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| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**  **Public School Monitoring** |

##### FOCUSED MONITORING REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: Paulo Freire Social Justice Charter School (District)

FMR Onsite Year: 2021-2022

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 06/08/2022.

**Mandatory One-Year Compliance Date:** **06/08/2023**

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

| **Criterion** | **Criterion Title** | **FMR Rating** |
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| SE 1 | Assessments are appropriately selected and interpreted for students referred for evaluation | Not Implemented |
| SE 2 | Required and optional assessments | Not Implemented |
| SE 3 | Special requirements for determination of specific learning disability | Not Implemented |
| SE 6 | Determination of transition services | Not Implemented |
| 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 | Not Implemented |
| SE 9 | Timeline for determination of eligibility | Not Implemented |
| SE 9A | Elements of eligibility determination; general education accommodations and services for ineligible students | Not Implemented |
| SE 12 | Frequency of re-evaluation | Not Implemented |
| SE 13 | Progress Reports and content | Not Implemented |
| SE 14 | Review and revision of IEPs | Not Implemented |
| SE 18A | IEP development and content | Not Implemented |
| SE 22 | IEP implementation and availability | Partially Implemented |
| SE 25 | Parental consent | Partially Implemented |
| SE 26 | Parent participation in meetings | Not Implemented |
| SE 29 | Communications are in English and primary language of home | Not Implemented |
| SE 35 | Assistive technology: specialized materials and equipment | Partially Implemented |
| SE 43 | Behavioral interventions | Not Implemented |
| SE 46 | Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | Partially Implemented |
| SE 49 | Related services | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 1 Assessments are appropriately selected and interpreted for students referred for evaluation | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review and staff interviews indicated that the charter school does not conduct assessments for initial evaluations and re-evaluations. | | |
| **Description of Corrective Action:**  \* PFSJCS will reconvene the Team to develop a current IEP for each student listed on the Student Records Issues Worksheet (SRIW).  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures.  \* Continue our collaboration with Chicopee Public Schools | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* N3, N3A, N1, and IEP of each reconvened Team meeting to develop a current IEP for each student listed on the Student Records Issues Worksheet (SRIW)  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  \*At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines.  \* The Chief Academic Officer and Administrative Team will ensure that the policy and procedures manual is distributed and reviewed with staff twice per school year to ensure any new staff will be provided training. The Academic Coordinator will provide ongoing professional learning to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 1 Assessments are appropriately selected and interpreted for students referred for evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 2 Required and optional assessments | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review and staff interviews indicated that the charter school does not conduct  assessments for initial evaluations and re-evaluations. | | |
| **Description of Corrective Action:**  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  N1A, N3, N3A, N1 or N2, and IEPs for initial evaluations and re-evaluations.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 2 Required and optional assessments | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 3 Special requirements for determination of specific learning disability | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review and staff interviews indicated that when a student is suspected of having a specific learning disability, the Team does not create a written determination as to whether or not he or she has a specific learning disability, signed by all members. Furthermore, if there is disagreement as to the determination, Team members do not document their disagreement. | | |
| **Description of Corrective Action:**  \* For students who are being evaluated for a specific learning disability, PFSJCS will ensure that appropriate DESE required documents (28M/10, SLD1, SLD2, SLD3) are completed.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Completed DESE required documents (28M/10, SLD1, SLD2, SLD3) for students who have been evaluated for a specific learning disability.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 3 Special requirements for determination of specific learning disability | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
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| **Criterion & Topic:**  SE 6 Determination of transition services | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review and staff interviews indicated that beginning no later than when the student is 14 years old, the Team does not determine appropriate transition services. Specifically, the Team does not review and update the Transition Planning Form annually; students are not consistently invited to and encouraged to attend part or all of Team meetings at which transition services are discussed; and proposed IEPs do not consistently include goals and/or supports needed to reasonably enable the student to meet his or her post-secondary goals. | | |
| **Description of Corrective Action:**  \* PFSJCS will review and update student Transition Planning Forms at annual review IEP meetings.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 6 Determination of transition services | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
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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 | | **FMR Rating:**  Partially Implemented |
| **Department FMR Findings:**  Student record review and staff interviews indicated that at least one year prior to the student reaching age 18, the charter school does not consistently inform the student and parents of the rights that will transfer from the parents to the student upon the student's 18th birthday. Additionally, upon reaching the age of majority, the school does not document whether the student chooses to retain, delegate, or share educational decision-making. Furthermore, upon reaching the age of majority, the school does not always obtain consent from the student with decision-making authority to continue his or her special education program. | | |
| **Description of Corrective Action:**  PFSJCS will ensure that Age of Majority Notifications and Age of Majority Decision documents are completed as required.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Age of Majority Notifications and Age of Majority Decision documents will be maintained in each student's special education file.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 8 IEP Team composition and attendance | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review and staff interviews indicated that the charter school does not maintain documentation regarding IEP Team meeting attendees. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure that the N3A is signed at IEP meetings.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* The N3As will be maintained in each student's special education file.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 8 IEP Team composition and attendance | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 9 Timeline for determination of eligibility | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review and staff interviews indicated that when in receipt of parental consent for an initial evaluation, the charter school does not conduct any assessments. Furthermore, the charter school does not solicit written parental consent to complete a re-evaluation, as necessary.  