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

##### INTEGRATED MONITORING REVIEW

## CORRECTIVE ACTION PLAN

Tantasqua Regional/Union 61 Districts

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 01/24/2025.

**Mandatory One-Year Compliance Date:** **01/24/2026**

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

| **Criterion** | **Criterion Title** | **Rating** |
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| SE 51 | Appropriate special education teacher licensure | Partially Implemented |
| SE 52 | Appropriate certifications/licenses or other credentials -- related service providers | Partially Implemented |
| CR 7B | Structured learning time | Partially Implemented |
| CR 7C | Early release of high school seniors | Not Implemented |

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| INTEGRATED 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 indicated that an individual who provides direct special education services described in IEPs is not appropriately licensed. | | |
| **Description of Corrective Action:**  It was determined that the root cause of this finding was a misunderstanding of the licensure required at the school-level. The Director of Special Education will provide training to the building administration on the requirement. The district will ensure that the individual providing direct special education services obtains the necessary certification and licensure required by the Department. This may include completing the required coursework, passing any necessary examinations, and submitting appropriate documentation for approval. | | |
| **Title/Role of Responsible Person:**  Jessica Bolduc, Director of Special Education | | **Expected Date of Completion:**  09/01/2025 |
| **Evidence of Completion of the Corrective Action:**   * Documentation of training. * Verification of licensure for the special education service provider will be provided. | | |
| **Description of Internal Monitoring Procedures:**  The district will implement an ongoing monitoring process to ensure continued compliance. This will involve annual reviews of certification status of related services providers by the Office of Special Education to ensure they remain current and that the providers maintain the required licensure. In addition, the district will include documentation of verification of appropriate licensure by the hiring authority during the hiring process. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  SE 51 Appropriate special education teacher licensure | **Corrective Action Plan Status:** Approved  **Status Date:** 03/03/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Reports:**  By May 30, 2025, the district will submit procedures to ensure all individuals who design and provide direct special education services described in IEPs are appropriately licensed or hold an approved waiver. In addition to ongoing review of teacher licensure, the procedures should include district support for teachers navigating the licensure process and appropriate corrective action when noncompliance is identified.  By May 30, 2025, the district will also submit evidence demonstrating that the identified staff member is appropriately licensed or has obtained a waiver. For any special education teacher not appropriately licensed or who has not obtained a waiver, the district will provide an action plan for each teacher who remains unlicensed. Based on the licensure status, subsequent progress reports may be required. | | |
| **Progress Report Due Date:**  05/30/2025 | | |

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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 indicated that an individual who provides related services is not appropriately certified, licensed, board registered or otherwise approved to provide such services by the relevant professional standards board or agency for the profession. | | |
| **Description of Corrective Action:**  It was determined that the root cause of this finding was a lack of administrative verification and monitoring of administration as well as a clerical error on behalf of the employee. The Director of Special Education will provide training to the building administration on the requirement. The district will ensure that the individual providing related services obtains the necessary certification, licensure, or registration required by the Department, relevant professional standards board or agency. This may include completing the required coursework, passing any necessary examinations, and submitting appropriate documentation for approval.  This finding has been remedied. The individual has uploaded the missing document to DESE and is appropriately licensed. | | |
| **Title/Role of Responsible Person:**  Jessica Bolduc, Director of Special Education | | **Expected Date of Completion:**  05/01/2025 |
| **Evidence of Completion of the Corrective Action:**  Verification of licensure for the related service provider will be provided. | | |
| **Description of Internal Monitoring Procedures:**  The district will implement an ongoing monitoring process to ensure continued compliance. This will involve annual reviews of certification status of related services providers by the Office of Special Education to ensure they remain current and that the providers maintain the required licensure. In addition, the district will include documentation of verification of appropriate licensure by the hiring authority during the hiring 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:** 03/03/2025  **Correction Status:** Corrected | |
| **Basis for Decision:**  The district's description indicated that the individual who provides related services identified at the time of the review is now appropriately licensed. PSM staff confirmed current licensure for the individual through a review of Educator Licensure and Renewal (ELAR). | | |

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| **Criterion & Topic:**  CR 7B Structured learning time | | **Rating:**  Partially Implemented |
| **Department Findings:**  A review of documents and interviews indicated that physical education is not required for students in grades 11 and 12, as required by M.G.L. c. 71, s. 3. | | |
| **Description of Corrective Action:**  It was determined that the root cause of this finding was a misunderstanding of the criterion related to the physical education requirement for students in grades 11 and 12. The Coordinator of Equity and Compliance will provide training to the building administration and guidance department on the requirement. In addition, information regarding this requirement will be included in all outward facing documents, including the program of studies and handbook, and disseminated to the school community. | | |
| **Title/Roles of Responsible Persons:**   * Coleen DeBari, Coordinator of Equity and Compliance * Jodi Bourassa, Assistant Superintendent | | **Expected Date of Completion:**  09/30/2025 |
| **Evidence of Completion of the Corrective Action:**   * Documentation of training. * Compliance checklist for school counselors to confirm physical education requirements are met before schedule finalization. * Copy of Guidance Department protocol ensuring physical education is required for students in grades 11 and 12. | | |
| **Description of Internal Monitoring Procedures:**  The district will implement an ongoing monitoring process to ensure continued compliance. Building and central office administration will review outward facing documents, including the program of studies and student handbook, annually to ensure this requirement is included. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7B Structured learning time | **Corrective Action Plan Status:** Approved  **Status Date:** 03/03/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report:**  By May 30, 2025, the district will provide 1) the compliance checklist for school counselors; 2) a copy of the Guidance Department protocol and 3) a link to the updated Program of Studies and student handbook on the district's website demonstrating that physical education is required for all students and specifically students in grades 11 and 12, as required by M.G.L. c. 71, s. 3. | | |
| **Progress Report Due Date:**  05/30/2025 | | |

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| **Criterion & Topic:**  CR 7C Early release of high school seniors | | **Rating:**  Not Implemented |
| **Department Findings:**  A review of the district's 2024-2025 school year calendar and interviews indicated that the conclusion of the seniors' school year is more than 12 school days before the regularly scheduled closing date of the high school. | | |
| **Description of Corrective Action:**  It was determined that the root cause of this finding was a misunderstanding of the criterion related to the early release of high school seniors. The Coordinator of Equity and Compliance will provide training to the Senior Leadership Team and building administration on this requirement. A 2025-2026 calendar will be developed ensuring that the conclusion of the seniors' school year is not more than 12 school days before the regularly scheduled closing date of the high school. | | |
| **Title/Roles of Responsible Persons:**   * Coleen DeBari, Coordinator of Equity and Compliance * Deborah Boyd, Superintendent of Schools | | **Expected Date of Completion:**  03/30/2025 |
| **Evidence of Completion of the Corrective Action:**   * Documentation of training. * Revised school year calendar | | |
| **Description of Internal Monitoring Procedures:**  The district will implement an ongoing monitoring process to ensure continued compliance. The school year calendar will be reviewed with the Senior Leadership Team prior to school committee approval. Compliance with this criterion will be targeted during review. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  CR 7C Early release of high school seniors | **Corrective Action Plan Status:** Approved  **Status Date:** 03/03/2025  **Correction Status:** Not Corrected | |
| **Required Elements of Progress Report:**  By May 30, 2025, the district will submit 1) the 2025-2026 school year calendar demonstrating that the conclusion of the seniors' school year is no more than 12 school days before the regularly scheduled closing date of the high school and 2) the notification provided to the school community of the requirement. | | |
| **Progress Report Due Date:**  05/30/2025 | | |