**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

Public School Monitoring

Integrated Monitoring Review

# Corrective Action Plan

Local Education Agency: Nantucket Public Schools

Monitoring Onsite Year: 2024-2025

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 Integrated Monitoring Review Report dated 07/03/2025.

**Mandatory One-Year Compliance Date:** **07/03/2026**

## Summary of Required Corrective Action

**Criterion:** SE 7

**Criterion Title:** Transfer of parental rights at age of majority and student participation and consent at the age of majority

**Rating:** Partially Implemented

**Criterion:** SE 8

**Criterion Title:** IEP Team composition and attendance

**Rating:** Partially Implemented

**Criterion:** SE 9

**Criterion Title:** Timeline for determination of eligibility

**Rating:** Partially Implemented

**Criterion:** SE 12

**Criterion Title:** Frequency of re-evaluation

**Rating:** Partially Implemented

**Criterion:** SE 42

**Criterion Title:** Programs for young children three and four years of age

**Rating:** Partially Implemented

**Criterion:** CR 18

**Criterion Title:** Responsibilities of the school principal

**Rating:** Partially Implemented

**Integrated Monitoring Review**

**Special Education Corrective Action**

## SE 7 Local Education Agency Response

**Criterion & Topic:** SE 7 Transfer of parental rights at age of majority and student participation and consent at the age of majority

**Rating:** Partially Implemented

**Department Findings:**

A review of documents, student records, and staff interviews indicated that the district does not always obtain consent from students with decision-making authority to continue their special education program.

**Description of Corrective Action:**

Nantucket conducted a root cause analysis which indicated that insufficient training or awareness among newer staff members; the lack of an effective system to track students approaching or having reached the age of majority; and the absence of an effective monitoring system led to the noncompliance.

**Title/Role(s) of Responsible Persons:**

Director of Special Services, Transition Specialist, ESP for IEP Compliance

**Expected Date of Completion:**

01/30/2026

**Evidence of Completion of the Corrective Action:**

The district will submit evidence of individual student correction, updated procedures, evidence of staff training, a copy of the age of majority tracking system, and results of additional student record review by Public School Monitoring staff.

**Description of Internal Monitoring Procedures:**

Annually, the district will train all relevant staff on obtaining adult student consent at the age of majority. The district will implement an Age of Majority tracking system, reviewed at least quarterly by the Director of Special Services, to ensure continued compliance.

## Department 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:** 07/25/2025

**Correction Status:** Not Corrected

**Required Elements of Progress Report(s):**

By September 30, 2025, the district will submit evidence of obtaining consent from the 3 identified adult students, revised procedures for obtaining consent from adult students with sole or shared decision-making at the age of majority, a copy of the Age of Majority tracking system, and staff training materials.

By November 14, 2025, the district will submit evidence that all relevant special educators have been trained on the requirements, procedures, and internal monitoring system.

By January 30, 2026, Public School Monitoring staff will conduct a review of a sample of records to ensure requirements are met. For any identified noncompliance, the district will conduct a root cause analysis and implement appropriate corrective actions.

**Progress Report Due Date(s):**

09/30/2025

10/31/2025

11/14/2025

01/30/2026

**Integrated Monitoring Review**

**Special Education Corrective Action**

## SE 8 Local Education Agency Response

**Criterion & Topic:** SE 8 IEP Team composition and attendance

**Rating:** Partially Implemented

**Department Findings:**

A review of student records and interviews indicated that when a Team member does not attend the Team meeting, the district does not always follow the required procedures, including the following:

Documenting, in writing, that the district and the parent agree the attendance of the Team member is not necessary because the member's area of the curriculum or related services is not being modified or discussed; or

Documenting, in writing, that the district and the parent agree to excuse a required Team member's participation, and the excused member provides written input into the development of the IEP to the parent and the IEP Team prior to the meeting.

Additionally, when one purpose of the Team meeting is to discuss transition services, the district does not always invite, with the consent of the parent or student who has reached the age of majority, a representative of the public agency likely to be responsible for providing or paying for the student's transition services.

**Description of Corrective Action:**

Nantucket conducted a root cause analysis which indicated that the absence of an effective monitoring system led to the noncompliance for documenting Team member absences. The absence of a system to track student involvement with public agencies led to the noncompliance for inviting public agency representatives to relevant Team meetings.

