MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Program Quality Assurance Services

PROGRAM REVIEW

CORRECTIVE ACTION PLAN

Special Education Agency: Children's Study Home Program Review Onsite Year: 2018-2019

**Programs under review for the agency: A - Mill Pond Day Program**

**C - Curtis Blake Day Program**

*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 Program Review Final Report dated 06/07/2019.*

Mandatory One-Year Compliance Date: 06/07/2020

Summary of Required Corrective Action Plans in this Report

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| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
| PS 9.1(a) | Student Separation Resulting from Behavior Support | A | Partially Implemented |
| PS 9.4 | Physical Restraint | A | Partially Implemented |
| PS 15.5 | Parent Consent and Required Notification | A | Partially Implemented |
| PS 19 | Anti-Hazing | A,C | Partially Implemented |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**  PS 9.1(a) Student Separation Resulting from Behavior Support | | **PR Rating:**  Partially Implemented |
| **Applies To:**  A - Mill Pond Day Program | | |
| **Department Program Review Findings:**  A review of documentation, observations, and staff interviews indicated that the program does not consistently document all time students spend outside of their classrooms for the purpose of calming. Additionally, documentation indicated inconsistent administrator approval signatures on student separation logs for separations over 30 minutes, although staff interviews indicated that verbal approval was given by administrators for all separations over 30 minutes. The remaining parts of the program's Policies and Procedures for Student Separation meet the requirements of this criterion. | | |
| **Description of Corrective Action:**  By the end of each day, Administration will sign the daily log for those separations lasting over 30 minutes and approved during the day. Students leaving the classroom for time- out, calming, and sensory needs will all be documented daily as they occur in the logs.  The log will be signed by administration and may include the Building Principal, Dean of Students, and/or Behavior Support Supervisor. This practice will occur on both the Springfield and Richmond campus. Copies of the logs will be made available on request. | | |
| **Title/Role(s) of Responsible Persons:**  Principal and Dean of Students from each campus | | **Expected Date of Completion:** 04/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include the logs kept by the Behavior Supervisor. | | |
| **Description of Internal Monitoring Procedures:**  The building Principal and Dean of Student will be responsible for reviewing the log daily. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 9.1(a) Student Separation Resulting from Behavior Support | **Corrective Action Plan Status:** Approved  **Status Date:** 07/09/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program will submit daily logs for three different days for Springfield and Richmond that clearly demonstrate students being separated from their groups and highlighting the updated section where a member of administration has signed off on approval of separation lasting over 30 minutes. | | |
| **Progress Report Due Date(s):**  08/01/2019 | | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**  PS 9.4 Physical Restraint | | **PR Rating:**  Partially Implemented |
| **Applies To:**  A - Mill Pond Day Program | | |
| **Department Program Review Findings:**  A review of documentation, student records, and staff interviews indicated that the program does not consistently follow their Physical Restraint Policies and Procedures as required under 603 CMR 46.00. Documentation and interviews indicated that prone restraints were used, at times, without required documentation. | | |
| **Description of Corrective Action:**  Prone restraints have not occurred since January as documented in the files and restraint reports.  Two staff members have been sent to Safety Care as part of their ?Train the Trainer? model. These folks have returned and have been slowly integrating the staff with the new Restraint Program. Our goal is to limit the number of restraints and develop strategies to avoid the use of restraints. We have completely eliminated prone restraints. We plan to train at least one more staff member in the fall with ?Train the Trainer? certification.  Training is as follows:  ? All new staff is provided two days of Safety Care training.  ? All current staff will be provided the training during two ½ day in-service opportunities in July and August. Staff signatures will be collected indicating training has occurred and signed by the presenters.  ? August 29th and 30th are full day in-service opportunities where additional training will be provided using Safety Care. At this point all staff should have completed training.  Staff signatures will be collected indicating training has occurred and signed by the presenters.  ? Staff will also be provided with criteria 9.1, 9.1(a), and 9.4 refresher training at the beginning of the year. Staff signatures will be collected indicating training has occurred and signed by the presenters.  ? There are in-service opportunities throughout the year on a monthly basis where staff will receive refreshers as needed. | | |
| **Title/Role(s) of Responsible Persons:**  Building Principal at each campus as well as Dean of Students at each location | | **Expected Date of Completion:** 04/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Sign in sheets from In-Service Activities  Restraint reports with documentation of not Prone Restraints. Reduction in Restraints | | |
| **Description of Internal Monitoring Procedures:**  Evidence listed above will be reviewed by the Building Principal and Dean of Students at each site (Springfield & Richmond) | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 9.4 Physical Restraint | **Corrective Action Plan Status:** Approved  **Status Date:** 07/09/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program must submit the names of the three staff members who will been trained in SafetyCare as the in-depth trainers. Additionally, the program must submit copies of the materials used for the training of all staff on Safety Care, as well as the 9.4 Physical Restraint refresher, which should highlight that prone restraint is prohibited, except in cases where all 6 required criteria are met prior to the implementation of the prone restraint.  Materials to be submitted for trainings are:   1. name/job title of person conducting training 2. dates/times when training was held 3. the length of time allotted for training 4. a list of all staff in alphabetical order by last name with position titles 5. the date and time each staff received this training (sign-in sheets) 6. training materials (copies of policies, Powerpoints, etc. that were covered during the training) 7. for any staff who did not receive training, reason why and when their training is scheduled.   The program must also submit a statement of assurance that should administrative reviews, reports, or staff indicate the use of Prone Restraint at the program, appropriate consent and other required documentation (as per 603 CMR 46.03(1)(b)) was obtained prior to use of Prone Restraint. | | |
| **Progress Report Due Date(s):**  09/15/2019 | | |

