Director of Pupil Services will provide Transportation Training that is personalized to the students they are transporting including drivers and bus monitors. | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services  Building Principals | | **Expected Date of Completion:**  10/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Copy of the newly adopted DCAP and the PowerPoint training for bus drivers and monitors. 2. Staff Training by September 15, 2017- PowerPoint, and sign in sheet | | |
| **Description of Internal Monitoring Procedures:**  Principals will review the DCAP yearly and include it in the start to the school year professional development provided to all staff by September 15th of each year beginning with September 2018.  Beginning August 2017 and each year following the Director of Pupil Services will provide Professional Development to the Bus company's drivers and monitors. This professional development will be student focused to ensure they are aware of the individual needs of the students they are transporting. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  In addition to creating a DCAP, the district must train staff in analyzing and accommodating diverse learning styles of all students or methods of collaboration among teachers and paraprofessionals to accommodate diverse learning needs of all students in the general education classroom. | | |
| **Department Order of Corrective Action:**  Provide training for staff on analyzing and accommodating diverse learning styles of all students or methods of collaboration among teachers and paraprofessionals to accommodate diverse learning needs of all students in the general education classroom. | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit 1) evidence of training (PowerPoint presentation, sign-in sheet) provided to all special education, general education, guidance and paraprofessional staff on analyzing and accommodating diverse learning styles of all students and the methods of collaboration among teachers and paraprofessionals to accommodate the diverse learning styles of all students, and 2) evidence of training (agenda, sign-in sheet) provided to bus drivers and bus monitors on the individual needs and appropriate methods of meeting the individual needs of each student with specialized transportation, or problems that may cause difficulties, along with information on appropriate emergency measures. | | |
| **Progress Report Due Date(s):**  09/29/2017 | | |

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

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| **Criterion & Topic:**  CR 9 Hiring and employment practices of prospective employers of students | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Interviews indicate some students participate in district-sponsored work experience activities; however, the district is not requiring employers recruiting at the school to sign a statement that the employer does not discriminate in hiring or employment of students based on race, color, national origin, sex, gender identity, handicap, religion and sexual orientation. | | | |
| **Description of Corrective Action:**  Root Cause- The District did not have an employee statement  To address this non - compliance - the District will develop an employee statement from requiring employers recruiting at the school to sign a statement that the employer does not discriminate in hiring or employment of students based on race, color, national origin, sex, gender identity, handicap, religion and sexual orientation. train staff, (principal, guidance, special education teacher), | | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth Director of Pupil Director  Building Principals | | **Expected Date of Completion:**  12/01/2017 | |
| **Evidence of Completion of the Corrective Action:**   1. Staff Training by September 15, 2017- send DESE the employee statement form , and sign in sheet 2. Examples of completed forms with student name redacted, if non- note that on progress report | | | |
| **Description of Internal Monitoring Procedures:**  The guidance counselor or the special education teacher supervising internships, co-ops, work study, apprenticeships an if applicable career days will ensure the completion of the new hiring form for each student. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 9 Hiring and employment practices of prospective employers of students | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, provide a copy of the statement of non-discrimination in that potential employers of students will sign, and submit evidence of training (PowerPoint presentation, sign-in sheet) provided to the high school guidance counselor special education teacher(s) who supervise internships, co-ops, work study, apprenticeships, or career days.  By December 1, 2017, submit examples of this form signed by potential employers. | | | |
| **Progress Report Due Date(s):**  09/29/2017  12/01/2017 | | | |

