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

# INTEGRATED MONITORING REVIEW CORRECTIVE ACTION PLAN Worcester 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 03/14/2025.

**Mandatory One-Year Compliance Date:** **03/14/2026**

## Summary of Required Corrective Action Plans in this Report

| **Criterion** | **Criterion Title** | **Rating** |
| --- | --- | --- |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 14 Review and revision of IEPs | | **Rating:**  Partially Implemented |
| **Department Findings:**  Student record review and interviews indicated that at least annually, on or before the anniversary date of the IEP, the district does not always hold a Team meeting for students in the Transition Program to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate. | | |
| **Description of Root Cause Analysis:**  Following a root cause analysis and internal programmatic reviews, Worcester Public Schools (WPS) identified the need to strengthen the system for monitoring Individualized Education Program (IEP) expiration dates for students in the transition program. Interviews with staff confirmed that inconsistent tracking practices contributed to delays in scheduling timely IEP Team meetings. As previously discussed with the DESE, these findings led to the implementation of targeted initiatives (i.e., Transition Guidebook) to improve procedural compliance (i.e., Updated Special Education Procedural Manual) and student outcomes. WPS has since begun aligning its internal monitoring systems with these initiatives to ensure that IEP Team meetings are scheduled and held on or before each student’s IEP anniversary date. This allows teams to appropriately consider student progress and determine whether to revise the current IEP, develop a new one, or initiate a re-evaluation, as needed.  To accomplish this, the district will take the following steps:   * Track IEP expiration dates for all students in the Transition Program * Hold an IEP meeting at least annually, on or before the anniversary date of the IEP * Provide professional development for staff regarding this requirement | | |
| **Title/Roles of Responsible Persons:**  Tammy Murray, Director of Special Education  Gina Creamer, Assistant Director of Special Education | | **Expected Date of Completion:**  03/10/2026 |
| **Evidence of Completion of the Corrective Action:**  The district will provide   * A list of students from the Transition Program, their IEP expiration dates, and their IEP meeting dates, which demonstrate meetings were held at least annually, on or before the anniversary date of the IEP; * Agendas and handouts from professional development sessions, including the dates and corresponding sign-in sheets, to document which staff were trained in the requirements; and * Periodic review of student records to ensure compliance. | | |
| **Description of Internal Monitoring Procedures:**  Evaluation Team Chairs (ETCs) will monitor IEP expiration dates and schedule an IEP meeting for each student at least annually, on or before the anniversary date of the IEP. ETCs will monitor this process by entering IEP expiration dates for each student before the anniversary date of the IEP into a Google tracking Sheet.  Special Education Supervisors will meet quarterly with ETCs to review the IEP Google tracking sheet to review data and ensure meetings have been scheduled annually, on or before the anniversary date of the IEP. For any issue of non-compliance identified through the internal monitoring process, the Special Education Supervisors and Program Director will conduct a root cause analysis and create an action plan to correct the issue, inclusive of student-specific corrections. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/06/2025  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The district's root cause analysis does not address several contributing factors to the finding that were identified and discussed with the district during the student record review and interviews. These included those students who have already met graduation requirements but continue to be served by the district in the Transition Program to address unmet IEP goals and transition from sending high schools. While the Transition Program established some initiatives to address these issues, interviews indicated that the Transition Guidebook has yet to be fully implemented. | | |
| **Department Order of Corrective Action:**  The district's updated procedures must address those students who have already met graduation requirements but continue to be served by the district in the Transition Program in order to address unmet IEP goals. In addition, training on the updated procedures must include staff responsible for developing IEPs from sending high schools. | | |
| **Required Elements of Progress Reports:**  By June 6, 2025, the district will reconvene the IEP Teams for the five students identified by the Department. Evidence will include the IEP Meeting Invitation, Attendance Sheet, revised IEP, and Notice of Proposed School District Action (N1). Evidence will also include a summary of the discussion regarding compensatory services, along with the Team's decision. If compensatory services are determined necessary by the Team, the district will provide a description of such services, the amount provided, and the internal tracking or scheduling system developed to ensure services are delivered.  By November 14, 2025, the district will submit updated procedures that address the annual IEP meeting timeline for the Transition Program. Procedures must address those students who have already met graduation requirements but continue to be served by the district in the Transition Program in order to address unmet IEP goals.  By November 14, 2025, the district will provide evidence of training on the district's updated procedures to staff responsible for developing IEPs for all students in the Transition Program, including those entering the program from sending high schools. Evidence will include agenda(s), training materials, and attendance sheets.  By January 9, 2026, staff from the Office of Public School Monitoring (PSM) will conduct a review of student records for evidence that the district holds a Team meeting at least annually, on or before the anniversary date of the IEP, for students in the Transition Program to consider the student's progress and to review, revise, or develop a new IEP or refer the student for a re-evaluation, as appropriate.  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:**  06/06/2025  11/14/2025  01/09/2026 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | **Rating:**  Partially Implemented |
| **Department Findings:**  Document review and interviews indicated that 16 teachers who provide direct special education services described in IEPs are not appropriately licensed. | | |
| **Description of Root Cause Analysis:**  During this year’s monitoring review, the WPS was notified that Early Childhood With and Without Disabilities is considered a general education license. The district was unaware of this. As soon as the district was aware of this, the district took steps to rectify and remedy this issue. We also have three unlicensed teachers who teach in our SAIL classrooms, who have applied for waivers that were not approved. Although we will continue to support these three staff members, as consistent with our processes, all three will be non-renewed because of not being licensed. Below is the outline of the plan to ensure the 13 staff who are licensed in Early Childhood become fully dual certified in Early Childhood and Moderate Disabilities:   * Meet with identified and impacted staff to explain the licensure requirements and to review the structured guidance and support pathway that the WPS will be using to assist teachers with obtaining their initial license in Moderate Disabilities. This is the direction that the WPS has chosen to rectify this problem. * Identify and meet with mentors to review licensure requirements and the structured guidance and support pathway that the WPS will be using to assist teachers with obtaining their initial license. * Impacted teachers will be asked to apply for a Teacher of Moderate Special Needs license (TMSN) through ELAR to determine the licensure pathway requirements that are needed to obtain an initial special education license. * Worcester Public Schools (WPS) Human Resources (HR) Department will implement the newly designed WPS structured guidance and support pathway to assist teachers with obtaining their initial license. * The WPS HR Department will monitor progress to ensure all teachers are licensed over the next year. * The licensure process will be overseen by the Assistant Superintendent of Personnel, Equity, and Engagement.   . | | |
| **Title/Roles of Responsible Persons:**  Yeu Kue, Assistant Superintendent, Tammy Murray, Director of Special Education | | **Expected Date of Completion:**  03/10/2026 |
| **Evidence of Completion of the Corrective Action:**   * Agendas, handouts, and sign-in sheets from meetings with mentors and staff to discuss the Guidelines for the WPS Structured Guidance and Support Pathway Program. * Each teacher will be assigned a mentor who will oversee the teacher’s progress towards their initial license. * List of teachers working to obtain licensure and their assigned mentors * Licensure or an approved waiver for identified staff | | |
| **Description of Internal Monitoring Procedures:**  The WPS Human Resources Department will review licensure status for all relevant staff upon hiring and will continue to monitor licensure throughout the school year. For teachers following the structured guidance pathway, logs will be monitored by assigned mentors. Oversight of mentors will be provided quarterly by the Assistant Director of Special Education. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Approved  **Status Date:** 05/06/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report:**  By November 14, 2025, PSM staff will review the licensure status of the 16 identified staff in the state's Educator Licensure and Renewal (ELAR) system to ensure each holds an appropriate license. For any staff that remain unlicensed, the district will submit a status update, including evidence of structured guidance provided by the district and a summary of individual action steps demonstrating progress toward licensure. Subsequent progress reports will be required if PSM's review of ELAR demonstrates continued noncompliance. | | |
| **Progress Report Due Date:**  11/14/2025 | | |

