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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: Lowell Collegiate Charter School (District)

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 06/05/2017.

**Mandatory One-Year Compliance Date:** **06/05/2018**

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

| **Criterion** | **Criterion Title** | **CPR Rating** |
| --- | --- | --- |
| SE 2 | Required and optional assessments | Partially Implemented |
| SE 3 | Special requirements for determination of specific learning disability | Partially Implemented |
| SE 13 | Progress Reports and content | 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 32 | Parent advisory council for special education | Partially Implemented |
| SE 54 | Professional development | 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 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 18A | School district employment practices | Partially Implemented |
| CR 24 | Curriculum review | Not Implemented |
| CR 25 | Institutional self-evaluation | Not Implemented |
| ELE 10 | Parental Notification | Partially Implemented |
| ELE 14 | Licensure Requirements | Partially Implemented |
| ELE 18 | Records of ELL students | Partially Implemented |

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| **Criterion & Topic:**  SE 2 Required and optional assessments | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that the charter school does not consistently complete an educational assessment by a representative of the school district, including a history of the student's educational progress in the general curriculum and an assessment by a teacher(s) with current knowledge regarding the student's specific abilities in relation to learning standards of the Massachusetts Curriculum Frameworks and the district's general education curriculum, as well as an assessment of the student's attention skills, participation behaviors, communication skills, memory, and social relations with groups, peers, and adults. | | |
| **Description of Corrective Action:**  The district has determined that the root cause for the partial implementation of educational assessment by a representative of the school district is due to an oversight by the previous Special Education Academic Coordinator and the need for further training. The district has hired an experienced Special Education Academic Coordinator, who will train the staff on using the Educational Assessment Part A and B forms to determine the history of the student's educational progress in the general curriculum and an assessment regarding the student's specific abilities, attention skills, participation, communication skills, and social relationships. In addition, internal data that document these categories will be used to identify the previously listed information about a student. In addition, a record review by an outside resource has been conducted to assess where files need to be completed. The Special Education team will work on completion of the files under the lead of the Director and Special Education Academic Coordinator. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  Special Education Academic Coordinator, P. Montague | | **Expected Date of Completion:**  12/15/2017 |
| **Evidence of Completion of the Corrective Action:**  Training agenda of fall training for special and general education teams of CCSL  Sign in sheets  Content of training to complete and review Educational Assessment A and B forms | | |
| **Description of Internal Monitoring Procedures:**  The special education and general education teams will be trained on the process of completing and reviewing the A and B Educational Assessment forms during a training in the fall of 2017. The Director and Special Education Academic Coordinator will review the records and progress reports every three months, to start in November of 2017, to ensure that the information is accurate and up to date. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit evidence of staff training on the requirements for completing Educational Assessments A and B. Include the training dates, agenda, training materials, and signed attendance sheets indicating the title/role of staff and the name and title of the presenter.  By October 6, 2017, for those student records identified by the Department, complete the missing educational assessments and reconvene the IEP Teams to review the results of the assessments and to update the IEPs, as appropriate. Submit copies of the completed educational assessments, as well as copies of the Team Meeting Invitation (N3) and Team Meeting Attendance Sheet (N3A) as evidence that IEP Teams reconvened to review the assessment results.  By January 12, 2018, subsequent to all other corrective action, submit a report of the results of an internal review of fifteen (15) student records across all levels to ensure consistency and continued compliance for completion of Educational Assessments A and B. Include the number of student records reviewed, the number of records in compliance, and for any records not in compliance, determine the root cause of the non-compliance and the district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/06/2017  11/14/2017  01/12/2018 | | |