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| **PROGRAM REVIEW CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  PS 15.5 Parent Consent and Required Notification | | **PR Rating:**  Partially Implemented |
| **Applies To:**  A - Mill Pond Day Program | | |
| **Department Program Review Findings:**  Staff interviews and a review of student records indicated that the program did not consistently obtain consent for the administration of prescription medication to students who require medications during the school day. | | |
| **Description of Corrective Action:**  The Richmond Campus will have documentation for parent permission for Prescription Medication. The school nurse has been provided with the following guidelines:  ? A form to be sent or handed to parents for permission to provide Prescription Medication. (see attached)  ? All new students will be given the form prior to enrollment.  ? In the fall prior to school beginning all parents/guardians will update the forms used at school including the Permission to provide Prescription Medication.  ? Parents? are provided a phone call and/or a face to face meeting to secure the permission to provide prescription medication form. The nurse will keep a log of dates, time, and form of contact.  ? If parents do not provide a signed permission to distribute Prescription Medication, the school will not be able to provide the medication. All parents will be notified of the regulation and requirement to follow this policy. | | |
| **Title/Role(s) of Responsible Persons:**  Principal and Nurse from MPS-Richmond Campus | | **Expected Date of Completion:** 07/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Consent on file in the Nurse's office. | | |
| **Description of Internal Monitoring Procedures:**  Building Principal will review the student files in the Health Office to ensure parent consent for those students receiving prescription medication | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 15.5 Parent Consent and Required Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 07/09/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program will submit a copy of the consent form for prescription medication, a copy of the parent log that demonstrates efforts by the school nurse to receive signed copies of the consent form, and a copy of the notification that parents will receive that updates them on the prescription medication policy. | | |
| **Progress Report Due Date(s):**  08/01/2019 | | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**  PS 19 Anti-Hazing | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  Student record review indicated that while parents and students receive copies of the Massachusetts state anti-hazing law, there was no evidence that the program had developed its own disciplinary policy approved by the Board of Directors to distribute with the state law as required. | | |
| **Description of Corrective Action:**  The Anti-Hazing criteria has been updated to include the Massachusetts anti-hazing law as well as a disciplinary policy approved by the Board of Directors. This document will be in the student handbook and provided to appropriate students and filed with the Department of Education in the Fall of each year. (Please see attached) | | |
| **Title/Role(s) of Responsible Persons:**  Building Principals, Director of Education of MPS and CBDS | | **Expected Date of Completion:** 10/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Signed forms from all appropriate students which will include the updated criteria for Anti- Hazing including discipline. | | |
| **Description of Internal Monitoring Procedures:**  Building Principals will ensure that all forms and signatures are collected and information is forwarded to the Department of Education in early fall. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 19 Anti-Hazing | **Corrective Action Plan Status:** Approved  **Status Date:** 07/09/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program will submit a copy of their updated Anti-Hazing policy that includes a disciplinary policy approved by their Board of Directors. Additionally, they will submit a statement of assurance that the updated information is included in all future publications (i.e. student handbook) and required notifications. | | |
| **Progress Report Due Date(s):**  08/01/2019 | | |