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

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| **Criterion & Topic:**  CR 10A Student handbooks and codes of conduct | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate the Granby Elementary Schools Parent and Student Handbook does not contain: a nondiscrimination policy that includes the protected category of gender identity; disciplinary procedures for students with disabilities and students with Section 504 Accommodations Plans; and procedures for accepting, investigating and resolving complaints alleging discrimination.  Additionally, the Granby Jr/Sr High School Student Handbook does not contain: disciplinary procedures for students with disabilities that address the manifestation determination process and interim alternative educational settings; disciplinary procedures for students with Section 504 Accommodations Plans; and procedures for accepting, investigating and resolving complaints alleging discrimination. | | |
| **Description of Corrective Action:**  Root Cause - The Handbook submitted had not been updated to include a nondiscrimination policy that includes the protected category of gender identity; disciplinary procedures for students with disabilities and students with Section 504 Accommodations Plans; and procedures for accepting, investigating and resolving complaints alleging discrimination. Additionally, the Granby Jr/Sr High School Student Handbook does not contain: disciplinary procedures for students with disabilities that address the manifestation determination process and interim alternative educational settings; disciplinary procedures for students with Section 504 Accommodations Plans; and procedures for accepting, investigating and resolving complaints alleging discrimination.  To address this non-compliance - The Granby Public Schools Student Handbook will be updated to include a nondiscrimination policy that includes the protected category of gender identity; disciplinary procedures for students with disabilities and students with Section 504 Accommodations Plans; and procedures for accepting, investigating and resolving complaints alleging discrimination. Additionally, the Granby Jr/Sr High School Student Handbook does not contain: disciplinary procedures for students with disabilities that address the manifestation determination process and interim alternative educational settings; disciplinary procedures for students with Section 504 Accommodations Plans; and procedures for accepting, investigating and resolving complaints alleging discrimination.  All Civil Rights changes to policy notification to "ALL Granby", which includes staff and families. Handbook changes will be uploaded to website and parents notified and sent to DESE. How do we know that parents have read the handbook? Is there a sign off? | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services  Building Principals | | **Expected Date of Completion:**  10/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. The District will submit a copy of the revised Student Handbook 2. Staff Training by September 15, 2017- send DESE the PowerPoint and sign in sheet | | |
| **Description of Internal Monitoring Procedures:**  By the start of the each school year and no later than September 15th, Principals will review and revise if applicable the handbook to ensure compliance with Department of Elementary and Secondary regulations. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10A Student handbooks and codes of conduct | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, provide evidence that the Granby Elementary Schools Parent and Student Handbook has been revised to include 1) a nondiscrimination policy that includes the protected category of gender identity; 2) disciplinary procedures for students with disabilities and students with Section 504 Accommodations Plans; and 3) procedures for accepting, investigating and resolving complaints alleging discrimination., and have been disseminated to staff, students and parents for the 2017-2018 school year. Also provide evidence that the Granby Jr/Sr High School Student Handbook has been revised to include 1) disciplinary procedures for students with disabilities that address the manifestation determination process and interim alternative educational settings; 2) disciplinary procedures for students with Section 504 Accommodations Plans; and 3) procedures for accepting, investigating and resolving complaints alleging discrimination. | | |
| **Progress Report Due Date(s):**  09/29/2017 | | |

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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:**  Document review and interviews indicate the district is not providing staff with annual professional development on the district's bullying prevention and intervention plan and the requirements of the law including: developmentally appropriate strategies to prevent bullying incidents; developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment; information on the incidence and nature of cyber-bullying; and internet safety issues as they relate to cyber-bullying. | | |
| **Description of Corrective Action:**  Root Cause - The district's PD calendar, which was created by the previous administration didn't allow time for all compliance related topics.  To address this non-compliance - The Administrative Leadership Team will be developing a comprehensive yearly PD calendar that includes all mandated professional development at the start of each school year. Additionally, the policy will need to be revised to include teachers, etc as possible bullies. | | |
| **Title/Role(s) of Responsible Persons:**  Shery Stanton, Superintendent  Carol Hepworth, Director of Pupil Services  Building Principals | | **Expected Date of Completion:**  10/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Provide the Department of Elementary and Secondary Education a copy of the revised policy 2. Staff Training by September 15, 2017- send DESE PowerPoint, and sign in sheet | | |
| **Description of Internal Monitoring Procedures:**  Annually and before September 15th, the building principals will hold Professional Development, which includes a review of the District's bullying prevention policy and intervention plan and procedures for reporting and addressing bullying. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit evidence of training (PowerPoint presentation, sign-in sheet) provided to all school personnel on the district's bullying prevention and intervention plan to include developmentally appropriate strategies to prevent bullying incidents; developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment; information on the incidence and nature of cyber-bullying; and internet safety issues as they relate to cyber-bullying. | | |
| **Progress Report Due Date(s):**  09/29/2017 | | |