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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 is evaluated, the Team does not consistently create a written determination as to whether or not he or she has a specific learning disability, which is signed by all members of the Team. If one or more members are in disagreement as to the determination, the Team does not consistently document their disagreement. | | |
| **Description of Corrective Action:**  CCSL has determined that the root cause for only partially implementing written determination on specific learning disability documentation is an oversight by the previous Special Education Academic Coordinator and lack of monitoring the records of IEP eligibility meetings for students with specific learning disabilities. Based on the preliminary CPR report and guidance from the Regional Special Education Academic Coordinator from SABIS, the special education team has implemented the completion of the mandated Specific Learning Disability forms since May 2017. Furthermore, the district has hired an experienced Special Education Academic Coordinator who is going to implement a training on using the mandated Specific Learning Disability forms provided on the Massachusetts Department of Elementary and Secondary Education website. In addition, she will create a file of blank Specific Learning Disability forms to be stored in the special education office, accessibly to all special education staff. CCSL is transitioning to the eSPED online platform, which also includes electronic version of all state mandated forms. In future IEP meetings, all forms will be used as required and signed by all team members. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  Special Education Academic Coordinator, P. Montague | | **Expected Date of Completion:**  12/15/2017 |
| **Evidence of Completion of the Corrective Action:**  Training agenda  Sign in sheet  Training materials  Completed forms in IEP records  Sample folder of Specific Learning Disability forms in special education office | | |
| **Description of Internal Monitoring Procedures:**  The Director and Special Education Academic Coordinators will review the IEP records of students with Specific Learning Disabilities every three months starting in November 2017. Records will be completed as needed and identified. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit evidence of staff training to ensure that when a student suspected of having a specific learning disability is evaluated, the Team creates a written determination as to whether or not he or she has a specific learning disability, which is signed by all members of the Team. Include the training dates, agenda, training materials, and signed attendance sheets indicating the title/role of staff and the name and title of the presenter.  By January 12, 2018, subsequent to all other corrective action, conduct and submit the results of an internal review of records for students suspected of having a specific learning disability to ensure the Team created a written determination of whether or not the student has a specific learning disability, which is signed by all members of the Team. Include the number of student records reviewed, the number of records in compliance, and for any records not in compliance, determine the root cause of the non-compliance and the district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/06/2017  01/12/2018 | | |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of student records and staff interviews indicated that although parents receive written information on the student's progress towards the annual related service(s) goals in the IEP, they do not receive written information on progress regarding all other goals set in the IEP. | | |
| **Description of Corrective Action:**  CCSL has determined that the root cause for not providing information on progress regarding all goals set in the IEP is an oversight from the previous Special Education Academic Coordinator and a lack of monitoring and implementation of this process. The new, experienced Special Education Academic Coordinator is going to develop a procedure to complete the progress reports by an internal staff member. In addition, CCSL has purchased the eSTAR program to ensure completion of progress reports and the writing of understandable S.M.A.R.T. IEP goals. CCSL will ensure that the special education team will be trained on and use the eSTAR program starting the fall of 2017. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  Special Education Academic Coordinator, P. Montague | | **Expected Date of Completion:**  06/04/2018 |
| **Evidence of Completion of the Corrective Action:**  eSTAR training documents  Sign in sheet for training on eSTAR  Progress reports with all required information in IEP records  Progress reports will be sent four times a year in correlation with the interim and report cards during the academic school year (copies) | | |
| **Description of Internal Monitoring Procedures:**  The Director and Special Education Academic Coordinator will review IEP records every three months starting in November of 2017 to ensure completion of progress reports with all accurate information and provide the latter if necessary. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit evidence of training for special education teachers, related service providers, and Team Chairpersons on writing progress reports that provide written information on the student's progress toward each IEP goal. Include the training dates, agenda, training materials, and signed attendance sheets indicating the title/role of staff and the name and title of the presenter.  By January 12, 2018, subsequent to the implementation of all other corrective action, conduct and submit the results of an internal review of approximately fifteen (15) records across all grade levels for evidence that progress reports include written information on the student's progress towards each annual goal in the IEP. Include the number of student records reviewed, the number of records in compliance, and for any records not in compliance, determine the root cause of the non-compliance and the district's plan to remedy the non-compliance.  \*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):**  10/06/2017  01/12/2018 | | |

