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

##### SPECIAL EDUCATION AND CIVIL RIGHTS

##### MONITORING REVIEW

## CORRECTIVE ACTION PLAN

Douglas Public Schools

Monitoring Onsite Year: 2023-2024

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 08/14/2024.

**Mandatory One-Year Compliance Date:** **08/14/2025**

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

| **Criterion** | **Criterion Title** | **Rating** |
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| SE 7 | Transfer of parental rights at age of majority and student participation and consent at the age of majority | Partially Implemented |
| SE 9 | Timeline for determination of eligibility | Partially Implemented |
| SE 12 | Frequency of re-evaluation | Partially Implemented |
| SE 13 | Progress Reports and content | Partially Implemented |
| SE 14 | Review and revision of IEPs | Partially Implemented |
| SE 18B | Determination of placement; provision of IEP to parent | Partially Implemented |
| CR 13 | Availability of information and academic counseling on general curricular and occupational/vocational opportunities | Partially Implemented |
| CR 18 | Responsibilities of the school principal | Partially Implemented |

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| SPECIAL EDUCATION AND CIVIL RIGHTSMONITORING REVIEW**CORRECTIVE ACTION PLAN** |

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| **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 student records and interviews indicate that at least one year prior to the student reaching age 18, the district does not always inform the student and the parent/guardian of the rights that will transfer from the parent/guardian to the student upon the student's 18th birthday. In addition, upon reaching the age of 18, the district does not always implement procedures to obtain consent from the student with decision-making authority to continue the student's special education program. |
| **Description of Corrective Action:** Root Cause: The district did not have an established system, such as a checklist, which could be used during the meeting to ensure all pertinent information is reviewed. Additionally, the Team Facilitator was new to the role and did not have experience with High School level requirements which resulted in the missed opportunity to hold the discussion of age of majority during some meetings. Also, the age of majority form was not included in the packet of documents sent to the families after meetings. This prevented the director from reviewing it and they had to rely on the IEP to indicate this was done through the checkbox on the additional information page. Initial Intervention: The district has created a policy and procedure manual which outlines the process to ensure all mandated requirements are met. The district also provided special education teachers, related service providers, and special education coordinators with an initial professional development training prior to the start of the school year on procedures and responsibilities of all staff. The district has also hired a special education clerk to oversee requirements and to maintain a tracking mechanism to allow for district level oversight of all processes. By October 15, 2024, the district will submit procedures for age of majority requirement. The procedures will include an internal tracking and monitoring system to ensure future compliance and administrative oversight. Additionally, the district will submit evidence of training for special education liaisons and coordinators on the procedure for the age of majority requirement. The evidence will include the training materials, agendas, and signed attendance sheets. By May 1, 2025, the Department will conduct an onsite review of student records for evidence of compliant transfer of rights and age of majority requirements. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required.  |
| **Title/Role(s) of Responsible Persons:**Director of Special Education and Student Services | **Expected Date of Completion:**05/01/2025 |
| **Evidence of Completion of the Corrective Action:**Evidence of completed corrective actions will include procedures, checklist, notices, tracking system, training agenda, materials and signed attendance |
| **Description of Internal Monitoring Procedures:** The Director of Special Education and Student Services will review age of majority and transfer of rights data twice annually to ensure all required timelines are met and that appropriate documentation is completed. The Director will conduct a root cause analysis for any noncompliance identified and implement appropriate corrective actions.   |
| CORRECTIVE ACTION PLAN 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:** 09/26/2024 **Correction Status:** Not Corrected |
| **Required Elements of Progress Report(s):** By November 20, 2024, the district will submit procedures that ensure at least one year prior to the student reaching age 18, the district informs the student and the parent/guardian of the rights that will transfer from the parent/guardian to the student upon the student's 18th birthday. In addition, procedures will include that upon reaching the age of 18, the district obtains consent from the student with decision-making authority to continue the student's special education program. The procedures will include an internal tracking and monitoring system to ensure future compliance and administrative oversight. By November 20, 2024, the district will submit evidence of training for special education liaisons and coordinators, and special education clerk on the procedures for transfer of rights and age of majority requirements. The evidence will include the training materials, agendas, and signed attendance sheets. By November 20, 2024, for the two students identified by the Department, the district will submit evidence that the students and their parents/guardians were informed of the rights that will transfer from the parent/guardian to the student upon reaching the student's 18th birthday. Additionally, if these students have turned 18 years old and have decision-making authority of their special education program, the district will submit evidence that consent was obtained, from the student, to continue their special education program. By February 26, 2025, the Department will conduct an onsite review of student records for evidence of ongoing compliance that at least one year prior to the student reaching age 18, the district informs the student and the parent/guardian of the rights that will transfer from the parent/guardian to the student upon the student's 18th birthday, and upon reaching the age of 18, the district implements procedures to obtain consent from the student with decision-making authority to continue the student's special education program. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required. |
| **Progress Report Due Date(s):** 11/20/202402/26/2025 |

