

**Milton Public Schools**

**Tiered Focused Monitoring Report**

**Continuous Improvement and Monitoring Plan**

**For** **Group A Universal Standards**

**Tier Level** **2**

**Dates of Onsite Visit:** **February 1-2, 2023**

**Date of Final Report: June 27, 2023**

**Department of Elementary and Secondary Education Onsite Team Members:**

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**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

**TIERED FOCUSED MONITORING REPORT**

**Milton Public Schools**

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**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

# **TIERED FOCUSED MONITORING REPORT INTRODUCTION**

During the 2022-2023 school year, Milton Public Schools participated in a Tiered Focused Monitoring Review (TFM) conducted by the Department’s Office of Public School Monitoring (PSM). The purpose of the Tiered Focused Monitoring Review is to monitor compliance with regulatory requirements focusing on special education and civil rights.

Each school district, charter school, vocational school, and virtual school undergoes a Tiered Focused Monitoring Review every three years. The statewide Tiered Focused Monitoring cycle is posted at <<https://www.doe.mass.edu/psm/tfm/3yrcycle.html>>.

Regularly monitored standards are divided into two groups, known as Group A Universal Standards and Group B Universal Standards. Districts and schools are monitored on an alternate set of Universal Standards every three years.

Group A Universal Standards address:

* Student identification
* IEP development
* Programming and support services
* Equal opportunity

Group B Universal Standards address:

* Licensure and professional development
* Parent/student/community engagement
* Facilities and classroom observations
* Oversight
* Time and learning
* Equal access

The Department has also reserved a specific set of criteria, collectively known as Targeted Standards, employed if LEA or school level risk assessment data indicate there is a potential issue; the identified Targeted Standards are assessed in addition to the Universal Standards.

Universal Standards and Targeted Standards are aligned with the following regulations:

Special Education (SE)

* Selected requirements from the federal Individuals with Disabilities Education Act (IDEA-2004); the federal regulations promulgated under that Act at 34 CFR Part 300; M.G.L. c. 71B, and the Massachusetts Board of Education’s Special Education regulations (603 CMR 28.00), as amended September 20, 2022.

Civil Rights Methods of Administration and Other General Education Requirements (CR)

* Selected federal civil rights requirements, including requirements under the Every Student Succeeds Act (ESSA); Title VI of the Civil Rights Act of 1964; the Equal Educational Opportunities Act of 1974; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; and Title II of the Americans with Disabilities Act of 1990, together with selected state requirements under M.G.L. c. 76, Section 5 as amended by Chapter 199 of the Acts of 2011 and M.G.L. c. 269 §§ 17 through 19.
* Selected requirements from the Massachusetts Board of Education’s Physical Restraint regulations (603 CMR 46.00).
* Selected requirements from the Massachusetts Board of Education’s Student Learning Time regulations (603 CMR 27.00).
* Various requirements under other federal and state laws.

**PSM Team:**

Depending upon the size of a school district and the number of special education programs to be reviewed, a team of one to four Department staff members conducts onsite activities over one to five days in a school district or charter school.

**Tier Level:**

The level of monitoring varies based on tier designation, aligning supports to the level of need and ensuring that districts and schools with greater needs receive appropriate supports to make sustained improvements.

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| Tier | Title | Description |
| 1 | Self-Directed Improvement | Data points indicate no concern on compliance and student outcomes. |
| 2 | Directed Improvement | No demonstrated risk in areas with close link to student outcomes. |
| 3 | Corrective Action | Areas of concern include both compliance and student outcomes. |
| 4 | Cross-unit Support and Corrective Action | Areas of concern have a profound effect on student outcomes and ongoing compliance. |

For the 2022-2023 school year, the tier assignments are based on:

* Annual drop-out rate for students with disabilities
* Five-year cohort graduation rate for students with disabilities
* Public School Monitoring compliance data from the previous review
* Problem Resolution System data, specifically findings of noncompliance
* Special education SPP/APR compliance Indicator data for Indicators 4B, 9 & 10
  + Indicator 4B: Significant discrepancy by race or ethnicity in removal of students with

IEPs greater than 10 days

* + Indicator 9: Overall disproportionate representation of racial and ethnic groups identified

as eligible for special education

* + Indicator 10: Disproportionate representation of racial and ethnic groups within specific

disability categories

* Special education SPP/APR performance Indicator data for Indicators 5 & 6
  + Indicator 5: Education Environments (6-21)
  + Indicator 6: Preschool Environments
* Significant Disproportionality data 2021-2022 & 2022-2023

Tiering adjustments may be made for districts engaged in work with the Department’s Statewide System of Support and have schools identified as requiring assistance and intervention. Tiering assignments may also be adjusted for schools and districts unable to remedy noncompliance within one year of the previous TFM review, as well as for charter schools requiring additional oversight based on conditions of their charter.