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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 include the following: any options that the school considered and the reasons why those options were rejected; evaluation procedure(s), test(s), record(s) or report(s) used as a basis for the proposed action; other relevant factors for the school's decisions; and what next steps, if any, are recommended. | | |
| **Description of Corrective Action:**  The district has determined that the lack of information on the Notice of Proposed School District Action (N1) form was due to poor follow-through on behalf of the previous Special Education Academic Coordinator. The district will conduct a training on how to create N1 forms that are meaningful, detailed, and accurate. The district will also start a record on which required forms have been completed on time in order to provide access to this information for the special education team and ensure timely follow-through. CCSL has purchased eSPED, which guarantees access to all required special education forms electronically and will use it for ease of use and implementation. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  Special Education Academic Coordinator, P. Montague | | **Expected Date of Completion:**  12/15/2017 |
| **Evidence of Completion of the Corrective Action:**  Minutes/Agenda of training for filling out the N1 form, detailing information and purpose of all six questions on the N1 form.  Sign in sheet for training on N1 forms  N1 forms in IEP records  eSPED training | | |
| **Description of Internal Monitoring Procedures:**  The Director and Special Education Academic Coordinator will review records every three months starting in November 2017 and fix possible errors. | | |
| 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:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit evidence of training for Team Chairpersons on the development of written Notice of Proposed School District Action (N1s), ensuring that the N1 addresses all six required components. Include the training dates, agenda, training materials, and signed attendance sheets indicating the title/role of staff and the name and title of the presenter.  By January 12, 2018, subsequent to the implementation of all other corrective action, conduct an internal review of 15 (fifteen) records across all levels for evidence that the N1 address all six required components. Include the number of student records reviewed, the number of records in compliance, and for any records not in compliance, determine the root cause of the non-compliance and the district's plan to remedy the non-compliance.  \*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 the person(s) who conducted the review, their role(s), and their signatures. | | |
| **Progress Report Due Date(s):**  10/06/2017  11/14/2017  01/12/2018 | | |

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| **Criterion & Topic:**  SE 32 Parent advisory council for special education | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and interviews indicated that the parent advisory council for special education has not advised the charter school on matters that pertain to the education and safety of students with disabilities or met regularly with school officials to participate in the planning, development, and evaluation of the charter school's special education programs. In addition, the charter school has not conducted, in cooperation with the parent advisory council, at least one workshop annually on the rights of students and their parents and guardians under the state and federal special education laws. | | |
| **Description of Corrective Action:**  The district has determined the the root cause for the partial implementation of the parent advisory council has been caused by a lack of follow-through and training of the Special Education Academic Coordinator. The school Social Worker, Ms. Nancy Fagan, will advance this event. Organizing meetings of the parent advisory council will eventually become the responsibility of the new Special Education Academic Coordinator, who will be trained in the procedures and process of setting up and maintaining a parent advisory council. CCSL will connect with the SABIS schools in Holyoke and Springfield in order to determine procedures for a parent advisory council. As of April 1, 2017, a parent advisory council president has been elected and a mission statement developed. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  Special Education Academic Coordinator, P. Montague  LICSW, Nancy Fagan | | **Expected Date of Completion:**  02/28/2018 |
| **Evidence of Completion of the Corrective Action:**  Documentation of procedure of setting up a parent advisory council  Plan for advisory council with meetings for the academic year of 2017/18  Meeting notes  Sign in sheets  Mission statement | | |
| **Description of Internal Monitoring Procedures:**  The Director will supervise the set up procedure of a parent advisory council by the social worker. He will help develop the yearly plan for parent advisory council meetings for the academic year and be present at the initial two meetings to ensure procedures are followed. The Director will furthermore assist in training the new Special Education Academic Coordinator in taking over the lead to oversee the parent advisory council. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 32 Parent advisory council for special education | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By January 12, 2018, submit evidence that the charter school conducted at least one workshop for parents on the rights of students and their parents and guardians under state and federal special education laws. Include the meeting date(s), agenda, meeting materials, and signed attendance sheets.  By April 16, 2018, submit a description of how the parent advisory council for special education has advised the school on matters that pertain to the education and safety of students with disabilities and met regularly with school officials to participate in the planning, development, and evaluation of the school's special education programs. | | |
| **Progress Report Due Date(s):**  01/12/2018  04/16/2018 | | |

