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

##### SPECIAL EDUCATION AND CIVIL RIGHTS

##### INTEGRATED MONITORING REVIEW

## CORRECTIVE ACTION PLAN

Gateway Regional School District

Monitoring Onsite Year: 2024-2025

Program Areas: Special Education and Civil Rights

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 Special Education and Civil Rights Monitoring Report dated 02/14/2025.

**Mandatory One-Year Compliance Date:** **02/14/2026**

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

| **Criterion** | **Criterion Title** | **Rating** |
| --- | --- | --- |
| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 52 | Appropriate certifications/licenses or other credentials -- related service providers | Partially Implemented |
| CR 17A | Use of physical restraint on any student enrolled in a publicly-funded education program | Partially Implemented |
| CR 24 | Curriculum review | Partially Implemented |

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

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| **Criterion & Topic:**  SE 51 Appropriate special education teacher licensure | | **Rating:**  Partially Implemented |
| **Department Findings:**  Document review and interviews indicate that two individuals who design and provide direct special education services described in IEPs are not appropriately licensed. | | |
| **Description of Corrective Action:**  The district did not ensure two teachers were appropriately certified (or maintained an appropriate waiver) upon hire. The district did not have an identified HR staff member who was responsible for ensuring all professionals are appropriately licensed. There was no procedure by which the district would ensure this upon hire and ongoing annually. Additionally, there is a state-wide shortage of licensed teachers in these specialty areas. | | |
| **Title/Role(s) of Responsible Persons:**  Kristen Smidy-Superintendent  Kurt Garivaltis -PSV Director | | **Expected Date of Completion:**  09/01/2025 |
| **Evidence of Completion of the Corrective Action:**   * Appropriate educator licenses for the two identified teachers. * Job posting for HR position * Job description for HR position * Written procedures that ensure all hires have appropriate certification, and that detail how the district will monitor to ensure all teachers maintain appropriate certification. * Leadership Team training on these procedures (agenda, sign in sheet for training) * Candidate to be hired July 1 (resume) (offer letter for HR person) | | |
| **Description of Internal Monitoring Procedures:**  The district will hire a Human Resources staff for the District Leadership Team. This person shall be responsible for ensuring that all professional staff hired have appropriate licensure or waiver as part of the hiring/onboarding process. The district will develop internal procedures that will delineate this process and identify how the HR person, in conjunction with principals, will review licensure status for all professional staff annually. District leaders will be trained on this procedure. Each professional staff member’s licensure status will be reviewed and monitored ongoing as part of the annual supervision and evaluation process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Approved  **Status Date:** 04/24/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By June 30 2025, the district will submit procedures for monitoring educator licensure to ensure that individuals who design and provide direct special education services are appropriately licensed. Procedures will include the role(s) of the person(s) responsible for monitoring educator licensure.  By June 30, 2025, the district will submit evidence that the two individuals identified are appropriately licensed. If either individual is not appropriately licensed or on an approved waiver, the district will submit detailed corrective action steps to ensure the individual is appropriately licensed or on an approved waiver. Subsequent progress reports may be required. | | |
| **Progress Report Due Date(s):**  06/30/2025 | | |

