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

# INTEGRATED MONITORING REVIEW CORRECTIVE ACTION PLAN Lunenburg Public Schools Monitoring Onsite Year: 2024-2025

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 Integrated Monitoring Review Report dated 05/31/2025.

**Mandatory One-Year Compliance Date:** **05/31/2026**

## Summary of Required Corrective Action Plans in this Report

| **Criterion** | **Criterion Title** | **Rating** |
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| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| SE 42 | Programs for young children three and four years of age | Partially Implemented |

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| INTEGRATED MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 18B Determination of placement; provision of IEP to parent | | **Rating:**  Partially Implemented |
| **Department Findings:**  Student record review and interviews indicated that the district does not consistently issue the proposed IEP and proposed placement to the parent immediately following the development of the IEP. | | |
| **Description of Root Cause Analysis:**  The district found that delays in sending Individualized Education Programs (IEPs) to parents immediately following the development of the IEP were mainly due to staff not submitting finalized IEPs to the Special Services Office on time, or due to needed edits. In some cases, delays were caused by staff absences in the Special Services Office. Additionally, the transition to PowerSchool for IEP writing and the new IEP format introduced by DESE also contributed to the delays.    Actions to Address the Root Cause   * The district will provide training to all special education staff on the procedures for developing IEPs and submitting them to the Special Services Office for timely distribution to parents. * A tracking spreadsheet will be implemented to monitor IEP submissions, and staff will be notified of noncompliance via a noncompliance memo. * Additional support and training will be offered as needed to ensure adherence to timelines and procedures. | | |
| **Title/Role of Responsible Person:**  Julianna Hanscom, Director of Special Services | | **Expected Date of Completion:**  04/01/2026 |
| **Evidence of Completion of the Corrective Action:**   * Training agenda with sign in sheet * Tracking spreadsheet of IEP compliance timelines * Sample noncompliance memo | | |
| **Description of Internal Monitoring Procedures:**  To ensure ongoing compliance with IEP submission timelines, the district is implementing a comprehensive internal monitoring process led by the Director of Special Services. This process includes the following components:  Annual Staff Training and Acknowledgement:  By October 1, 2025, the Director of Special Services will conduct a training session with all special education staff to review procedures and expectations related to IEP development and submission timelines. Staff attendance will be documented via a signed attendance sheet to confirm participation.  Ongoing Monthly Monitoring:  Beginning in October 2025, the Director of Special Services will conduct monthly reviews of the IEP Compliance Tracking Spreadsheet to monitor timely submission of proposed IEPs to parents. During these reviews, the Director will identify any instances of noncompliance and issue written notifications to the staff involved. These memos will outline the nature of noncompliance and, when appropriate, offer targeted support or additional training. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved  **Status Date:** 06/17/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Reports:**  By October 1, 2025, the district will provide a description of how compensatory services are considered by the Team whenever there is a noncompliant delay in IEP implementation and provide evidence that the IEP Team considered the need for compensatory services, if there was a change in service (s), for those records identified by the Department.  By October 1,2025, the district will submit (training materials, agenda(s), attendance sheet(s)) to demonstrate that relevant staff have been trained on the district's procedures.  By January 21, 2026, staff from the Office of Public School Monitoring (PSM) will conduct a review of student records for evidence that the district issues the proposed IEP and proposed placement to the parent immediately following the development of the IEP. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Upon completion of any such corrective actions, PSM staff will conduct an additional review of student records. | | |
| **Progress Report Due Dates:**  10/01/2025  01/21/2026 | | |

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| SPECIAL EDUCATION AND CIVIL RIGHTS  MONITORING REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  SE 42 Programs for young children three and four years of age | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of documents and interviews indicated that five instructional groupings in the preschool program do not meet the following requirements for appropriate student-to-staff ratios and class sizes:  Substantially separate programs: Substantially separate programs are programs in which more than 50% of the students have disabilities. Substantially separate programs operated by the district limit class sizes to 9 students with 1 teacher and 1 aide.  Specifically, in each of the five groupings, more than 50% of the students have disabilities and the total class size is more than nine students. | | |
| **Description of Root Cause Analysis:**  The Director of Special Services, Primary School Principal, and Early Childhood Coordinator conducted a root cause analysis to determine the reasons for noncompliance with instructional groupings at the preschool level. Results indicated that there was a challenge to enroll role model students for the integrated classrooms. Additionally, having classes grouped as primarily only for 3-year-olds or 4-year-olds limited the ability to fill empty spots in some classes.    Actions to Address the Root Cause   * Moving forward, next year's scheduling will have students in each cohort/class. * The district will also present a proposal to the school committee to increase offerings to peer models for next year. We are proposing additional 3-day and 5-day options for peer models (currently we only have 2- and 4-day options). | | |
| **Title/Role of Responsible Person:**  Julianna Hanscom, Director of Special Services | | **Expected Date of Completion:**  04/01/2026 |
| **Evidence of Completion of the Corrective Action:**   * Preschool classroom instructional grouping for SY26 * Memo to School Committee for proposal of additional offerings for peer models * Internal monitoring and tracking system, including root cause analysis for any noncompliance | | |
| **Description of Internal Monitoring Procedures:**  District leadership and the Early Childhood Coordinator will conduct quarterly reviews (Oct, Dec, Feb, April) to check preschool instructional groupings. As reviews continue, if the number of students with disabilities found eligible affect the requirements for appropriate to student to staff ratios and class sizes, the district will conduct a root cause analysis and action plan to address the noncompliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 42 Programs for young children three and four years of age | **Corrective Action Plan Status:** Approved  **Status Date:** 06/17/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report:**  By October 1, 2025, the district will submit the completed Preschool Grouping Worksheet, located in the WBMS Document Library, demonstrating compliance for all preschool instructional groupings for school year 2025-2026. | | |
| **Progress Report Due Date:**  10/01/2025 | | |