**Title/Role(s) of Responsible Persons:**

Director of Special Services, Transition Specialist, Coord. of Student Support, ESP for Compliance

**Expected Date of Completion:**

01/30/2026

**Evidence of Completion of the Corrective Action:**

The district will submit evidence of individual student correction, updated procedures, evidence of staff training, a copy of system for tracking IEP Team composition and attendance, and results of additional student record review by Public School Monitoring staff

**Description of Internal Monitoring Procedures:**

Annually, the district will train all relevant staff on IEP Team composition and attendance requirements. The district will implement an excusal documentation system and a public agency transition tracking system, reviewed for each meeting by the district ESP for IEP Compliance, to ensure continued compliance.

## Department Approval Section

**Criterion:** SE 8 IEP Team composition and attendance

**Corrective Action Plan Status:** Approved

**Status Date:** 07/29/2025

**Correction Status:** Not Corrected

**Required Elements of Progress Report(s):**

By September 30, 2025, the district will submit evidence of inviting, with the consent of the parent or student who has reached the age of majority, a representative of the public agency likely to be responsible for providing or paying for the student's transition services to Team meetings for the 2 identified students; revised procedures for documenting Team member absences; revised procedures for inviting public agency representatives to transition meetings for relevant students within two years of graduation or age 22; a copy of the internal monitoring tracking system, and staff training materials.

By November 14, 2025, the district will submit evidence that all relevant special educators have been trained on the requirements, procedures, and internal monitoring system.

By January 30, 2026, Public School Monitoring staff will conduct a review of a sample of records to ensure requirements are met. For any identified noncompliance, the district will conduct a root cause analysis and implement appropriate corrective actions.

**Progress Report Due Date(s):**

09/30/2025

11/14/2025

01/30/2026

**Integrated** **Monitoring Review**

**Special Education Corrective Action**

## SE 9 Local Education Agency Response

**Criterion & Topic:** SE 9 Timeline for determination of eligibility

**Rating:** Partially Implemented

**Department Findings:**

A review of student records and staff interviews indicated that within 45 school working days after receipt of the parent's written consent to an initial evaluation or re-evaluation, the district does not always determine whether the student is eligible for special education and provide the parent with a proposed IEP and proposed placement.

**Description of Corrective Action:**

Nantucket conducted a root cause analysis which indicated that outdated procedures; issues with Team meeting scheduling, including building-level restrictions on days and times when meetings can be held; and the absence of an effective monitoring system led to the noncompliance.

**Title/Role(s) of Responsible Persons:**

Director of Special Services, ESP for IEP Compliance, Coordinator of Sped

**Expected Date of Completion:**

01/30/2026

**Evidence of Completion of the Corrective Action:**

Compensatory service decisions; compensatory services plans and progress reports, if applicable; any updated procedures; evidence of staff training; copy of monitoring system to track eligibility timelines; and an additional data set review by Public School Monitoring staff.

**Description of Internal Monitoring Procedures:**

Annually, the district will train all relevant staff on the requirements for convening a Team, determining eligibility, and, for eligible students, providing a proposed IEP and placement within 45 school days from receipt of parent consent to an initial evaluation or re-evaluation. ESPs for IEP Management will schedule eligibility determination meetings to allow for provision of the IEP within the 45 day timeline. The district will implement an evaluation timeline tracking system, reviewed at least quarterly by the Director of Special Services, to ensure continued compliance.

## Department Approval Section

**Criterion:** SE 9 Timeline for determination of eligibility

**Corrective Action Plan Status:** Approved

**Status Date:** 07/29/2025

**Correction Status:** Not Corrected

**Required Elements of Progress Report(s):**

By September 30, 2025, the district will submit evidence of compensatory services determinations for the 4 identified students; student-specific compensatory services plans and progress reports, if applicable; any revised procedures; a copy of the monitoring system to track evaluation timelines; and staff training materials.

By November 14, 2025, the district will submit evidence that all relevant special educators have been trained on the requirements, procedures, and internal monitoring system.

By January 30, 2026, Public School Monitoring staff will conduct a review of a sample of records to ensure the requirements are met. For any identified noncompliance, the district will conduct a root cause analysis and implement appropriate corrective actions.

**Progress Report Due Date(s):**

09/30/2025

11/14/2025

01/30/2026

**Integrated Monitoring Review**

**Special Education Corrective Action**

## SE 12 Local Education Agency Response

**Criterion & Topic:** SE 12 Frequency of re-evaluation

**Rating:** Partially Implemented

**Department Findings:**

A review of student records and staff interviews indicated that the district does not always ensure a re-evaluation is conducted every three years.