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| **Criterion & Topic:**  SE 52 Appropriate certifications/licenses or other credentials -- related service providers | | **Rating:**  Partially Implemented |
| **Department Findings:**  Document review and interviews indicate that one individual who provides related services is not appropriately licensed. | | |
| **Description of Corrective Action:**  The district has one related services professional who does not have appropriate certification. The professional hired has Massachusetts certification as a social worker. The district was unaware that a school adjustment counselor who maintains current licensure from the state of Massachusetts also requires Department of Elementary and Secondary Education licensure. | | |
| **Title/Role(s) of Responsible Persons:**  Kristen Smidy-Superintendent  Kurt Garivaltis -PSV Director | | **Expected Date of Completion:**  09/01/2025 |
| **Evidence of Completion of the Corrective Action:**   * Documentation of a passing score on MTEL for the identified professional * Appropriate educator licenses for the identified professional. * Job posting for HR position * Job description for HR position * Written procedures that ensure all staff  have appropriate certification, and that details procedures to collaborate with building principals to ensure all appropriate certifications are maintained. * Leadership Team training on these procedures (agenda, sign in sheet for training) | | |
| **Description of Internal Monitoring Procedures:**  The district will hire a Human Resources staff for the District Leadership Team. This person shall be responsible for ensuring that all professional staff hired have appropriate licensure or waiver as part of the hiring/onboarding process. Internal procedures to delineate this process and identify how the HR person, in conjunction with principals, will review licensure status for all professional staff annually. District leaders will be trained on this procedure. Each professional staff member’s licensure status will be reviewed and monitored periodically as part of the annual supervision and evaluation process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 52 Appropriate certifications/licenses or other credentials -- related service providers | **Corrective Action Plan Status:** Approved  **Status Date:** 04/24/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By June 30, 2025, the district will submit procedures for monitoring licensure to ensure that related services providers who design and provide related services are appropriately licensed. Procedures will include the role(s) of the person(s) responsible for monitoring educator licensure.  By June 30, 2025, the district will submit evidence that the one identified related services provider is appropriately licensed. If the related services provider is not appropriately licensed or on an approved waiver, the district will submit detailed corrective action steps to ensure the individual is appropriately licensed or on an approved waiver. Subsequent progress reports may be required. | | |
| **Progress Report Due Date(s):**  06/30/2025 | | |

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

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| **Criterion & Topic:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | | **Rating:**  Partially Implemented |
| **Department Findings:**  Document review and interviews indicate that the district's physical restraint policies JKAA, JKAA-R, and JKAA-E are inconsistent with 603 CMR 46.00.  Specifically, policy JKAA states, in error, that "medical restraints" are prohibited instead of "medication restraints."  Policy JKAA-R erroneously includes the following:  Provision for a waiver of reporting requirements in special circumstances; and  Inclusion of restraint use in a student's Individualized Education Program or other written and agreed upon plan.  Additionally, policy JKAA-E states that when a physical restraint has resulted in a serious injury it must be reported to the Department within five days, instead of the required three days for any injury.  Furthermore, the district has not developed written physical restraint procedures that include the following:   * Methods for preventing student violence, self-injurious behavior, and suicide; * Methods for engaging parents in discussions about restraint prevention and use; * Procedures for receiving and investigating complaints regarding restraint practices; * Procedures for reporting all physical restraints to the Department; * Procedures for principals to conduct a weekly individual student review and a monthly school-wide review of data and documentation on the use of restraint; and * Procedures for the use of time-out. | | |
| **Description of Corrective Action:**  The root cause for non-compliance is that the district was following Massachusetts Association of School Superintendents (MASS) guidance for our physical restraint policies. The district has revised physical restraint policies JKAA, JKAA-R and JKAA-E to ensure compliance with 603 CMR 46.00. Steps that were taken include that policies were revised, the school committee conducted the first reading at its February meeting and revised policies were approved at the March 12, 2025 school committee meeting. | | |
| **Title/Role(s) of Responsible Persons:**  Kristen Smidy, Superintendent  District Leadership Team | | **Expected Date of Completion:**  09/01/2025 |
| **Evidence of Completion of the Corrective Action:**   * Revised School Committee polices * Minutes from the March 12, 2025 school committee meeting documenting policy approval * School committee agendas * Revised School Committee Policies posted to district’s website | | |
| **Description of Internal Monitoring Procedures:**  The School Committee Policy Subcommittee will review these policies annually to ensure compliance with current laws and regulations. The superintendent receives regular updates from superintendent’s association and advises the district leadership team and School Committee Policy Subcommittee, on an ongoing basis, of any updates coming from MASS. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 17A Use of physical restraint on any student enrolled in a publicly-funded education program | **Corrective Action Plan Status:** Approved  **Status Date:** 04/24/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By June 30, 2025, the district will submit the revised restraint policies and procedures that align with the regulation.  By October 17, 2025, the district will submit evidence that all staff have been trained on physical restraint procedures. Evidence will include agenda, training materials, and attendance sheet.  By December 12, 2025, the district will submit evidence that updated restraint policies and procedures have been approved by the school committee and made available to the school community. | | |
| **Progress Report Due Date(s):**  06/30/2025  10/17/2025  12/12/2025 | | |