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

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| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates the district's policy on student discipline does not include procedures for in-school suspension. Additionally, the district schools have not developed school-wide educational services plans, a system for principals to collect and periodically review discipline data by selected populations, or a Notice of Suspension and Hearing to include: the disciplinary offense; the basis for the charge; the potential consequence; the opportunity for a hearing to dispute the charges, present an explanation, and for the parent to attend; the date, time and location; the right of the student and the parent to interpreter services; and the right to appeal a long-term suspension to the superintendent. | | |
| **Description of Corrective Action:**  Root Cause - Our policies and processes have not been updated to reflect the changes in current regulations.  To address this non-compliance - The district will update their policy and align processes to adhere to the current regulations to include in-school suspension, the development of school-wide educational services plans, a system for principals to collect and periodically review discipline data by selected populations, or a Notice of Suspension and Hearing to include: the disciplinary offense; the basis for the charge; the potential consequence; the opportunity for a hearing to dispute the charges, present an explanation, and for the parent to attend; the date, time and location; the right of the student and the parent to interpreter services; and the right to appeal a long-term suspension to the superintendent. | | |
| **Title/Role(s) of Responsible Persons:**  Sheryl Stanton, Superintendent  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Submit the updated policy, forms and letters to parents. 2. Staff Training by September 15, 2017- send DESE the PowerPoint and sign in sheet | | |
| **Description of Internal Monitoring Procedures:**  Annually and before September 15th, the building principals will hold Professional Development, which includes a review of student discipline. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit a copy of the district's revised policy on student discipline that includes procedures for in-school suspension.  By September 29, 2017, submit the School-Wide Education Service Plan for each school that describes the educational services the district will make available for students who are suspended or expelled for more than 10 days, to ensure the opportunity to make academic progress.  By September 29, 2017, submit a description of the system developed for principals to periodically review discipline data by selected populations.  By September 29, 2017, submit a copy of the revised written notice of hearing and suspension that includes: 1) the disciplinary offense; 2) the basis for the charge; 3) the potential consequence; the opportunity for a hearing to dispute the charges, present an explanation, and for the parent to attend; 4) the date, time and location; 5) the right of the student and the parent to interpreter services; 6) and the right to appeal a long-term suspension to the superintendent.  By September 29, 2017, submit evidence of training (PowerPoint presentation, sign-in sheet) provided to the all teaching and related services staff and administrators on these procedures. | | |
| **Progress Report Due Date(s):**  09/29/2017 | | |

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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:**  Document review indicates the statement of nondiscrimination on written materials and other media used to publicize the district schools, including district letterhead, website and employee applications, does not contain the protected category of gender identity. | | |
| **Description of Corrective Action:**  Root Cause- The School Committee had an out dated statement of nondiscrimination, and a new statement of nondiscrimination is in process.  To address this non-compliance - The School Committee will revise the statement of nondiscrimination to include the protected category of gender identity. All changes to policy needs to be sent to "All Granby" to ensure everyone in notified. | | |
| **Title/Role(s) of Responsible Persons:**  Sheryl Stanton , Superintendent | | **Expected Date of Completion:**  10/01/2017 |
| **Evidence of Completion of the Corrective Action:**  Evidence- school choice application, letter head, website, employee application that include gender identity, and a copy of the all Granby email | | |
| **Description of Internal Monitoring Procedures:**  Lawyer notifies the superintendent of a change in the law, superintendent notifies the school committee, the School Committee passes a new policy, and the policy get distributed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit a copy of the school committee policy that states Granby Public Schools does not discriminate on the basis of race, color, national origin, gender identity, sex, or disability. Also submit a link to where this statement is posted on the district website and a copy of district letterhead and an employee application that include this statement. | | |
| **Progress Report Due Date(s):**  09/29/2017 | | |