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| **Criterion & Topic:**  SE 54 Professional development | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews indicated that the charter school does not ensure that all staff, including both special education and general education staff, are trained on methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom. | | |
| **Description of Corrective Action:**  The district has determined that the root cause for partially meeting the requirements for the accommodation of diverse learning styles of all students in the general education classroom was the difficulty to ensure consistency and training among all staff due to three instructional facilities in the 2015/16 school year. In addition, the district determined a need for additional training on differentiation strategies by SABIS corporate and the administrative team. The district and SABIS are now implementing additional training on differentiated instruction for special education, ELL, and general education staff in our new facility and in a corporate office. All new instructional staff will attend a corporate teacher on-boarding training conducted by the SABIS(R) Regional Academic Quality Controller to educate teachers on the importance and strategies of differentiated instruction. In addition, the administrative team will conduct several training sessions on differentiated instruction during the 10-day fall training in August 2017. The Academic Quality Controllers will be conducting regular lesson plan feedback and classroom observations of teachers, noting instances where there may be potential lack of accommodating diverse learning styles, and follow up with additional training on a one-on-one or small group basis as needed. | | |
| **Title/Role(s) of Responsible Persons:**  Kirsten Hunkapiller, Academic Quality Controller, Grades 4-7  Siobhan Quinlan, AQC, Grades K-3 | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**  - SABIS Corporate Teacher on-boarding Agenda  - Power Points and differentiation materials of local training on accommodating diverse learning styles  - SABIS Teacher observation form  - Lesson plan feedback rubric  - Training Agendas  - Sign in sheets of trainings | | |
| **Description of Internal Monitoring Procedures:**  1. Regular classroom observations by Academic Quality Controllers  2. Regular lesson plan feedback by Academic Quality Controllers  3. Additional one-on-one/small group training or peer observations with mentor as needed (if lack of accommodations is determined by Academic Quality Controllers) | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 54 Professional development | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit evidence of training for all staff, including general education and special education staff, on methods of collaboration among teachers, paraprofessionals and teacher assistants to accommodate diverse learning styles of all students in the general education classroom. Include the training date(s), agenda, training materials, and signed attendance sheets indicating the title/role of staff and the name and title of the presenter. | | |
| **Progress Report Due Date(s):**  10/06/2017 | | |

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| **Criterion & Topic:**  CR 10B Bullying Intervention and Prevention | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews indicated that the charter school's Bullying Prevention and Intervention Plan, as referenced in the student handbook, has not been amended to extend protections to students who are bullied by a member of the school staff. In addition, the school handbook does not make clear that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report. Furthermore, a review of documentation and staff interviews indicated related professional development does not 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. | | |
| **Description of Corrective Action:**  The root cause for the partial implementation is an oversight to update the bullying and intervention plan with the components from the latest legislation. The district will update the bullying and intervention plan to include protections to students who are bullied by a member of the school staff, as well as update all language required by the Massachusetts Department of Elementary and Secondary Education. In addition, CCSL will update the parent student handbook and employee handbook to reflect these updates. A training will be conducted to ensure all staff, parents, and students are aware of these updates and changes. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  Student Management Coordinator, G. Kayo  Student Life Coordinator, J. Shanahan | | **Expected Date of Completion:**  10/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Updated bullying and intervention plan with all cited updated language and detail included  Updated employee handbook  Updated parent student handbook  Training minutes  Training sign in sheet  Training agenda | | |
| **Description of Internal Monitoring Procedures:**  The Director, Student Management Coordinator, and Student Life Coordinator will review the bullying intervention policy annually in collaboration with SABIS to ensure that all components are updated and reflect the latest policies, language, and procedures. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10B Bullying Intervention and Prevention | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The charter school plans to update the Bullying Intervention and Prevention Plan, but did not indicate that they intend to implement, for all school staff, professional development that includes 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. | | |
| **Department Order of Corrective Action:**  Implement, for all school staff, professional development that includes 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. | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit the charter school's amended Bullying Prevention and Intervention Plan, extending protections to students who are bullied by a member of the school staff.  By October 6, 2017, submit the 2017-2018 school handbook indicating that a member of the school staff may be named the "aggressor" or "perpetrator" in a bullying report.  By October 6, 2017, provide evidence of dissemination of student-related sections of the updated plan to parents and guardians.    By January 12, 2018, submit evidence of professional development provided to all staff that includes 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. Include the training dates, agenda, training materials, and signed attendance sheets indicating the title/role of staff and the name and title of the presenter. | | |
| **Progress Report Due Date(s):**  10/06/2017  01/12/2018 | | |