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| **Criterion & Topic:** SE 9 Timeline for determination of eligibility | **Rating:** Partially Implemented |
| **Department Findings:** A review of student records and interviews indicate that within 45 school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation, the district does not always determine whether a student is eligible for special education. |
| **Description of Corrective Action:** Root Cause Analysis: The analysis determined there is not a consistent district wide process for ensuring evaluations are completed and a meeting held within 45 school working days after receipt of the written consent by the parent. The significant and frequent turnover of special education administration has resulted in inconsistent methods and systems used to oversee the process. An audit of files provided evidence that this is a systemic issue which has occurred for at least 5 years. When reviewing the current process, different variations could be found across the district and oversight was completed at the building level. The district office did not have an appropriate system or mechanism for ensuring this was completed. The result was missed timelines. Initial Intervention: The district has created a policy and procedure manual which outlines the process to ensure all mandated requirements are met. The district also provided special education teachers, related service providers, and special education coordinators with an initial professional development training prior to the start of the school year on procedures and responsibilities of all staff. The district has also hired a special education clerk to oversee requirements and to maintain a tracking mechanism to allow for district level oversight of all processes. By October 15, 2024, the district will submit procedures and protocols to ensure evaluation and eligibility timelines are met. Additionally, the district will submit evidence of staff training on the district's procedures and protocol(s). Evidence will include the training materials, agenda, and signed attendance sheets. By May 1, 2025, the Department will conduct an onsite review of student records, across all schools, for evidence that within 45 school working days after receipt of the parent's written consent to an initial evaluation or a reevaluation, the school district determined whether the student is eligible for special education. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required.  |
| **Title/Role(s) of Responsible Persons:**Director of Special Education and Student Services | **Expected Date of Completion:**05/01/2025 |
| **Evidence of Completion of the Corrective Action:**Evidence of completed corrective actions will include procedures manual, training agenda, materials and signed attendance |
| **Description of Internal Monitoring Procedures:** Each year, on three dates over the course of the school year, the Director of Special Education and Student Services will conduct a review of records of two evaluation IEP meetings, one initial and one re-evaluation, for each school. The Director of Special Education and Student Support Services will conduct a root cause analysis for any noncompliance identified and implement appropriate corrective actions.   |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 9 Timeline for determination of eligibility | **Corrective Action Plan Status:** Approved **Status Date:** 09/26/2024 **Correction Status:** Not Corrected |
| **Required Elements of Progress Report(s):** By November 20, 2024, the district will submit procedures and protocols that ensure the district is determining whether students are eligible for special education services within 45 school working days after receipt of the parent's written consent to an initial evaluation or a re-evaluation. By November 20, 2024, the district will submit evidence of staff training for principals, general education and special education teachers, related service providers, special education coordinators, and the special education clerk on the district's procedures and protocols. Evidence will include the training materials, agenda, and signed attendance sheets. By February 26, 2025, the Department will conduct an onsite review of student records for evidence that the district determines whether the student is eligible for special education services within 45 school-working days after receipt of the parent's written consent to an initial evaluation or re-evaluation. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required. |
| **Progress Report Due Date(s):** 11/20/202402/26/2025 |

