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| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION****Program Quality Assurance Services** |

##### PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Special Education Agency: Children's Center for Communication

Program Review Onsite Year: 2018-2019

**Programs under review for the agency:**

A - Beverly School for the Deaf Day Program

B - Children's Center for Communication 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 05/23/2019.

**Mandatory One-Year Compliance Date:** **05/23/2020**

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

| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
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| PS 9.1 | Policies and Procedure for Behavior Support | A,B | Implementation In Progress |
| PS 9.1(a) | Student Separation Resulting from Behavior Support | A,B | Implementation In Progress |
| PS 9.4 | Physical Restraint | A,B | Implementation In Progress |
| PS 19 | Anti-Hazing | A,B | Not Implemented |

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| PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:** PS 9.1 Policies and Procedure for Behavior Support | **PR Rating:** Implementation In Progress |
| **Applies To:**All |
| **Department Program Review Findings:** A review of documentation indicated that the Behavior Support Policy and Procedures included all elements of the requirements; however, staff interviews and a review of staff records indicated that these policies are not yet fully implemented and not all staff have received training in these policies. |
| **Description of Corrective Action:** Training on MA restraint law has always been a part of the annual training process at CCCBSD. This training has always included the components of criteria 9.1. The training has been renamed to align with the language that DESE uses during the onsite review process. Now that the language in 9.1 has been approved during the program review process, a training has been updated to include all of the requested changes. The policy also includes a behavioral mission statement so all staff will be able to better articulate the overall behavioral philosophy of CCCBSD. This policy, including the behavioral mission will be presented during whole staff orientation on July 8, 2019. |
| **Title/Role(s) of Responsible Persons:**Stefani Timmons, Chief Operating Officer | **Expected Date of Completion:**07/09/2019 |
| **Evidence of Completion of the Corrective Action:**The updated language in the policy has been updated in the new employee handbook which will be made available to staff on July 8, 2019. Training that includes the updated language and the behavioral mission statement will be reviewed at whole staff orientation on July 8, 2019. The policy from the handbook, the presentation, the orientation sign in template including the name and job title of the person conducting the training; the dates and times when the training was held;n and the length of time allotted for the training. A list of all staff who attended the training will also be uploaded after completion. This training will also be made into a standardized online training that staff can watch if they miss the training or have an employment start date after 7/8/19. |
| **Description of Internal Monitoring Procedures:** The training states that this training is mandatory on an annual basis so the administrative training staff know to offer this training annually. A list of annual trainings is available to all administrative to ensure consistency from one year to the next. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 9.1 Policies and Procedure for Behavior Support | **Corrective Action Plan Status:** Partially Approved **Status Date:** 06/20/2019 **Correction Status:** Not Corrected |
| **Basis for Decision:** The program's CAP states the administrate training staff know to offer this training annually. However, this system did not work through evidence of non compliance during the program review. |
| **Department Order of Corrective Action:**The program is required to update training materials used for the 9.1 Behavior Support Policy and Procedures to ensure staff understand an can articulate the programs 9.1 Behavior Support Policy. Additionally, the program is required to submit an internal monitoring system the program will use to ensure all staff are trained annual to this policy. |
| **Required Elements of Progress Report(s):** The program is required to submit the training materials for the 9.1 Behavior Support Policy and Procedures that will be used for the July 8, 2019 training by July 10, 2019. Additionally, the program must submit: 1) name and job title of the person conducting the training; 2) dates and times when the training was held; 3) length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; 5) evidence, including the date and time, that each of the listed staff received this training; and 6) for any staff who did not receive the training, the reason why and when their training is scheduled.For the September 30, 2019 progress report the program must submit the internal monitoring system the program will use to ensure all staff is trained annually on this policy. The program must also submit a copy of the internal monitoring tool used to audit 2019-2020 staff records. The program must maintain all documentation of the internal monitoring tool on-site and make it available to the Department upon request. |
| **Progress Report Due Date(s):** 07/10/201909/30/2019 |