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| **Criterion & Topic:**  CR 10C Student Discipline | | **CPR Rating:**  Partially Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews indicated that while the charter school has established student discipline procedures, these do not include: procedures for emergency removal; procedures for principal hearings for both short and long-term suspension; procedures for in-school suspension; procedures for superintendent hearing; procedures for education services and academic progress (School-wide Education Service Plan); and alternatives to suspension. | | |
| **Description of Corrective Action:**  The district has determined that the root cause for partial implementation of student discipline procedures was an oversight by the Student Management Coordinator. CCSL will adapt the school-wide education service plan from the model shared with us by Matthew Nixon. CCSL will develop procedures for emergency removal, principal hearings for both short and long-term suspension, in-school suspension, superintendent hearing, education services and academic progress and alternatives to suspension that match the structure of the CCSL permanent facility. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  Student Management Coordinator, G. Kayo  Student Life Coordinator, J. Shanahan | | **Expected Date of Completion:**  10/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Training on updated components (notes)  Training agenda  Training sign in sheet  Updated school-wide education service plan  Check list for bi-annual record review | | |
| **Description of Internal Monitoring Procedures:**  The Director, Student Management Coordinator, will oversee and ensure that all documents are complete and review the disciplinary records bi-annually to ensure that all procedures are being followed, and fix possible errors if necessary. This process will be documented by a check list. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 10C Student Discipline | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit student discipline procedures, that include: procedures for emergency removal; procedures for principal hearings for both short and long-term suspension; procedures for in-school suspension; procedures for superintendent hearing; procedures for education services and academic progress (School-wide Education Service Plan); and alternatives to suspension.  By October 6, 2017, submit the charter school's School-wide Education Service Plan for all students who are expelled or suspended from school for more than 10 consecutive school days, whether in or out of school, ensuring these students have an opportunity to make academic progress during the period of suspension or expulsion, to make up assignments and earn credits missed, including, but not limited to, homework, quizzes, exams, papers and projects missed. | | |
| **Progress Report Due Date(s):**  10/06/2017 | | |

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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 indicated that flyers used to publicize the charter school do not include a notice that the charter school does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion, or sexual orientation. In addition, the student handbook does not include the name(s), office address(es), and phone number(s) of the person(s) designated to coordinate compliance under Title IX and Section 504. | | |
| **Description of Corrective Action:**  The root cause for not including an anti-discrimination statement on all documents and the school website including the latest protected categories is an oversight by the school administration. The Director will coordinate with SABIS to update this statement and document and ensure it is included in all materials distributed by CCSL in paper or electronic form. The Director will also ensure that the parent/student handbook is updated to reflect the person(s) designated to coordinate compliance under Title IX and Section 504. The school administration will be trained to ensure that such a statement is present on all materials at all times. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  IT Manager, C. Simard  Office Manager, L. Ducharme | | **Expected Date of Completion:**  09/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Statement updated on documents  Statement updated on website of CCSL  Parent Handbook updated to reflect person(s) designated under Title IX and Section 504  Administrator training minutes  Sign in sheet for training  Handout for training | | |
| **Description of Internal Monitoring Procedures:**  The Director will ensure that all documents will be updated and will review any materials distributed to the public for an anti-discrimination statement. The Director will annually review the latest policies and ensure updates are made on all school documents if necessary. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 12A Annual and continuous notification concerning nondiscrimination and coordinators | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit flyers used to publicize the charter school that include a notice that the charter school does not discriminate on the basis of race, color, national origin, sex, gender identity, disability, religion, or sexual orientation.  by October 6, 2017, submit pages from the student handbook that include the name(s), office address(es), and phone number(s) of the person(s) designated to coordinate compliance under Title IX and Section 504. | | |
| **Progress Report Due Date(s):**  10/06/2017  11/14/2017 | | |