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| **Criterion & Topic:**  CR 24 Curriculum review | | **Rating:**  Partially Implemented |
| **Department Findings:**  Document review and interviews indicate that the district does not ensure that individual teachers review all educational and instructional materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin, and sexual orientation. Additionally, the district does not ensure that individual teachers use appropriate activities, discussions, and/or supplementary materials to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Description of Corrective Action:**  Theroot cause for non-compliance is that the district had not developed and implemented a systemic district-wide plan to train teachers and ensure that all teachers review all educational and instructional materials for simplistic and demeaning generalizations, lacking intellectual merit, on the basis of race, color, sex, gender identity, religion, national origin, and sexual orientation. Additionally, the district did not systemically ensure that individual teachers use appropriate activities, discussions, and/or supplementary materials to provide balance and context for any such stereotypes depicted in such materials. | | |
| **Title/Role(s) of Responsible Persons:**  Kristen, Superintendent  Principals | | **Expected Date of Completion:**  09/01/2025 |
| **Evidence of Completion of the Corrective Action:**   * Agenda and minutes for leadership team to create a tool (GRSD instructional materials selection guide) that shall support educators in annually evaluating instructional materials (ie. films, songs, texts, performances, speeches, videos et cetera) that are NOT currently included in their respective school's approved curriculum. Further, planning evidenced-based, culturally sustaining learning experiences when applying those resources. * Agenda and minutes for Leadership to develop an implementation plan that shall increase teacher awareness to identify bias; improve educational content that is inclusive and representative of diverse perspectives and finally; enhance classroom discussion and dialogue that shall provide balance and context to stereotypes that are age appropriate and foster optimal learning. * The district shall train all teachers and administrators on the instructional materials guide and implementation plan as part of the mandatory trainings that occur prior to opening day annually. The curriculum director has already developed a PPT slide deck to present at these trainings. * Surveys shall be developed that will assess the effectiveness of the training in ensuring individual understanding the guide and the implementation process. | | |
| **Description of Internal Monitoring Procedures:**  Following the annual mandatory training session before opening day, surveys will be sent to all staff to assess the efficacy of the training.  Additional comments and questions shall distill teacher understanding of the guide and implementation plan and their role in ensuring compliance. Trends will be analyzed and feedback from the surveys will be shared. Adjustments will be made based on feedback to strengthen understanding and ensure effective implementation and sustainability. In addition to the surveys, annually leadership will review samples of education materials randomly from the guide to ensure materials compliance. Further, leadership will annually review the use of the tool to analyze and assess trends in materials selection and determine the level of compliance with equity and inclusivity standards. These expectations shall be incorporated into the educator evaluation process. Finally, the district will offer regular reminders and access to the Tools in the faculty newsletter on-going. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 24 Curriculum review | **Corrective Action Plan Status:** Approved  **Status Date:** 04/24/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report(s):**  By July 31, 2025, the district will submit procedures and tools, that include internal monitoring, for individual teacher review of all educational materials for simplistic and demeaning generalizations, and providing balance and context using appropriate activities, discussions and/or supplementary materials for any stereotypes depicted in the materials. Additionally, the district will submit an action plan for implementation of the procedures and tools.  By October 17, 2025, the district will submit evidence of training for administrators, teachers, and other relevant staff. Evidence will include training materials, attendance sheets, and agendas.  By December 12, 2025, the district will conduct an internal review of the procedures and tools to ensure implementation. Evidence will include samples of completed tools and a summary of the review. For any identified noncompliance, the district will submit a root cause analysis and a corrective action plan. Subsequent progress reports may be required. | | |
| **Progress Report Due Date(s):**  07/31/2025  10/17/2025  12/12/2025 | | |