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| **Criterion & Topic:** PS 9.1(a) Student Separation Resulting from Behavior Support | **PR Rating:** Implementation In Progress |
| **Applies To:**All |
| **Department Program Review Findings:** A review of documentation indicated that the Policy and Procedures for Student Separation Resulting from Behavior Support included all requirements; however, staff interviews and a review of staff records indicated that these policies are not yet fully implemented and not all staff have received training in these policies. |
| **Description of Corrective Action:** Training on MA restraint law has always been a part of the annual training process at CCCBSD. This training has always included the components of criteria 9.1(a). The training has been renamed to align with the language that DESE uses during the onsite review process. Now that the language in 9.1a has been approved during the program review process, a training has been updated to include all of the requested changes. This policy will be presented during whole staff orientation on July 9, 2019. |
| **Title/Role(s) of Responsible Persons:**Stefani Timmons, Chief Operating Officer | **Expected Date of Completion:**07/09/2019 |
| **Evidence of Completion of the Corrective Action:**The updated language in the policy has been updated in the new employee handbook which will be made available to staff on July 8, 2019. Training that includes the updated language will be reviewed at whole staff orientation on July 8, 2019. The policy from the handbook, the presentation, the orientation sign in template including the name and job title of the person conducting the training; the dates and times when the training was held; and the length of time allotted for the training. A list of all staff who attended the training will also be uploaded after completion. This training will also be made into a standardized online training that staff can watch if they miss the training or have an employment start date after 7/8/19. |
| **Description of Internal Monitoring Procedures:** The training states that this training is mandatory on an annual basis so the administrative training staff know to offer this training annually. A list of annual trainings is available to all administrative to ensure consistency from one year to the next. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 9.1(a) Student Separation Resulting from Behavior Support | **Corrective Action Plan Status:** Disapproved **Status Date:** 06/20/2019 **Correction Status:** Not Corrected |
| **Basis for Decision:** The program's CAP states the administrate training staff know to offer this training annually. However, this system did not work through evidence of non-compliance during the program review. |
| **Department Order of Corrective Action:**The program is required to update training materials used for the 9.1a Policy and Procedures for Student Separation Resulting from Behavior Support to ensure staff understand and can articulate the programs 9.1a Policy and Procedures for Student Separation Resulting from Behavior Support. Additionally, the program is required to submit an internal monitoring system the program will use to ensure all staff is trained annually on this policy. |
| **Required Elements of Progress Report(s):** The program is required to submit the training materials for the 9.1a Behavior Support Policy and Procedures that will be used for the July 8, 2019 training by July 10, 2019. Additionally, the program must submit:1) name and job title of the person conducting the training; 2) dates and times when the training was held; 3) length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; 5) evidence, including the date and time, that each of the listed staff received this training; and 6) for any staff who did not receive the training, the reason why and when their training is scheduled. For the September 30, 2019 progress report the program must submit the internal monitoring system the program will use to ensure all staff is trained annually on this policy. The program must also submit a copy of the internal monitoring tool used to audit 2019-2020 staff records. The program must maintain all documentation of the internal monitoring tool on-site and make it available to the Department upon request. |
| **Progress Report Due Date(s):** 07/10/201909/30/2019 |