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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:**  A review of documentation and staff interviews indicated that program staff are not provided with annual training regarding the charter school's restraint prevention and behavior support policy and requirements when restraint is used. | | |
| **Description of Corrective Action:**  The root cause for not providing all staff with annual training of the charter school's restraint prevention and behavior support policy and requirements when restraint is used was an oversight on behalf of the Student Management Coordinator. The district will provide a whole staff training prior to the beginning of the academic year of 2017/18 to ensure that all staff are provided with the latest restraint prevention and behavior support policies. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  Student Mngmt. Coordinator, G. Kayo  Student Life Coordinator, J. Shanahan | | **Expected Date of Completion:**  09/15/2017 |
| **Evidence of Completion of the Corrective Action:**  Use of Special Education physical restraint training from the Massachusetts Department of Elementary and Secondary Education website to be supplemented by a training of the Student Management Coordinator and Student Life Coordinator on the remaining elements not covered in the Massachusetts Department of Elementary and Secondary Education website training.  Training minutes  Sign in sheet  Training agenda | | |
| **Description of Internal Monitoring Procedures:**  The Director, Student Management Coordinator, and Student Life Coordinator will review the training sign in sheet to ensure that all staff has been present at the training and organize an additional training for absentees or staff added later in the school year if applicable. | | |
| 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:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit evidence of training provided to all program staff on the charter school's restraint prevention and behavior support policy and requirements when restraint is used. Include the training date(s), agenda, training materials, and signed attendance sheets indicating the title/role of staff and the name and title of the presenter. | | |
| **Progress Report Due Date(s):**  10/06/2017 | | |

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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 the Equal Employment Opportunity Policy Statement in the employee handbook indicated that gender identity is not included. | | |
| **Description of Corrective Action:**  The root cause for not including the statement of being an equal opportunity employer is an oversight on behalf of the Human Resources department, which was not staffed due to illness. The Director will coordinate with SABIS to update this statement and document and ensure it is included in all materials and forms distributed by CCSL in paper or electronically that are related to employment at CCSL. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  Human Resources Coordinator, R. Karani  IT Manager, C. Simard | | **Expected Date of Completion:**  10/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Updated employee handbook  Updated electronic forms related to employment  Updated job postings as applicable | | |
| **Description of Internal Monitoring Procedures:**  The Director and Human Resources Coordinator will oversee that all documents related to employment are updated and reviewed annually to reflect that CCSL is an equal opportunity employer. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18A School district employment practices | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit a copy of the Equal Employment Opportunity Policy Statement in the employee handbook that includes gender identity as a protected category. | | |
| **Progress Report Due Date(s):**  10/06/2017 | | |

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

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| **Criterion & Topic:**  CR 24 Curriculum review | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews indicated that the charter school does not have a process that involves individual teachers in the review of educational materials 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. | | |
| **Description of Corrective Action:**  The district has determined that the root cause for not implementing a process of involving individual teachers in the review of educational materials 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 was an oversight by the administrative team. SABIS corporate has created a memo that will be discussed and signed during the teacher training by all instructional staff in August 2017. The memo will educate teachers about the fact that SABIS materials, which have been reviewed for the criteria listed above, will be the primary source of instruction and any additional materials need to be approved by the Academic Quality Controller for simplistic and demeaning generalizations on the basis of race, color, sex, gender identity, religion, national origin, and sexual orientation. | | |
| **Title/Role(s) of Responsible Persons:**  Kirsten Hunkapiller, Academic Quality Controller  Siobhan Quinlan, Academic Quality Controller | | **Expected Date of Completion:**  12/01/2017 |
| **Evidence of Completion of the Corrective Action:**  - Memo  - Staff Sign in Sheet  - Fall Training Agenda | | |
| **Description of Internal Monitoring Procedures:**  - Regular lesson plan feedback by Academic Quality Controller  - Approval emails once material has been approved  - Request to approve in email form from teacher to Academic Quality Controller  - Unannounced classroom observations on a regular basis | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit procedures for the regular review by teachers of all educational materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin, and sexual orientation.  By January 12, 2018, submit evidence of staff training on the process that involves individual teachers in the review of educational materials 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. Include the training date(s), agenda, training materials, and signed attendance sheets indicating the title/role of staff and the name and title of the presenter. | | |
| **Progress Report Due Date(s):**  10/06/2017 | | |