**Report: For Tier 1 & 2 Tiered Focused Monitoring Reviews**

Following the onsite visit, the PSM team holds an informal exit meeting to summarize the review for the superintendent or charter school leader. Within approximately 20 business days of the onsite visit, the chairperson forwards the TFM Feedback Summary that includes findings from the Tiered Focused Monitoring Review to the superintendent or charter school leader.

As part of the reporting process, all districts/charter schools in Tiers 1 and 2 then develop a Continuous Improvement and Monitoring Plan (CIMP) for any criteria receiving a rating of "Partially Implemented," "Not Implemented," and “Implementation in Progress.” The CIMP is due to the Department within 20 business days after the issuance of the Feedback Summary and is subject to the Department’s review and approval. The CIMP outlines an action plan, identifies the success metric, describes the measurement mechanism, and provides a completion timeframe to bring those areas into compliance with the controlling statute or regulation. Department staff provide support and assistance to districts and charter schools on the development of a CIMP.

Once the CIMP is approved, it is issued as the Final Report.

Department staff also provide ongoing technical assistance as the school or district is implementing the approved CIMP. **School districts and charter schools must demonstrate effective resolution of noncompliance identified by the Department as soon as possible but in no case later than one year from the issuance of the Department’s Feedback Summary.**

For more information regarding the TFM Review Process, including district and parent resources, please visit < <https://www.doe.mass.edu/psm/tfm/default.html>>.

# **TIERED FOCUSED MONITORING FINAL REPORT**

**Milton Public Schools**

The Massachusetts Department of Elementary and Secondary Education conducted a Tiered Focused Monitoring Review in Milton Public Schools during the week of January 30, 2023, to evaluate the implementation of Group A Universal Standards in the program areas of special education, civil rights, and other related general education requirements. The team appreciated the opportunity to interview staff and parents, to observe classroom facilities, and to review the programs underway in the district.

In preparing this report, the team reviewed extensive written documentation regarding the operation of the district's programs, together with information gathered by means of the following Department program review methods:

**Self-Assessment Phase:**

* District review of special education and civil rights documentation for required elements including document uploads.
* District review of a sample of special education student records selected across grade levels, disability categories, and levels of need.
* District review of student records related to the Indicator Data Collection for Indicators 11, 12, and 13.
* Upon completion of the self-assessment, the district submitted the data to the Department for review.

**On-site Verification Phase:**

* Interviews of administrative, instructional, and support staff consistent with those criteria selected for onsite verification.
* Interviews of parent advisory council (PAC) representatives and other telephone interviews, as requested by parents or members of the general public.
* Review of additional documents for special education and civil rights.
* Surveys of parents of students in special education: Parents of students in special education were sent a survey that solicited information regarding their experiences with the district’s implementation of special education programs, related services, and procedural requirements.
* Review of student records for special education: The Department selected a sample of student records from those the district reviewed as part of its self-assessment, as well as records chosen by the Department from the special education student roster. The onsite team conducted this review, using standard Department procedures, to determine whether procedural and programmatic requirements have been met.
* Observations of classrooms and other facilities.

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| The Tiered Focused Monitoring Report includes those criteria that were found by the team to be implemented in a “Commendable” manner, as well as criteria receiving a rating of "Partially Implemented," "Not Implemented," and “Implementation in Progress.” (Refer to the “Definition of Compliance Ratings” section of the report.) Tiered Focused Monitoring Reports do not include criteria receiving a rating of “Implemented” or “Not Applicable.” This will allow the district and the Department to focus their efforts on those areas requiring corrective action. Districts are expected to incorporate the corrective actions into their district and school improvement plans, including their professional development plans. |
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# **DEFINITION OF COMPLIANCE RATINGS**