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| SPECIAL EDUCATION AND CIVIL RIGHTSMONITORING REVIEW**CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:** SE 12 Frequency of re-evaluation | **Rating:** Partially Implemented |
| **Department Findings:** A review of student records and interviews indicate that the district does not always conduct a re-evaluation every 3 years unless the parent and district agree that it is unnecessary. |
| **Description of Corrective Action:** Root Cause Analysis: The analysis determined there is not a consistent district wide process for ensuring re-evaluations are completed every 3 years unless the parent and district agree it is unnecessary. The significant and frequent turnover of special education administration has resulted in inconsistent methods and systems used to oversee the process. An audit of files provided evidence that this is a systemic issue which has occurred at least for 5 years. When reviewing the current process, different variations could be found across the district and oversight was completed at the building level. The district office did not have an appropriate system or mechanism for ensuring this was completed. The result was missed timelines. Initial Intervention: The district has created a policy and procedure manual which outlines the process to ensure all mandated requirements are met. The district also provided special education teachers, related service providers, and special education coordinators with an initial professional development prior to the start of the school year on procedures and responsibilities of all staff. The district has also hired a special education clerk to oversee requirements and to maintain a tracking mechanism to allow for district level oversight of all processes. By October 15, 2024, the district will submit procedures for tracking three-year re-evaluation due dates for each student in all buildings, including those students in out of district placements. The procedures will include an internal tracking and monitoring system to ensure future compliance and administrative oversight. Additionally, the district will submit evidence of training which occurs on October 11th for coordinators and liaisons on the district's procedures for tracking and adhering to three-year re-evaluation timelines. Evidence will include the training materials, agendas, and signed attendance sheets. By May 1, 2025, the Department will conduct an onsite review of student records, across all schools, for evidence of ongoing compliance with three-year re-evaluation timelines. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education and Student Services | **Expected Date of Completion:**05/01/2025 |
| **Evidence of Completion of the Corrective Action:**Evidence of completed corrective actions will include procedures, tracking system, training agenda, materials and signed attendance. |
| **Description of Internal Monitoring Procedures:** Each year, on three dates over the course of the school year, the Director of Special Education and Student Services will conduct a review of records of two re-evaluation IEP meetings, for each school. The Director of Special Education and Student Support Services will conduct a root cause analysis for any noncompliance identified and implement appropriate corrective actions.  |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 12 Frequency of re-evaluation | **Corrective Action Plan Status:** Approved **Status Date:** 09/26/2024 **Correction Status:** Not Corrected |
| **Required Elements of Progress Report(s):** By November 20, 2024, the district will submit procedures to ensure that re-evaluations are conducted every three years unless the parent and district agree that it is unnecessary. The procedures will include an internal tracking and monitoring system to ensure compliance and administrative oversight. By November 20, 2024, the district will submit evidence of training for special education coordinators and liaisons, and the special education clerk on the district's procedures and tracking for adhering to three-year re-evaluation timelines. Evidence will include the training materials, agendas, and signed attendance sheets. By February 26, 2025, the Department will conduct an onsite review of student records for evidence that the district conducts a re-evaluation every 3 years unless the parent and district agree that it is unnecessary. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required. |
| **Progress Report Due Date(s):** 11/20/202402/26/2025 |

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| **Criterion & Topic:** SE 13 Progress Reports and content | **Rating:** Partially Implemented |
| **Department Findings:** A review of student records and interviews indicate that the district does not always provide parents with reports on the student's progress toward reaching the goals set in the IEP at least as often as parents are informed of the progress of non-disabled students. In addition, progress reports do not always include written information on the student's progress toward the annual goals in the IEP. |
| **Description of Corrective Action:** Root Cause Analysis: The procedure and process for ensuring the progress reports be submitted to the paper file was not established and reports were missing in the files. Progress reports were being completed by staff; however, paper copies were not always sent to the files located in the Special Education Office. Initial Intervention: The district has created a policy and procedure manual which outlines the process to ensure all mandated requirements are met. The district also provided special education teachers, related service providers, and special education coordinators with an initial professional development prior to the start of the school year on procedures and responsibilities of all staff. The district has also hired a special education clerk to oversee requirements and to maintain a tracking mechanism to allow for district level oversight of all processes. By October 15, 2024, the district will submit procedures to ensure progress reports are provided to parents and entered into the file. Additionally, the district will submit evidence of training which occurred on October 11th on the district's procedures. Evidence will include training agenda, materials, and attendance.By May 1, 2025, the Department will conduct a review of student records, including those students identified during the review, across all grade levels for evidence that all progress reports sent to parents include written information on the student's progress toward each annual goal in the IEP. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required.  |
| **Title/Role(s) of Responsible Persons:**Director of Special Education and Student Services | **Expected Date of Completion:**05/01/2025 |
| **Evidence of Completion of the Corrective Action:**Evidence of completed corrective actions will include procedures, tracking and internal monitoring system/tools, Training materials, agenda, and signed attendance. |
| **Description of Internal Monitoring Procedures:** Prior to each progress reporting period, the Director of Special Education and Student Services will meet with coordinators to review district procedures for managing and monitoring the progress report process and the coordinator’s role and responsibilities in this process. The team coordinator will read every progress report to ensure technical accuracy, valid content, and completeness. Additionally, the Director of Special Education and Student Services will conduct quarterly internal monitoring to ensure compliance with progress reporting requirements. For any noncompliance identified, the district will conduct a root cause analysis and implement appropriate corrective actions.  |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 13 Progress Reports and content | **Corrective Action Plan Status:** Approved **Status Date:** 09/26/2024 **Correction Status:** Not Corrected |
| **Required Elements of Progress Report(s):** By November 20, 2024, the district will submit procedures to ensure that all progress reports are sent to parents at least as often as parents are informed of the progress of non-disabled students and include written information on the student's progress toward each annual goal in the IEP. By November 20, 2024, the district will submit evidence of training for all staff responsible for writing progress reports, special education coordinators, and the special education clerk on the district's procedures. Evidence will include training agenda, materials, and attendance. By February 26, 2025, the Department will conduct an onsite review of student records, including those students identified during the initial onsite record review, for evidence of ongoing compliance that all progress reports are sent to parents at least as often as parents are informed of the progress of non-disabled students and include written information on the student's progress toward each annual goal in the IEP For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required. |
| **Progress Report Due Date(s):** 11/20/202402/26/2025 |