Student record review also indicated that the charter school does not provide the proposed IEP and placement or written explanation of the finding of no eligibility immediately after the Team meeting. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure that evaluations are completed within the regulatory guidelines.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Through tracking of the N1A, N3, and IEP development PFSJCS will be able to demonstrate evaluations are being completed within the timelines.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9 Timeline for determination of eligibility | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 9A Elements of eligibility determination; general education accommodations and services for ineligible students | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review indicated that although charter school staff reported in interviews that they attend Team meetings, the school does not maintain any documentation that a Team meeting occurred, such as meeting invitations, attendance, and updated IEPs. Student record review and staff interviews also indicated that the charter school does not conduct evaluations to determine initial or continued eligibility for special education services. In addition, student record review indicated that the charter school does not consistently sign IEPs before sending them to the parent/guardian. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure the elements of eligibility determination, general education accommodations, and services for ineligible students are being considered.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 9A Elements of eligibility determination; general education accommodations and services for ineligible students | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 12 Frequency of re-evaluation | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review indicated that the charter school does not conduct re-evaluations every three years; in such cases, the parent and school did not agree that the re-evaluation was unnecessary. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure re-evaluations are conducted according to guidelines through the development of a tracking system to monitor and plan for re-evaluations within compliance timelines.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Develop a tracking mechanism to track and monitor re-evaluation due dates.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 12 Frequency of re-evaluation | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 13 Progress Reports and content | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review and staff interviews indicated that the charter school does not provide written progress reports to parents on the student's progress towards reaching the goals set in the IEP at least as often as parents are informed of the progress of non-disabled students. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure progress reports are completed and provided to parents at least as often as the parents are informed of the progress of non-disabled students.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \*Progress reports will be maintained in each student's special education file.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review indicated that the Team does not meet at least annually, on or before the anniversary date of the IEP, to consider the student's progress and to review, revise, and develop a new IEP or refer the student for a reevaluation, as appropriate. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure that each student has an annual review on or before the anniversary date of their IEP.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* For each annual review the N3, N3A, N1, and IEP will be maintained in the student's special education file.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 18A IEP development and content | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review and staff interviews indicated that the charter school does not develop an IEP at the Team meeting for eligible students. The IEPs reviewed had unchanged IEP goals and objectives from the previous school year, including some IEPs that were exact copies of the IEP written by the student's previous school district. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure that the contents of each student's IEP is reviewed and revised after each annual review meeting.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Each Iep developed will be reviewed by the Chief Academic Officer to ensure the contents of the IEP have been reviewed and revised.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18A IEP development and content | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 22 IEP implementation and availability | | **FMR Rating:**  Partially Implemented |
| **Department FMR Findings:**  Student record review and staff interviews indicated that the charter school delays implementation of some IEP services due to lack of personnel. In such circumstances, the school does not make concerted efforts to immediately inform parents in writing of any delayed services, reasons for delay, actions that the school is taking to address the lack of personnel, or offer alternative methods to meet the goals on the accepted IEP. Currently, the school does not provide speech and language services to eligible students. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure to the best of its ability to ensure that related services are provided to students. When these services are delayed PFSJCS will ensure parents are notified in a timely manner.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Documentation of related services will be maintained by PFSJCS.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 22 IEP implementation and availability | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 25 Parental consent | | **FMR Rating:**  Partially Implemented |
| **Department FMR Findings:**  Student record review and staff interviews indicated that when in receipt of parental consent for an initial evaluation, the charter school does not conduct any assessments. Furthermore, the charter school does not solicit written parental consent to complete a re-evaluation, as necessary.  Student record review and staff interviews also indicated that the charter school does not make or document multiple attempts, using a variety of methods, to secure parental consent. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure that once parents' consent is received for evaluation, the evaluation is completed within compliance timelines.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* N1A, N3, N3A, N1 or N2, and IEPs will be maintained in each student's special education file to document compliance.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 25 Parental consent | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023  06/08/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 26 Parent participation in meetings | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review indicated that the charter school does not document the invitation or attendance of parents at Team meetings. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure that for each IEP meeting an N3A is signed by the parent.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  For each IEP meeting, the N3A will be maintained in each student's special education file.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 26 Parent participation in meetings | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 29 Communications are in English and primary language of home | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review indicated that the charter school does not document the participation of an interpreter at Team meetings. The school does not maintain written documentation when notices are provided orally, including the content of the notice and the steps taken to ensure that the parent understands the content of the notice.  Furthermore, student record review indicated that the charter school does not provide translated documents when required, including meeting invitations, IEPs, evaluation reports, and progress reports. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure that when interpreters participate in Team meetings, their participation is documented.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  Documentation will be maintained in each student's special education file. The interpreter's participation will be documented in the N3A.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 29 Communications are in English and primary language of home | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 35 Assistive technology: specialized materials and equipment | | **FMR Rating:**  Partially Implemented |