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

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| **Criterion & Topic:**  CR 25 Institutional self-evaluation | | **CPR Rating:**  Not Implemented |
| **Department CPR Findings:**  A review of documentation and staff interviews indicated that the charter school does not evaluate all aspects of its 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. | | |
| **Description of Corrective Action:**  CCSL has determined that the root cause for the lack of an annual evaluation of all programs is due to an oversight on behalf of the Director. The Director will meet with the Student Management and Student Life Coordinators, as well as the IT Manager to discuss components of staff, student, and parent surveys regarding student access to all programs. They will create a student, staff, and parent survey and analyze outcomes. In addition, this team will create action plans to address any inequalities if applicable. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  SM Cdntr., G. Kayo  SL Cdntr., J. Shanahan  IT Mng., C. Simard | | **Expected Date of Completion:**  06/04/2018 |
| **Evidence of Completion of the Corrective Action:**  Staff Survey and results  Parent Survey and results  Student Survey and results  Meeting agenda  Sign in sheet  Meeting minutes  Action plans  DIstribution of survey  Evidence of analysis | | |
| **Description of Internal Monitoring Procedures:**  The Director will lead the pre-meetings to create surveys and ensure that all surveys are sent out as determined. The Director will hold a survey analysis meeting, establish action plans, and develop timelines for completion of action plans if needed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 25 Institutional self-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017 submit a self evaluation tool or template to evaluate all aspects of the charter school's program for equal access.  By April 16, 2017 submit a narrative summary of results of the institutional self evaluation and an action plan for program adjustments or changes in response to the outcomes of the institutional self-evaluation to improve equal access to all programs, including athletics and other extracurricular activities. | | |
| **Progress Report Due Date(s):**  10/06/2017  04/16/2018 | | |

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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 while the charter school sends initial and annual notifications to parents of English learners, it does not consistently translate such notices, when requested. | | |
| **Description of Corrective Action:**  The root cause for EL student records not consistently translating initial and annual notifications to parents is an oversight on behalf of the EL Coordinator. The Director will train the EL Coordinator to ensure that all initial and annual notifications sent home to parents are translated. The EL Coordinator will train her team to follow these procedures. The EL Coordinator will also download the translated versions of the Home Language Survey from the Massachusetts Department of Elementary and Secondary Education website and send them home to parents if applicable. Translation of all materials needed will start immediately. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  EL Coordinator, V. Theng-Sanders | | **Expected Date of Completion:**  05/31/2018 |
| **Evidence of Completion of the Corrective Action:**  Translated initial and annual notices  Training minutes  Sign in sheet  Training agenda  Translated Home Language Survey | | |
| **Description of Internal Monitoring Procedures:**  The Director will approve all initial and annual notifications to parents of ELs and ensure their translations are sent home with the English originals. The Director will review EL records three times annually starting in November 2017 to ensure translations are always present for parents who do not speak English. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 10 Parental Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit a copy of the initial and annual parent notification letters the district will use.  By October 6, 2017, provide training to ELE staff to ensure that they are all knowledgeable about the requirements regarding the initial and annual parent notification letters and submit the training materials, sign-in sheet and agendas.  By January 12, 2018, submit samples of the initial and annual parent notification letters sent to student's parents or guardians in their preferred language. | | |
| **Progress Report Due Date(s):**  10/06/2017 | | |