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| **Criterion & Topic:** SE 14 Review and revision of IEPs | **Rating:** Partially Implemented |
| **Department Findings:** A review of student records and interviews indicate that at least annually, on or before the anniversary date of the IEP, the district does not always hold a Team meeting 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 Corrective Action:** Root Cause Analysis: The significant and frequent turnover of special education administration has resulted in inconsistent methods and systems used to oversee the process to ensure a meeting is held on or before the anniversary date of the IEP. The district began the year with all administrators new to their role in the district which includes the two coordinators and director. Additionally, one of the coordinators did not start until several weeks after the beginning of the school year. The district needed to hold multiple meetings which should have been held the previous year but did not, resulting in a backlog of meetings. An audit of files provided evidence that this has been a systemic issue for at least 5 years. The analysis also demonstrated that there was no appropriate district-wide mechanism, such as a spreadsheet, with all IEP dates, and it was left to individual schools to maintain the records. Additionally, the following reasons were identified: IEP dates did not always populate in the system and missed end dates due to human error. Initial Intervention: The district has created a policy and procedure manual which outlines the process to ensure all mandated requirements are met. The district also provided special education teachers, related service providers, and special education coordinators with an initial professional development prior to the start of the school year on procedures and responsibilities of all staff. The district has also hired a special education clerk to oversee requirements and to maintain a tracking mechanism to allow for district level oversight of all processes. By October 15, 2024, the district will submit procedures for tracking all IEP timelines for each student in all buildings, including those students in out of district placements. The procedures will include an internal tracking and monitoring system to ensure future compliance and administrative oversight. The district will also submit evidence of training for coordinators and special education liaisons on the district's procedures for tracking annual review due dates. Evidence will include the training materials, agendas, and signed attendance sheets. By May 1, 2025, the Department will conduct a review of student records, across all grade levels, for evidence of on-going compliance with annual review timelines. For any identified non-compliance, the district will submit a root cause analysis and a description of appropriate corrective actions. Subsequent progress reports may be required.  |
| **Title/Role(s) of Responsible Persons:**Director of Special Education and Student Services | **Expected Date of Completion:**05/01/2025 |
| **Evidence of Completion of the Corrective Action:**Evidence of completed corrective actions will include procedures, tracking system, training agenda, materials and signed attendance |
| **Description of Internal Monitoring Procedures:** The Director of Special Education and Student Services will review the district IEP Timeline Spreadsheet weekly with coordinators to ensure all required timelines are met and that appropriate documentation is completed. For any noncompliance identified the district will implement appropriate corrective actions.   |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 14 Review and revision of IEPs | **Corrective Action Plan Status:** Approved **Status Date:** 09/26/2024 **Correction Status:** Not Corrected |
| **Required Elements of Progress Report(s):** By November 20, 2024, the district will submit procedures that at least annually, on or before the anniversary date of the IEP, a Team meeting is held 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. Procedures will include a tracking and monitoring system of all IEP timelines for each student in all buildings, including those students in out of district placements, and administrative oversight. By November 20, 2024, the district will submit evidence of training for special education coordinators and liaisons, and special education clerk on the district's procedures for tracking annual review due dates. Evidence will include the training materials, agendas, and signed attendance sheets. By February 26, 2025, the Department will conduct a review of student records, including those students identified during the initial onsite record review, for evidence of on-going compliance that at least annually, on or before the anniversary date of the IEP, a Team meeting is held 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. Subsequent progress reports may be required. |
| **Progress Report Due Date(s):** 11/20/202402/26/2025 |