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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:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates the notice sent regarding students age 16 or older who have ten consecutive absences is addressed to the parent, but not to the student. Also, it does not state that the time and the date for the exit interview may be extended at the request of the parent for up to 14 days.  Additionally, the notice sent annually to former students for two years after they have left the district without transferring to another school or achieving a competency determination, to inform them of publicly funded post-high school academic support programs, is addressed to the parent, rather than the student. | | |
| **Description of Corrective Action:**  Root Cause - The Granby Public Schools has had a high turnover of administration, so there wasn't consistent oversight of procedures.  To address this non-compliance - The district will be updating their letters to ensure that students age 16 or older who have ten consecutive absences receive a letter as well as their parents. This letter will state that the time and the date for the exit interview may be extended at the request of the parent for up to 14 days. Additionally, the notice sent annually to former students for two years after they have left the district without transferring to another school or achieving a competency determination, to inform them of publicly funded post-high school academic support programs, is addressed to the student. | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services  Building Principal for the high school | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Copies of new letters will be sent to DESE and the new letters and procedure will be reviewed with the guidance counselor and the Administrative Assistant to the Guidance Department, sign in sheet. 2. Examples of letters mailed with redacted names from 09/01/2017-11/15/2017 | | |
| **Description of Internal Monitoring Procedures:**  Principal, Guidance Counselors, and the an Administrative Assistant to the Guidance Department will be maintaining an attendance data base and drop outs for 2 years and reviewing it to ensure compliance with the 10 day letters and notification to students who have left 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:** 05/01/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Review the following documents: High School Exit Intervention Model Protocol at http://www.doe.mass.edu/dropout/2014-05ExitProtocol.pdf#search=%22High%22 and Information for School Districts about Required Notices Regarding Students who Leave High School Without Graduating at http://www.doe.mass.edu/news/news.aspx?id=3051  By September 29, 2017, submit a copy of the revised notice sent by the district to students and their parents within five days of the student's tenth consecutive absence that contains all required elements, including that the time and the date for the exit interview may be extended at the request of the parent for up to 14 days and it is addressed to the parent, as well as the student.  By September 29, 2017, submit a copy of the revised notice sent annually to former students for two years after they have left the district without transferring to another school or achieving a competency determination, to inform them of publicly funded post-high school academic support programs, and to encourage them to participate in those programs, is addressed to the student.  By September 29, 2017, submit evidence of training (agenda and attendance list with staff signature/role) provided to the high school principal, vice principal, guidance counselor, and administrative assistant to the Guidance Department on the new letters.  By December 1, 2017, submit 1) a list of any students with 10 or more consecutive absences since the beginning of the 2017 school year and the notices sent by the district to these students, if any, and their parents within five days of the student's tenth consecutive absence, and 2) a list of former students who have left the district without achieving a competency determination or transferring to another school over the past two school years, and the notice sent to them. | | |
| **Progress Report Due Date(s):**  09/29/2017  12/01/2017 | | |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate that while the district has developed a written restraint prevention and behavior support policy, it has not developed procedures for the implementation of the policy to include: methods for preventing student violence, self-injurious behavior and suicide; methods for engaging parents in discussions about restraint prevention and use; a description and explanation of the program's alternatives to physical restraint and method of physical restraint in emergency situations; a statement prohibiting medication restraint, mechanical restraint, prone restraint unless permitted pursuant to 603 CMR 46.03(1)(b), seclusion, and the use of restraint inconsistent with 603 CMR 46.03; a description of the program's training requirements, reporting requirements, and follow-up procedures; a procedure for receiving and investigating complaints; a procedure for conducting periodic review of data and documentation on the program's use of restraint; a procedure for implementing the reporting requirements; a procedure for making both oral and written notification to the parent; and a procedure for the use of time-out. | | |
| **Description of Corrective Action:**  Root Cause - The Granby Public Schools has had a high turnover of administration and procedures for implementing the policy had not been developed  To address this non-compliance - Develop procedures for the implementation of the policy to include: methods for preventing student violence, self-injurious behavior and suicide; methods for engaging parents in discussions about restraint prevention and use; a description and explanation of the program's alternatives to physical restraint and method of physical restraint in emergency situations; a statement prohibiting medication restraint, mechanical restraint, prone restraint unless permitted pursuant to 603 CMR 46.03(1)(b), seclusion, and the use of restraint inconsistent with 603 CMR 46.03; a description of the program's training requirements, reporting requirements, and follow-up procedures; a procedure for receiving and investigating complaints; a procedure for conducting periodic review of data and documentation on the program's use of restraint; a procedure for implementing the reporting requirements; a procedure for making both oral and written notification to the parent; and a procedure for the use of time-out. | | |
| **Title/Role(s) of Responsible Persons:**  Building Principals  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  10/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Send a copy of the new procedures for implementing the restraint prevention and behavior support policy 2. Staff Training by September 15, 2017- send DESE the PowerPoint, and sign in sheet | | |
| **Description of Internal Monitoring Procedures:**  Each school year the Building Principals will review the Restraint Prevention and Behavior Support Policy with staff and implement the procedures for reviewing restraints and collecting data in their buildings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit a copy of the district's restraint prevention and behavior support procedures including 1) methods for preventing student violence, self-injurious behavior and suicide; 2) methods for engaging parents in discussions about restraint prevention and use; 3) a description and explanation of the program's alternatives to physical restraint and method of physical restraint in emergency situations; 4) a statement prohibiting medication restraint, mechanical restraint, prone restraint unless permitted pursuant to 603 CMR 46.03(1)(b), seclusion, and the use of restraint inconsistent with 603 CMR 46.03; 5) a description of the program's training requirements, reporting requirements, and follow-up procedures; 6) a procedure for receiving and investigating complaints; 7) a procedure for conducting periodic review of data and documentation on the program's use of restraint; 8) a procedure for implementing the reporting requirements; 9) a procedure for making both oral and written notification to the parent; 10)and a procedure for the use of time-out.  By September 29, 2017, submit evidence of training (PowerPoint presentation, sign-in sheet) provided to the all staff on these procedures. | | |
| **Progress Report Due Date(s):**  09/29/2017 | | |