| **Department FMR Findings:**  Document review and staff interviews indicated that the charter school has procedures to conduct an assistive technology evaluation, provide and maintain assistive technology devices, and train staff, students, and families to coordinate the use of devices. However, student record review indicated that the IEP Team does not document the consideration of the student's need for assistive technology devices and services at each Team meeting. | | |
| **Description of Corrective Action:**  \*PFSJCS will ensure and document the consideration of students' need for assistive technology and services at each IEP meeting.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Documentation of the consideration will be noted in each student's IEP and N1.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 35 Assistive technology: specialized materials and equipment | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 43 Behavioral interventions | | **FMR Rating:**  Not Implemented |
| **Department FMR Findings:**  Student record review indicated that the Team does not document in the IEP the use of positive behavior interventions and supports for students whose behavior impedes his or her learning or the learning of others. | | |
| **Description of Corrective Action:**  \* PFSJCS will document through the IEP process the use of positive behavior interventions and support for students whose behavior impedes their learning or the learning of others.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Documentation will be evidenced through notation within each student's IEP.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 43 Behavioral interventions | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | | **FMR Rating:**  Partially Implemented |
| **Department FMR Findings:**  Document review indicated that the charter school's procedures for the suspension of students with disabilities when suspensions exceed 10 consecutive or cumulative school days do not address the authority of a hearing officer to remove a student from his or her educational placement if it is determined the student is substantially likely to injure him/herself or others.  Student record review also indicated that the charter school does not convene a meeting of school personnel, the parent, and other relevant members of the student's Team, as determined by the parent and the district, within 10 days of the decision to suspend to review all relevant information in the student's file, including the IEP, any teacher observations, and any relevant information from the parents, to determine whether the behavior was caused by or had a direct and substantial relationship to the disability or was the direct result of the district's failure to implement the IEP. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure that when a student suspected of having a disability is suspended for more than 10 school days, a manifestation determination Team meeting is held within 10 school days of the parent's disciplinary decision notification.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Deans  House Administrators  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Documentation of the Manifestation Determination Meetings will be maintained through the N3, N3A, and N1, and manifestation determination documentation.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 46 Procedures for suspension of students with disabilities when suspensions exceed 10 consecutive school days or a pattern has developed for suspensions exceeding 10 cumulative days; responsibilities of the Team; responsibilities of the district | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 49 Related services | | **FMR Rating:**  Partially Implemented |
| **Department FMR Findings:**  See SE 22 for information regarding related services. | | |
| **Description of Corrective Action:**  \* PFSJCS will ensure to the best of its ability to ensure that related services are provided to students. When these services are delayed PFSJCS will ensure parents are notified in a timely manner.  \* PFSJCS will develop a Special Education Policies and Procedures Manual that details how it will implement each required special education procedure.  \* The Chief Academic Officer will train all staff on the procedures.  \* PFSJCS will develop a monitoring system to track dates to ensure compliance with all special education timelines and procedures. | | |
| **Title/Role(s) of Responsible Persons:**  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Documentation of related services will be maintained by PFSJCS.  \* Develop and submit a Special Education Policies and Procedures Manual to DESE for review.  \* Agenda, training materials, and signatures of staff who attended training on the content of the Special Education Policies and Procedures Manual. | | |
| **Description of Internal Monitoring Procedures:**  At the beginning of the school year, the Chief Academic Officer will meet on a weekly basis with the Academic Support Coordinator, bi-monthly and then monthly to review tracking data to ensure compliance with timelines and required documents. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 49 Related services | **Corrective Action Plan Status:** Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  By August 15, 2022, the school will submit a Special Education Policies and Procedures Manual that details how the school will implement each required special education procedure, before providing training to school staff.  By August 15, 2022, the school will submit a copy of the monitoring system developed to ensure compliance with all special education timelines and procedures. This tracking system must include each student's name, date of birth, grade, disability type(s), date of most recent IEP meeting, type of most recent IEP meeting (initial evaluation, annual review, re-evaluation), placement type, and the primary language of the home.  By September 15, 2022, the school will submit an agenda, training materials and signatures of all staff in attendance at the training the school provided to all staff.  By October 17, 2022, the Department will conduct an onsite review of the records for the students identified with issues of noncompliance at the time of the TFM review. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance.  By December 16, 2022, the Chief Academic Officer will submit a summary of the meetings held with the Academic Support Coordinator, from August 15, 2022, to December 16, 2022, to review tracking data to ensure compliance with procedures, timelines and required documentation. The summary of results will include the number of records found compliant and noncompliant. For any noncompliant records, the school will conduct a root cause analysis and identify the appropriate corrective action, including additional training, to address the noncompliance. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews.  By February 1, 2023, the Department will conduct an onsite review of special education student records. The Department will look for evidence of compliance with all Team procedures, timelines and documentation. Subsequent progress reports will be required for any identified non-compliance, including but not limited to, evidence of additional training and record reviews. | | |
| **Progress Report Due Date(s):**  08/15/2022  09/15/2022  10/17/2022  03/29/2023 | | |