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| **Criterion & Topic:** SE 18B Determination of placement; provision of IEP to parent | **Rating:** Partially Implemented |
| **Department Findings:** A review of student records and interviews indicate that the district does not always issue a proposed IEP and proposed placement to the parent immediately following the development of the IEP. |
| **Description of Corrective Action:** Root Cause Analysis: The analysis identified the following reasons for IEPs not being issued immediately following the development of the IEP: delays of information being entered into the IEP after the meeting by appointed staff; parents requesting additional information being added; IEPs being sent back to providers for revisions due to inaccuracies. Additionally, there was not a concrete procedure at the district level to guide the process. The result was that each building, and at times each staff, would follow a different process. Additionally, it was left to special education coordinators to ensure the timelines were met without specific support to track dates. The significant and frequent turnover of special education administration has resulted in inconsistent methods and systems used to oversee the process. An audit of files provided evidence that this has been a systemic issue for at least 5 years. Initial Intervention: The district has created a policy and procedure manual which outlines the process to ensure all mandated requirements are met. The district also provided special education teachers, related service providers, and special education coordinators with an initial professional development training prior to the start of the school year on procedures and responsibilities of all staff. The district has also hired a special education clerk to oversee requirements and to maintain a tracking mechanism to allow for district level oversight of all processes. By October 15, 2024, the district will submit procedures to ensure the provision of the proposed IEP and proposed placement to parents immediately following the development of the IEP. The district will also submit evidence of training for coordinators and liaisons on the district's procedures. Evidence will include training agenda, materials, and signed attendance. By May 1, 2025, the Department will conduct a review of student records across all schools for evidence that the district issues a 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. Subsequent progress reports may be required.  |
| **Title/Role(s) of Responsible Persons:**Director of Special Education and Student Services | **Expected Date of Completion:**05/01/2025 |
| **Evidence of Completion of the Corrective Action:**Evidence of completed corrective actions will include procedures, tracking system, training agenda, materials and signed attendance |
| **Description of Internal Monitoring Procedures:** Each year, on three dates over the course of the school year, the Director of Special Education and Student Services will conduct a review of 5 student records per school to ensure the appropriate provision of the IEP and placement. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** SE 18B Determination of placement; provision of IEP to parent | **Corrective Action Plan Status:** Approved **Status Date:** 09/26/2024 **Correction Status:** Not Corrected |
| **Required Elements of Progress Report(s):** By November 20, 2024, the district will submit procedures to ensure that the district issues a proposed IEP and proposed placement to the parent/guardian immediately following the development of the IEP. By November 20, 2024, the district will submit evidence of training for special education coordinators and liaisons, and special education clerk on the district's procedures. Evidence will include training materials, agenda, and signed attendance. By February 26, 2025, the Department will conduct a review of student records, including those students identified during the initial onsite record review, for evidence that the district issues a 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. Subsequent progress reports may be required. |
| **Progress Report Due Date(s):** 11/20/202402/26/2025 |

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| **Criterion & Topic:** CR 13 Availability of information and academic counseling on general curricular and occupational/vocational opportunities | **Rating:** Partially Implemented |
| **Department Findings:** Upon conducting the 2023-2024 monitoring review for English Learner Education (ELE), the Office of Language Acquisition (OLA) issued an ELE 5 Program Placement and Structure finding in May 2024 indicating that English learners in some buildings do not have equitable access to some academic programs available in the district. Corrective action required will be reviewed and verified by OLA. |
| **Description of Corrective Action:** Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP) approved by the Office of Language Acquisition (OLA) in August 2024. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education and Student Services | **Expected Date of Completion:**05/01/2025 |
| **Evidence of Completion of the Corrective Action:**Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP) approved by the Office of Language Acquisition (OLA) in August 2024. |
| **Description of Internal Monitoring Procedures:** Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP) approved by the Office of Language Acquisition (OLA) in August 2024. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 13 Availability of information and academic counseling on general curricular and occupational/vocational opportunities | **Corrective Action Plan Status:** Approved **Status Date:** 09/26/2024 **Correction Status:** Not Corrected |
| **Basis for Decision:** Corrective action for this finding will be reviewed and approved by the Office of Language Acquisition (OLA) through the district's Continuous Improvement Monitoring Plan (CIMP), approved by OLA in August 2024. The Office of Public School Monitoring (PSM) will maintain communication with OLA throughout the progress reporting stage pertaining to the district's progress towards correction of noncompliance. |