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

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates the school committee has approved a policy to ensure it has a District Curriculum Accommodation Plan (DCAP), but the district has not developed a DCAP that includes a description of the assistance available to teachers so they are able to effectively analyze and accommodate the diverse needs of all students and provide appropriate behavioral and academic supports in the general education classroom, including: methods of direct and systematic instruction in reading; supports to address the needs of children whose behavior may interfere with learning; and teacher mentoring and collaboration and parental involvement. | | |
| **Description of Corrective Action:**  Root Cause- The Granby Public Schools has had a high turnover in administration, so a DCAP had not been developed  To address this non-compliance- The Granby Public Schools will be developing a District Curriculum Accommodation Plan (DCAP), that includes a description of the assistance available to teachers so they are able to effectively analyze and accommodate the diverse needs of all students and provide appropriate behavioral and academic supports in the general education classroom, including: methods of direct and systematic instruction in reading; supports to address the needs of children whose behavior may interfere with learning; and teacher mentoring and collaboration and parental involvement. | | |
| **Title/Role(s) of Responsible Persons:**  Building Principals | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Submit revised copy of District Curriculum Accommodation Plan (DCAP) to DESE 2. Staff Training by September 15, 2017- send DESE PowerPoint, and sign in sheet | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of each school year the Building Principals will review the district's DCAP and determine if there is a need for revision. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit 1) a copy of the District Curriculum Accommodation Plan (DCAP) that includes a description of the assistance available to teachers so they are able to effectively analyze and accommodate the diverse needs of all students and provide appropriate behavioral and academic supports in the general education classroom, including: methods of direct and systematic instruction in reading; supports to address the needs of children whose behavior may interfere with learning; and teacher mentoring and collaboration and parental involvement, and 2) submit evidence of training (PowerPoint presentation, sign-in sheet) provided to all school personnel. | | |
| **Progress Report Due Date(s):**  09/29/2017 | | |