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| FOCUSED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  CR 18 Responsibilities of the school principal | | **FMR Rating:**  Partially Implemented |
| **Department FMR Findings:**  Document review indicated that the charter school has written a Curriculum Accommodation Plan (CAP) that outlines the supports and services necessary to meet the needs of diverse learners in the general education program. However, the services and supports outlined in the CAP are not implemented consistently and have not been effective in reducing the number of students leaving school without a diploma. Specifically, the 2020-2021 drop-out rate for the charter school is 4.9%, more than three times higher than the state rate of 1.5%. | | |
| **Description of Corrective Action:**  \* PFSJCS will continue to support students through its DEWS (Drop out early warning system).  \* PFSJCS will continue to develop individual student plans to support the whole student. | | |
| **Title/Role(s) of Responsible Persons:**  House Administrators  Academic Support Coordinator  Chief Academic Officer | | **Expected Date of Completion:**  06/08/2023 |
| **Evidence of Completion of the Corrective Action:**  \* Documentation of efforts will be maintained through our DEWS Meeting Process and plans developed for each student. | | |
| **Description of Internal Monitoring Procedures:**  Through the weekly Building Administrators meetings, the Chief Academic Officer will monitor the DEWS referral, process, and meeting outcomes. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 08/10/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The school's proposal does not include a plan to identify and analyze root cause(s) for a drop-out rate that is more than three times the state rate, or develop an action plan to modify current practice or procedure in the implementation of services and supports outlined in the Curriculum Accommodation Plan (CAP) that have not be effective in reducing the number of students leaving school without a diploma. | | |
| **Department Order of Corrective Action:**  A working group consisting of the Chief Academic Officer, House Administrators, and the Academic Support Coordinator will meet to review DEWS data and the school's CCAP to identity the root cause of why services and supports in the school's CAP have not been effective in reducing the number of students leaving school without a diploma. The working group must regularly meet to review data from the internal monitoring system it developed to track DEWS data and the effectiveness of the school's CAP. | | |
| **Required Elements of Progress Report(s):**  By September 15, 2022, the school will submit evidence that a working group consisting of the Chief Academic Officer, House Administrators, and the Academic Support Coordinator met to review Drop Out Early Warning System (DEWS) data and the school's Curriculum Accommodation Plan (CAP). The working group will identify the data it will review on a regular basis to track progress, and report on the root cause of why supports and services to meet the needs of diverse learners in the general education program outlined in the school's CAP have not been effective in reducing the number of students leaving school without a diploma. Evidence of this meeting will include an agenda, copy of materials and data reviewed, and the signature of staff in attendance.  By October 17, 2022, the school will submit a copy of the internal monitoring system developed by the Chief Academic Officer, in collaboration with the working group, to track DEWS data, review general education instructional and behavioral accommodations, interventions and supports services provided in Individual Student Plans, and analyze the effectiveness of these plan to reduce the number of students leaving school without a diploma.  By February 1, 2023, the school will submit to the Department an analysis of data, a summary of the working group's internal monitoring system and summary of results. The summary of results will describe general education instructional and behavioral accommodations, interventions and supports services provided in Individual Student Plans, an analysis of the effectiveness of these supports, and an action plan developed to address any areas of concern. Subsequent progress reports may be required based on the results of the analysis and action plan. | | |
| **Progress Report Due Date(s):**  09/15/2022  10/17/2022  03/29/2023 | | |