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| **Commendable** | Any requirement or aspect of a requirement implemented in an exemplary manner significantly beyond the requirements of law or regulation. |
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| **Implemented** | The requirement is substantially met in all important aspects. |
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| **Implementation in Progress** | This rating is used for criteria containing new or updated legal requirements; the district has implemented any old requirements contained in the criterion and is training staff or beginning to implement the new requirements in such a way that the onsite team anticipates that the new requirements will be implemented by the end of the school year. |
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| **Partially Implemented** | The requirement, in one or several important aspects, is not entirely met. |
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| **Not Implemented** | The requirement is totally or substantially not met. |
| **Not Applicable** | The requirement does not apply to the school district or charter school. |

**Milton Public Schools**

# **SUMMARY OF COMPLIANCE CRITERIA RATINGS**

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|  | **Universal Standards**  **Special Education** | **Universal Standards**  **Civil Rights and Other General Education Requirements** |
| **IMPLEMENTED** | SE 1, SE 2, SE 3, SE 3A,  SE 6, SE 7, SE 9, SE 9A,  SE 10, SE 11, SE 12, SE 14, SE 17, SE 18A, SE 19,  SE 20, SE 22, SE 26, SE 29, SE 34, SE 35, SE 37, SE 39, SE 40, SE 41, SE 42, SE 43, SE 48, SE 49 | CR 13, CR 14, CR 18 |
| **PARTIALLY**  **IMPLEMENTED** | SE 8, SE 13, SE 25 |  |
| **NOT**  **IMPLEMENTED** | None |  |
| **NOT**  **APPLICABLE** | SE 38 |  |

The full list of criteria and information regarding the requirements can be found in Appendix B of the Tiered Focused Monitoring Toolkit available at < <https://www.doe.mass.edu/psm/resources/tfm-toolkit.docx>>.

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# **SUMMARY OF INDICATOR DATA REVIEW**

As part of the self-assessment process for districts or charter schools undergoing a review for Group A Universal Standards, the PSM team reviewed the results of Indicator data submissions for Indicators 11, 12 and 13. The Indicator review is completed prior to the onsite visit and helps inform the scope of the onsite review. For any Indicator data noncompliance found, the district or charter school must develop and implement corrective action that includes correcting noncompliance for the individual students affected by it, addressing the root cause and underlying reasons for the identified noncompliance, and reviewing additional records as evidence that the issues have been corrected and that requirements are being met. The Office of Special Education Programs (OSEP) requires correction of noncompliance within one year of the finding.

The results of the district’s submissions for these Indicators are as follows:

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|  | **Compliant** | **Non-Compliant** | **Not Applicable** |
| **Indicator 11 – Initial**  **Evaluation Timelines** |  | X |  |
| **Indicator 12 – Early**  **Childhood Transition** | X |  |  |
| **Indicator 13 –**  **Secondary Transition** | X |  |  |

The district submitted evidence of corrective action, including an additional data set, to address the non-compliance identified for Indicator 11. The submissions have been reviewed and approved by the Department; no further action is required.