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

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| **Criterion & Topic:**  CR 20 Staff training on confidentiality of student records | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate staff have not received training on the provisions of the Family Educational Rights and Privacy Act, or the importance of information privacy and confidentiality. | | |
| **Description of Corrective Action:**  root cause- The district's PD calendar didn't allow time for all compliance related topics.  To address this non-compliance - The Leadership Team will be developing a comprehensive yearly PD calendar that includes all mandated civil rights professional development at the start of each school year. | | |
| **Title/Role(s) of Responsible Persons:**  Building Principals  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  10/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Professional Development Calendar, which includes compliance topics 2. Staff training by September 15th on confidentiality and FERPA send DESE - PowerPoint or handout | | |
| **Description of Internal Monitoring Procedures:**  The Granby Public Schools Leadership team will meet each spring/summer to develop a PD calendar that includes these mandated professional development. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 20 Staff training on confidentiality of student records | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit evidence of training (PowerPoint presentation or handout, sign-in sheet) provided to all school personnel on the Family Educational Rights and Privacy Act, and the importance of information privacy and confidentiality. | | |
| **Progress Report Due Date(s):**  09/29/2017 | | |

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

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| **Criterion & Topic:**  CR 21 Staff training regarding civil rights responsibilities | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review and interviews indicate staff have not received annual training on civil rights responsibilities, including the prevention of discrimination and harassment on the basis of students' race, color, sex, gender identity, religion, national origin and sexual orientation and district procedures for responding to it in the school setting. | | |
| **Description of Corrective Action:**  root cause- The district's PD calendar didn't allow time for all compliance related topics.  To address this non-compliance - The Leadership Team will be developing a comprehensive yearly PD calendar that includes all mandated professional development which includes civil rights responsibilities, including the prevention of discrimination and harassment on the basis of students' race, color, sex, gender identity, religion, national origin and sexual orientation and district procedures for responding to it in the school setting. | | |
| **Title/Role(s) of Responsible Persons:**  Building Principals  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  10/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Professional Development Calendar, which includes compliance topics 2. Staff training by September 15th on confidentiality and FERPA send DESE - PowerPoint or handout | | |
| **Description of Internal Monitoring Procedures:**  The Granby Public Schools Leadership team will meet each spring/summer to develop a PD calendar that includes these mandated professional development. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 21 Staff training regarding civil rights responsibilities | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit evidence of training (PowerPoint presentation or handout, sign-in sheet) provided to all school personnel on civil rights responsibilities, including the prevention of discrimination and harassment on the basis of students' race, color, sex, gender identity, religion, national origin and sexual orientation and district procedures for responding to it in the school setting. | | |
| **Progress Report Due Date(s):**  09/29/2017 | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates the district has a policy on reviewing all instructional materials for bias and stereotype, but the policy does not include the categories of gender identity, religion, national origin, or sexual orientation. Interviews indicate individual teachers do not implement the policy for reviewing the educational materials they use. | | |
| **Description of Corrective Action:**  Root Cause- The Granby Public Schools has had a high turnover in administration, resulting in the policy not being updated or implemented.  To address this non-compliance - The policy will be updated to include the categories of gender identity, religion, national origin, or sexual orientation. Additionally, teachers participating in curriculum review committees will be required to review instructional materials yearly focused on curricular area being revised. | | |
| **Title/Role(s) of Responsible Persons:**  Superintendent, Sheryl Stanton | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**   1. Send the revised policy to DESE 2. Send a copy of the district's curriculum review cycle. | | |
| **Description of Internal Monitoring Procedures:**  Each Spring teachers participating in curriculum review committees will review instructional materials focused on the curricular area being revised to include; books, posters, movies etc. for bias and stereotype, gender identity, religion, national origin, or sexual orientation. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's plan is for members of a curriculum review committee, rather than each individual teacher, to review all educational materials for simplistic and demeaning generalizations, lacking intellectual merit. | | |
| **Department Order of Corrective Action:**  The district must develop procedures for each individual teacher to review all educational materials they present in the classroom, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation, and provide balance and context for any stereotypes depicted in such materials with appropriate activities, discussions and/or supplementary materials. | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, provide a copy of the procedures developed to ensure that individual teachers in the district review educational materials presented in their classrooms, for consideration of simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin and sexual orientation, and provide balance and context for any stereotypes depicted. Also, submit evidence of training (agenda, attendance list with staff signature/role) provided to special education and general education teachers. | | |
| **Progress Report Due Date(s):**  09/29/2017 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  Document review indicates the district is not evaluating all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities, and makes programmatic changes as a result of the evaluation. | | | |
| **Description of Corrective Action:**  Root Cause- The Granby Public Schools has had a high turn-over of administration, so an Institutional self-evaluation was not completed.  To address this non-compliance - The district will design a institutional self-evaluation that evaluates all aspects of its K-12 program annually to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities, and makes programmatic changes as a result of the evaluation. | | | |
| **Title/Role(s) of Responsible Persons:**  Sheryl Stanton, Superintendent | | **Expected Date of Completion:**  03/10/2018 | |
| **Evidence of Completion of the Corrective Action:**   1. Send DESE a copy of the Institutional self-evaluation 2. Conclusion reached on the basis of the evaluation and the steps taken to resolve any identified problems. | | | |
| **Description of Internal Monitoring Procedures:**  Yearly the Leadership Team will administer the Institutional self-evaluation and take steps to resolve any identified problems. Additionally, the Leadership Team will keep documentation of each year's evaluation, the conclusions reached and the steps taken to resolve any identified problems. | | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | | |
| **Basis for Decision:** | | | |
| **Department Order of Corrective Action:** | | | |
| **Required Elements of Progress Report(s):**  By September 29, 2017, submit the district's design for an annual institutional self-evaluation of all aspects of its K-12 program to ensure that all students, regardless of race, color, sex, gender identity, religion, national origin, limited English proficiency, sexual orientation, disability, or housing status, have equal access to all programs, including athletics and other extracurricular activities.  By December 1, 2017, submit a copy of the results of the evaluation, conclusions reached, and plan for resolution of any identified issues, if applicable. | | | |
| **Progress Report Due Date(s):**  09/29/2017  12/01/2017 | | | |