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

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **Rating:**  Partially Implemented |
| **Department Findings:**  Document review and interviews indicated that the district's written restraint prevention and behavior support procedures do not include the following requirements:   * The principal's responsibility to make reasonable efforts to verbally inform the   student's parent of the restraint within 24 hours of the event;   * All physical restraint must be terminated as soon as the student is no longer an   immediate danger to him/herself or others, or the student indicates that he or she cannot breathe, or if the student is observed to be in severe distress, such as having difficulty breathing, or sustained or prolonged crying or coughing;   * Methods for preventing student violence, self-injurious behavior, and suicide; * Methods for engaging parents in discussions about restraint prevention and use; * Description and explanation of the program's alternatives to physical restraint and * method of physical restraint in emergency situations; * Procedure for receiving and investigating complaints regarding restraint practices; and * Procedures for the use of time-out. | | |
| **Description of Root Cause Analysis:**  Following a root cause analysis, the WPS has determined that its current written procedures for physical restraint require revision. Specifically, the procedures are missing several critical components required by regulation and best practice.  Moving forward, the district will ensure that the written procedures for physical restraint include all requirements including the required content outlined in the finding. The procedures for the use of time-out will include definitions, monitoring, and staff responsibilities.  To accomplish this, the district will take the following steps:   * Update the written procedures for physical restraint to include all the required elements listed above. * Principals will be provided with an updated copy of the procedures, and the procedures will be updated on the WPS website. * Training will be provided for principals regarding the updates * Principals will then review the updated procedures for physical restraint with their building-based staff at a staff meeting. The updated procedure will be shared with all staff. | | |
| **Title/Role of Responsible Persons:**  Tammy Murray, Director of Special Education, Gina Creamer, Assistant Director of Special Education | | **Expected Date of Completion:**  03/10/2026 |
| **Evidence of Completion of the Corrective Action:**   * Updated copy of the written restraint prevention and behavior support procedures * Agenda, presentation, and sign-in sheets from the professional development provided to staff by principals on the updated procedures for physical restraint * All staff will receive and sign that they have read the updated procedure for restraints. | | |
| **Description of Internal Monitoring Procedures:**  To ensure consistent dissemination and staff accountability, all WPS employees are required to complete training and sign an acknowledgment of compliance at the start of each school year. This training must be completed within the first month of the school year. Employees hired after the school year begins are required to complete the training and sign the acknowledgment within one month of their start date.  The Special Education administration, in collaboration with Quadrant Special Education Supervisors, will implement a system of oversight to monitor and ensure compliance with all newly hired staff. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 05/06/2025  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The internal monitoring provided by the district does not address how the district will review existing policy and procedures to ensure ongoing compliance. | | |
| **Department Order of Corrective Action:**  The district's updated procedures must include internal monitoring procedures addressing how the district will review existing policy and procedures to ensure ongoing compliance. | | |
| **Required Elements of Progress Reports:**  By June 6, 2025, the district will submit updated physical restraint prevention and behavior support procedures that are consistent with 603 CMR 46.00, as well as the district's updated internal monitoring procedures.  By November 14, 2025, the district will submit agenda(s), training materials, and attendance sheets demonstrating that all staff received training on the updated procedures. | | |
| **Progress Report Due Dates:**  06/06/2025  11/14/2025 | | |