**Description of Corrective Action:**

Nantucket conducted a root cause analysis which indicated that outdated procedures; issues with Team meeting scheduling, including building-level restrictions on days and times meetings can be held; and the absence of an effective monitoring system led to the noncompliance

**Title/Role(s) of Responsible Persons:**

Director of Special Services, ESP for IEP Compliance, Coordinator of SpED

**Expected Date of Completion:**

01/30/2026

**Evidence of Completion of the Corrective Action:**

Compensatory service decisions; compensatory services plans and progress reports, if applicable; any updated procedures; evidence of staff training; copy of monitoring system to track re-evaluation timelines; and an additional data set review by Public School Monitoring staff.

**Description of Internal Monitoring Procedures:**

Annually, the school will train all relevant staff on the requirements for conducting a re-evaluation for eligible students every 3 years. ESPs for IEP Compliance will send evaluation consent forms approximately 60 school days prior to re-evaluation due dates to ensure sufficient time for obtaining consent, conducting the evaluation, and convening the Team prior to the 3 year due date. The school will implement an evaluation timeline tracking system, reviewed at least quarterly by the Director of Special Services, to ensure continued compliance.

## Department Approval Section

**Criterion:** SE 12 Frequency of re-evaluation

**Corrective Action Plan Status:** Approved

**Status Date:** 07/29/2025

**Correction Status:** Not Corrected

**Required Elements of Progress Report(s):**

By September 30, 2025, the district will submit evidence of compensatory services determinations for the 4 identified students; student-specific compensatory services plans and progress reports, if applicable; any revised procedures; a copy of the monitoring system to track re-evaluation timelines; and staff training materials.

By November 14, 2025, the district will submit evidence that all relevant special educators have been trained on the requirements, procedures, and internal monitoring system.

By January 30, 2026, Public School Monitoring staff will conduct a review of a sample of records to ensure the requirements are met. For any identified noncompliance, the district will conduct a root cause analysis and implement appropriate corrective actions.

**Progress Report Due Date(s):**

09/30/2025

11/14/2025

01/30/2026

**Integrated Monitoring Review**

**Special Education Corrective Action**

## SE 42 Local Education Agency Response

**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 one instructional grouping for students three and four years of age at Nantucket Elementary School does not meet the following requirements for appropriate student to staff ratios and class sizes:

Inclusionary programs: For public school programs that integrate students with and without disabilities, the class size does not exceed 20 students with 1 teacher and 1 aide and no more than 5 students with disabilities. If the number of students with disabilities is 6 or 7 then the class size does not exceed 15 students with 1 teacher and 1 aide.

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, the grouping listed below is identified by the district as an inclusion class, however, more than 50% of students in the grouping are students with disabilities. Groupings in which students with disabilities make up more than 50% of enrollment are considered substantially separate and must align with requirements identified above.

AM Inclusion: 1 teacher; 2 aides; 7 students with disabilities; 5 students without disabilities

**Description of Corrective Action:**

Nantucket conducted a root cause analysis which indicated that flaws in the preschool student placement and grouping process that did not leave sufficient spaces in preschool classrooms for additional students who become eligible throughout the school year and the absence of an effective monitoring system led to the noncompliance.

**Title/Role(s) of Responsible Persons:**

Director of Special Services, Elementary Principal, Elementary Assistant Principal

**Expected Date of Completion:**

01/30/2026

**Evidence of Completion of the Corrective Action:**

Updated procedures; evidence of staff training; copy of monitoring system to track preschool instructional groupings; and evidence of meeting preschool instructional grouping requirements

**Description of Internal Monitoring Procedures:**

Annually, the district will train all relevant staff on instructional grouping requirements for preschool students. The district will implement an instructional grouping tracking system, reviewed at least quarterly by the Director of Special Services, to ensure continued compliance.

## Department Approval Section

**Criterion:** SE 42 Programs for young children three and four years of age

**Corrective Action Plan Status:** Approved

**Status Date:** 07/29/2025

**Correction Status:** Not Corrected

**Required Elements of Progress Report(s):**

By September 30, 2025, the district will submit any revised procedures; a copy of the monitoring system to track preschool instructional groupings; and training materials.

By November 14, 2025, the district will submit evidence that all relevant staff and any additional parties necessary for the approval of procedure elements, such as budgeting and staffing, have been trained on the preschool special education grouping requirements and the internal monitoring system to ensure preschool groupings meet the requirements. The district will also submit updated preschool instructional grouping worksheets. For any identified noncompliance, the district will conduct a root cause analysis and implement appropriate corrective actions.