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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:**  Document review indicates that the district submitted a list of recommendations, but did not submit its most recent program evaluation which was a required document for the review of this criterion. Therefore, the Department concludes that the district does not have a comprehensive process to evaluate the effectiveness of its ELE programming in developing students' English language skills and increasing their ability to participate meaningfully in the district's educational program. Please see "http://www.doe.mass.edu/ell/ProgramEvaluation.pdf." | | |
| **Description of Corrective Action:**  Root Cause- Root Cause- The Granby Public Schools has had a high turnover in administration of the Pupil Service Department, so the ELE programs were never evaluated.  To address this non-compliance - The district will establish a comprehensive team with varied representation of staff, with the single goal of improving the ELE program and services and support of staff that interact with them. The first step will be to gather and review as much data as possible before making any determination about program effectiveness. The second step is to analyze the data. An objective and thorough analysis of the data will provide the district with a realistic view of our strengths and challenges. Once the data has been analyzed, the team will set targets for improvement, change, or continued effectiveness. There are three goals to consider:(1) the number and percent of students making progress in English proficiency as measured by ACESS. (2) achieving fluency in English as measured by the ACCESS. (3) reducing the proficiency gap on the MCAS between district's ELL subgroup and the general student population. Next up is the Action Plan which is used to document the steps the district will take to improve services to ELLs and meet the targets set. The Last Step is to set up a monitoring plan. The plan should be considered a working document, with changes in data collection and analysis, action steps, and monitoring an ongoing project. | | |
| **Title/Role(s) of Responsible Persons:**  Carol Hepworth, Director of Pupil Services | | **Expected Date of Completion:**  01/01/2018 |
| **Evidence of Completion of the Corrective Action:**  Completed Program Evaluation submitted to DESE by 1/1/2018 | | |
| **Description of Internal Monitoring Procedures:**  The district's ELE Program Evaluation Team will set an evaluation schedule as part of the 2017-2018 program evaluation process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 17 Program Evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 05/02/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By May 25, 2017, provide the following information: names and the assignments of the staff members who will be involved in the district's program evaluation; qualitative and quantitative data that will be analyzed; meeting dates and agendas including a timeline for the process.  By September 29, 2017, complete the program evaluation tool that is available at http://www.doe.mass.edu/ell/resources.html.  By September 29, 2017, provide a plan of action to make appropriate program adjustments or changes that are responsive to the outcomes of the program evaluation to improve the effectiveness of the program. | | |
| **Progress Report Due Date(s):**  05/25/2017  09/29/2017 | | |