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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 documentation and a review of ELAR indicated that not all charter school ESL teachers who provide students with ESL instruction hold an ESL license or a current waiver issued by the Massachusetts Department of Elementary and Secondary Education. | | |
| **Description of Corrective Action:**  The root causes for the fact that not all charter school ESL teachers are ESL licensed or hold a waiver is due to an oversight in the Human Resources department. The Human Resource Coordinator was on sick leave for several months and a new Human Resources Coordinator has been hired. The HR Coordinator will apply for a temporary waiver for the ESL teacher who does not hold an ESL license and ensure that she obtains the license as soon as possible. The teacher is licensed in Elementary Education and holds an SEI endorsement for teachers. The Director will train the new Human Resources Coordinator on the procedure of checking licensure prior to employment and procedure of waiver application. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  EL Coordinator, V. Theng-Sanders | | **Expected Date of Completion:**  12/30/2017 |
| **Evidence of Completion of the Corrective Action:**  Waiver application  Evidence of training HR Coordinator minutes  ESL licensure of all teachers | | |
| **Description of Internal Monitoring Procedures:**  The Director will periodically check in with the Human Resources Coordinator to ensure procedures of checking licensure and/or applying for waivers is followed consistently. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 14 Licensure Requirements | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit the approved waiver or evidence of waiver application to DESE.  By October 6, 2017, provide a report of the program director's monitoring of the educator's progress toward certification throughout the 2017-2018 school year until licensure is secured, and a copy of any job posting and application information that may remain on file in the event the currently uncertified educator(s) fails to acquire proper certification.  By April 16, 2018, provide evidence of the licensure of the current ESL teacher(s). | | |
| **Progress Report Due Date(s):**  10/06/2017  01/12/2018  04/16/2018 | | |

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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 English learner student records do not consistently include MCAS reports. | | |
| **Description of Corrective Action:**  The root cause for EL student records not consistently including MCAS reports is an oversight on behalf of the EL Coordinator. The EL Coordinator will review all cumulative files and extract MCAS/PARCC reports from previous school years to add to the EL student records. Upon receipt of this year's MCAS scores, the EL Coordinator will ensure that all EL student records contain an updated MCAS report. The EL Coordinator will also include a sheet at the front of each EL student record, stating what elements will be included in the record to ensure complete evidence of all information necessary. The Director will train the EL Coordinator to follow these procedures. The EL Coordinator will train the EL staff to ensure policies are followed consistently. | | |
| **Title/Role(s) of Responsible Persons:**  Director, F. Randall  EL Coordinator, V. Theng-Sanders | | **Expected Date of Completion:**  05/31/2018 |
| **Evidence of Completion of the Corrective Action:**  EL student records with all MCAS/PARCC reports  Sheet in front of each record  Training minutes  Training agenda  Training sign in sheet | | |
| **Description of Internal Monitoring Procedures:**  The Director and EL Coordinator will review EL student records every three months starting November 2017 to ensure that EL student records contain all MCAS/PARCC information and cover sheets. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  ELE 18 Records of ELL students | **Corrective Action Plan Status:** Approved  **Status Date:** 08/09/2017  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By October 6, 2017, submit procedures and evidence of training provided to the EL Coordinator and EL teachers to ensure that the school includes MCAS reports in the EL student record. Include the training date(s), agenda, training materials, and signed attendance sheets indicating the title/role of staff and the name and title of the presenter.  By October 6, 2017, submit a plan for ongoing internal monitoring of student records that indicates the person responsible for reviewing EL records and how often student records will be reviewed.  By January 12, 2018, conduct a review of English learner student records for evidence that they consistently include MCAS reports. Include the number of student records reviewed, the number of records in compliance, and for any records not in compliance, determine the root cause of the non-compliance and the district's plan to remedy the non-compliance.  \*Please note when conducting internal monitoring the district must maintain the following documentation and make it available to the Department upon request: a) List of student names and grade levels for the records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s). | | |
| **Progress Report Due Date(s):**  10/06/2017  11/14/2017  01/12/2018 | | |