**Progress Report Due Date(s):**

09/30/2025

11/14/2025

**Integrated Monitoring Review**

**Civil Rights Corrective Action**

## CR 18 Local Education Agency Response

**Criterion & Topic:** CR 18 Responsibilities of the school principal

**Rating:** Partially Implemented

**Department Findings:**

A review of documents, student records, and staff interviews indicated that the district does not assess the reading ability and progress in literacy skills for all students in kindergarten through third grade as required. Specifically, the district does not conduct early literacy screening for third grade students. Additionally, within 30 days of a screening result that is significantly below benchmarks, the district does not always do the following:

Inform the student's parent or guardian of the screening results and the school's response;

Offer the parent or guardian the opportunity for a follow-up discussion; and

Determine which actions within the general education program will meet the student's needs, including differentiated or supplementary evidence-based reading instruction and ongoing monitoring of progress.

Prior Noncompliance - Corrective Action Under Review: During the 2024-2025 monitoring review conducted by the Office of Language Acquisition (OLA), it was determined that the school does not consistently offer adequate and appropriate services for linguistic minority students. OLA issued an ELE 5 Program Placement and Structure finding in June 2025 indicating the following:

The district lacks the English Learner Education (ELE) staffing capacity to provide an effective ELE program;

The district does not have an English as a Second Language (ESL) curriculum;

The district has not adopted procedures to identify ELs who do not meet English proficiency benchmarks; and

The district has not established a process for the following:

Identifying areas in which ELs need improvement;

Establishing personalized goals for ELs to attain English proficiency;

Assessing and tracking the progress of ELs in the identified areas of improvement

Reviewing resources and services available to ELs, and

Incorporating input from the parents or legal guardian of ELs.

Corrective action for the ELE 5 finding will be reviewed and approved by OLA through the district's Continuous Improvement and Monitoring Plan (CIMP).

**Description of Corrective Action:**

The district conducted a root cause analysis for the noncompliance with early literacy screening and progress monitoring requirements and determined that lack of clear systems, protocols, and accountability measures to ensure full implementation across all K-3 grade levels led to the noncompliance. Specifically, there is no established procedure for screening third-grade students, nor a districtwide protocol to ensure timely parent communication, follow-up discussions, and implementation of differentiated reading interventions based on screening results. Other contributing factors include limited training for staff on early literacy mandates, insufficient coordination between general education and student support services, and inconsistent use of data to drive instructional responses.

Corrective action for the ELE 5 finding will be reviewed and approved by OLA through the district’s Continuous Improvement and Monitoring Plan.

**Title/Role(s) of Responsible Persons:**

Mellisa Devitt, Assistant Superintendent of Academic Operations

**Expected Date of Completion:**

07/01/2026

**Evidence of Completion of the Corrective Action:**

Any updated procedures; evidence of staff training; evidence of early literacy screening procedures and implementation for third grade students; parent communication templates; and evidence of informing families within 30 days of a screening result that is significantly below relevant benchmarks.

**Description of Internal Monitoring Procedures:**

Annually, the district will train all relevant staff on the requirements for assessing all kindergarten through third grade students? reading ability and progress in literacy skills, including the requirement to inform the student's parent or guardian, within 30 school days of a screening result that is significantly below the relevant benchmark, of the screening results, the school's response, and the opportunity for a follow-up discussion. The district will implement an early literacy screening process that includes all students from kindergarten through at least third grade as well as an early literacy screening, notification, and progress monitoring tracking system, reviewed at least quarterly by the Assistant Superintendent for Operations, to ensure continued compliance.

Corrective action for the ELE 5 finding will be reviewed and approved by OLA through the district’s Continuous Improvement and Monitoring Plan.

## Department Approval Section

**Criterion:** CR 18 Responsibilities of the school principal

**Corrective Action Plan Status:** Approved

**Status Date:** 07/29/2025

**Correction Status:** Not Corrected

**Required Elements of Progress Report(s):**

By September 30, 2025, the district will submit revised procedures; a description of the approved screening assessment(s) that will be used for third grade students; family notification templates; a copy of the early literacy screening, notification, and progress monitoring tracking system; and staff training materials.

By November 14, 2025, the district will submit evidence that all relevant staff have been trained on the requirements, procedures, and internal monitoring system.

By January 30, 2025, the district will submit evidence of assessing all kindergarten through third grade students' reading ability and progress in literacy skills, including screening third grade students and informing families within 30 days of a screening result that is significantly below benchmarks of the screening result, the district's response, and an opportunity for a follow-up discussion.

Corrective action for the ELE 5 finding will be reviewed and approved by OLA through the district's Continuous Improvement and Monitoring Plan.

**Progress Report Due Date(s):**

09/30/2025

11/14/2025

01/30/2026