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| **Criterion & Topic:** CR 18 Responsibilities of the school principal | **Rating:** Partially Implemented |
| **Department Findings:** During the 2023-2024 monitoring review conducted by the Office of Language Acquisition (OLA) it was determined that the district does not consistently offer adequate and appropriate services for linguistic minority students. OLA issued an ELE 5 Program and Placement finding in May 2024 indicating that the district does not implement a consistent English as a Second Language (ESL) curriculum for ESL instruction. The following were also included in the finding: The district has not adopted procedures to identify English learners (ELs) who do not meet English proficiency benchmarks. The district does not have a process to: Identify areas in which ELs need improvement; Establish personalized goals for ELs to attain English proficiency; Assess and track the progress of ELs in the identified areas of improvement; Review resources and services available to ELs; and Incorporate input from parents or legal guardians. ELs who receive special education services, particularly those who are also enrolled in a substantially separate program, do not always receive English Language Education (ELE) services. District practices do not always provide essential components of an effective ELE program, specifically providing time for ESL collaboration with content teachers to support ELs in content classes. |
| **Description of Corrective Action:** Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP) approved by the Office of Language Acquisition (OLA) in August 2024. Documentation for all progress reports will be submitted to Office of Language Acquisition (OLA) for review and approval. The Office of Public School Monitoring (PSM) will maintain communication with OLA throughout the progress reporting stage to track the district’s progress towards correction of noncompliance. |
| **Title/Role(s) of Responsible Persons:**Director of Special Education and Student Services | **Expected Date of Completion:**05/01/2025 |
| **Evidence of Completion of the Corrective Action:**Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP) approved by the Office of Language Acquisition (OLA) in August 2024. Documentation for all progress reports will be submitted to Office of Language Acquisition (OLA) for review and approval. The Office of Public School Monitoring (PSM) will maintain communication with OLA throughout the progress reporting stage to track the district’s progress towards correction of noncompliance. |
| **Description of Internal Monitoring Procedures:** Please see the district’s approved Continuous Improvement and Monitoring Plan (CIMP) approved by the Office of Language Acquisition (OLA) in August 2024. Documentation for all progress reports will be submitted to Office of Language Acquisition (OLA) for review and approval. The Office of Public School Monitoring (PSM) will maintain communication with OLA throughout the progress reporting stage to track the district?s progress towards correction of noncompliance. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** CR 18 Responsibilities of the school principal | **Corrective Action Plan Status:** Approved **Status Date:** 09/26/2024 **Correction Status:** Not Corrected |
| **Required Elements of Progress Report(s):** By November 20, 2024, the ELE Coordinator will ensure that multilingual learners, who have not opted out of services, also eligible for special education services, particularly those who are also enrolled in a substantially separate program or an out-of-district special education school, receive English Language Education (ELE) services. Documentation for all progress reports will be submitted to Office of Language Acquisition (OLA) for review and approval. By February 26, 2025, the ELE Coordinator will update the Douglas Public Schools English Language Education (ELE) Program Information Guide to include the provision of EML instructional minutes for all students found eligible for ELE programming who have not opted out of such programming and to specifically elevate the mandate for EML instructional minutes and special education services for students found eligible for both the ELE and special education programs who have not opted out of such programming, as evidenced by the information in the updated DPS ELE Program Information Guide. Documentation for all progress reports will be submitted to Office of Language Acquisition (OLA) for review and approval. The Office of Public School Monitoring (PSM) will maintain communication with OLA throughout the progress reporting stage to track the district's progress towards correction of noncompliance.Additional progress reports may be required. |
| **Progress Report Due Date(s):** 11/20/202402/26/2025 |