| **CONTINUOUS IMPROVEMENT AND MONITORING PLAN** |
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| **Improvement Area** **1** |
| **Criterion:** SE 8 - IEP Team composition and attendance |
| **Rating:** Partially Implemented |
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| **Description of Current Issue:** A review of student records and staff 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, 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. |
| **LEA Outcome:** When a Team member does not attend the Team meeting, Milton Public Schools will 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, 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. |
| **Action Plan:** On June 8, 2023, the Director of Pupil Personnel Services submitted revised procedures with a description of the process to complete when a Team member does not attend the Team meeting. These procedures were also posted in the district’s special education procedures manual.  By September 21, 2023, the Director of Pupil Personnel Services will train special education Team chairpersons on the revised attendance procedures.  By December 15, 2023, the district will submit the results of a review of five records from each school to determine whether attendance procedures were followed. For any instances of noncompliance, the district will conduct a root cause analysis to determine appropriate corrective action, which could include additional training or coaching for Team chairpersons. |
| **Success Metric:** By December 2023 and beyond, attendance procedures will always be implemented when a Team member does not attend the Team meeting.  Evidence:   * Revised special education procedures manual * Training agenda, materials, and attendance * Results of record review, root cause analysis, and corrective action, as appropriate |
| **Measurement Mechanism:** Each semester, the Director of Pupil Personnel Services and the Assistant Director of Student Services will review at least five records to determine if the attendance procedures were implemented with fidelity. If noncompliance is identified, a root cause analysis will be conducted to determine appropriate corrective action. |
| **Completion Timeframe:** 12/15/2023 |
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| **Improvement Area 2** |
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| **Criterion:** SE 13 - Progress Reports and content |
| **Rating:** Partially Implemented |
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| **Description of Current Issue:** A review of student records and staff interviews indicated that parents do not consistently receive progress reports at least as often as parents are informed of the progress of non-disabled students. Furthermore, progress reports do not always include written information on the student's progress towards the annual goals in the IEP. |
| **LEA Outcome:** Milton Public Schools will ensure that Team chairpersons and liaisons provide parents with progress reports at the same intervals as report cards (three times a year for elementary schools and quarterly for secondary schools). Also, all progress reports will include specific data that addresses each IEP goal. All Team chairpersons and liaisons will state in each goal if the student is expected to achieve the goal by the end of the IEP period, and, if not, identify the action steps that will be taken in support of the student. |
| **Action Plan:** On June 8, 2023, the Director of Pupil Personnel submitted revised procedures for the completion of progress reports. These procedures were posted in the district’s special education procedures manual.  By September 21, 2023, the Director of Pupil Personnel Services will train all special education Team chairpersons and liaisons on the revised procedures.  By December 15, 2023, the Director of Pupil Personnel Services and the Assistant Director of Student Services will conduct a review of five records from each school to ensure progress reports were sent as required and include all necessary information. For any instances of noncompliance, the district will conduct a root cause analysis to determine appropriate corrective action, which could include additional training or coaching. |
| **Success Metric:** By the end of December 2023 and beyond, Milton Public Schools will ensure progress reports are provided to parents at least as often as parents are informed of the progress of non-disabled students and that they include written information on the student's progress towards the annual goals in the IEP.  Evidence:   * Revised special education procedures manual * Training agenda, materials, and attendance * Results of record review, root cause analysis, and corrective action, as appropriate |
| **Measurement Mechanism:** At the end of each school’s marking term, the Director of Pupil Personnel Services or Assistant Director of Student Services will review at least five records from each school to determine if IEP progress reports were provided as required and contain appropriate information. If noncompliance is identified, a root cause analysis will be conducted to determine appropriate corrective action. |
| **Completion Timeframe:** 12/15/2023 |
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| **Improvement Area 3** |
| **Criterion:** SE 25 - Parental consent |
| **Rating:** Partially Implemented |
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| **Description of Current Issue:** A review of student records and staff interviews indicated that when parental consent to the services proposed on a student's IEP is required, and the parent fails or refuses to consent, the district does not always make multiple attempts to obtain consent using a variety of methods that are documented by the district. |
| **LEA Outcome:** When parental consent to the services proposed on a student's IEP is required, and the parent fails or refuses to consent, Milton Public Schools will always make multiple attempts to obtain consent using a variety of methods that are documented by the district. Methods will include letters, written notices sent by certified mail, emails, telephone calls, home visits, and community outreach liaison assistance, if necessary.  Team chairpersons will document their outreach on the IEP cover sheet, demonstrating multiple attempts and methods until a response is obtained. |
| **Action Plan:** On June 8, 2023, the Director of Pupil Personnel Services submitted revised parental consent procedures, including when to contact the parent, what methods to use, and how to document the Team chairperson’s efforts. These procedures were posted in the district’s special education procedures manual.  By September 21, 2023, the Director of Pupil Personnel Services will train all special education Team chairpersons on the revised consent procedures.  By December 15, 2023, the Director of Pupil Personnel Services and the Assistant Director of Student Services will conduct a review of a sample of records for which parental consent to the IEP was not obtained to determine whether multiple efforts to contact the parent through a variety of means were made and documented. For any instances of noncompliance, the district will conduct a root cause analysis to determine appropriate corrective action, which could include additional training or coaching. |
| **Success Metric:** By December 2023 and beyond, when parental consent is required, and the parent fails to respond, multiple documented attempts to secure parental consent through a variety of methods will be made and documented.  Evidence:   * Revised IEP cover sheet * Revised special education procedures manual * Training agenda, materials, and attendance * Results of record review, root cause analysis, and corrective action, as appropriate |
| **Measurement Mechanism:** Each quarter, the Director of Pupil Personnel Services or Assistant Director of Student Services will review up to five records from each school for which parental consent is not obtained to determine whether the consent procedures were implemented with fidelity. If noncompliance is identified, a root cause analysis will be conducted to determine appropriate corrective action. |
| **Completion Timeframe:** 12/15/2023 |