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| PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:** PS 9.4 Physical Restraint | **PR Rating:** Implementation In Progress |
| **Applies To:**All |
| **Department Program Review Findings:** A review of documentation indicated that the Physical Restraint Policy and Procedures included all elements of the requirements; however, staff interviews and a review of staff records revealed that these policies are not yet fully implemented. Staff interviews and a review of staff records also indicated not all staff have received restraint training. In addition, a review of student records indicated that parents are not always notified of physical restraints regarding their son/daughter. |
| **Description of Corrective Action:** Training on MA restraint law has always been a part of the annual training process at CCCBSD. This training has always included the components of criteria 9.4. The training has been renamed to align with the language that DESE uses during the onsite review process. Now that the language in 9.4 has been approved during the program review process, a training has been updated to include all of the requested changes. This policy will be presented during whole staff orientation on July 8, 2019.CCCBSD has always ensured that those faculty in need of restraint training receive it. The program also has a core team of 8-10 staff who are not necessarily a crisis team but are always on call in the event they are needed to assist or implement a restraint. Last year, CCCBSD expanded the number of faculty who were restraint trained to include, not only those classroom faculty who may potentially need to implement restraints, but also all related service providers. The goal for the 2019-2020 school year is to get all classroom faculty trained, even those who may not have students who would ever be restrained (e.g. students who are in wheelchairs). This phase of the training process will be completed by June 2020.Although, CCCBSD has clear communication with families when restraints are implemented, the communication process has not been clearly documented since the line of communication varies per student (e.g. If the student has multiple restraints per day, a data sheet may be sent home to families vs. a student who has never been restrained, a phone call will be made.) To render this issue, more language has been added to the restraint form that staff fill out to ensure they are documenting that families have been contacted and indicate the mode of communication used. This change was completed in April 2019. |
| **Title/Role(s) of Responsible Persons:**Stefani Timmons, Chief Operating Officer | **Expected Date of Completion:**06/30/2020 |
| **Evidence of Completion of the Corrective Action:**Restraint training is conducted by CCCBSD's clinical team members who are also certified Safety Care trained staff. This department will continue to re certify currently certified staff throughout the 2019-2020 school prior to their certifications expiring. The team will also complete training for new staff and for current staff who are not yet certified. Once trainings are complete, a list of staff who have been trained, along with the name and job title of the person conducting the training; the dates and times when the training was held; and the length of time allotted for the training.]Additionally, a copy of the restraint form with more specific information on parent communication will be uploaded. |
| **Description of Internal Monitoring Procedures:** The training process of the actual criterion will continue to be completed on an annual basis. The clinical department will maintain an ongoing training schedule to keep certified staff certified and new staff in the queue for training. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 9.4 Physical Restraint | **Corrective Action Plan Status:** Disapproved **Status Date:** 06/20/2019 **Correction Status:** Not Corrected |
| **Basis for Decision:** The Program out lined the expected day of compliance 6/30/2020 however, the program has a Mandatory One-Year Compliance Date of 05/23/2020 to rectify this non-compliance. |
| **Department Order of Corrective Action:**The program is required to submit training materials for 9.4 Physical Restraint that demonstrate staff receive training that covers all requirements of the 603 CMR 46.04 (2),(3),(4) by July 8, 2019.(2)Required training for all staff. Each principal or director shall determine a time and method to provide all program staff with training regarding the program's restraint prevention and behavior support policy and requirements when restraint is used. Such training shall occur within the first month of each school year and, for employees hired after the school year begins, within a month of their employment. Training shall include information on the following:(a) The role of the student, family, and staff in preventing restraint;(b) The program's restraint prevention and behavior support policy and procedures, including use of time-out as a behavior support strategy distinct from seclusion;(c) Interventions that may preclude the need for restraint, including de-escalation of problematic behaviors and other alternatives to restraint in emergency circumstances;(d) When behavior presents an emergency that requires physical restraint, the types of permitted physical restraints and related safety considerations, including information regarding the increased risk of injury to a student when any restraint is used, in particular, a restraint of extended duration;(e) Administering physical restraint in accordance with medical or psychological limitations, known or suspected trauma history, and/or behavioral intervention plans applicable to an individual student; and(f) Identification of program staff who have received in-depth training pursuant to 603 CMR 46.03(3) in the use of physical restraint.(3) In-depth staff training in the use of physical restraint. At the beginning of each school year, the principal of each public education program or his or her designee shall identify program staff who are authorized to serve as a school-wide resource to assist in ensuring proper administration of physical restraint. Such staff shall participate in in-depth training in the use of physical restraint. The Department recommends that such training be competency-based and be at least sixteen (16) hours in length with at least one refresher training occurring annually thereafter.(4) Content of in-depth training. In-depth training in the proper administration of physical restraint shall include, but not be limited to:(a) Appropriate procedures for preventing the use of physical restraint, including the de-escalation of problematic behavior, relationship building and the use of alternatives to restraint;(b) A description and identification of specific dangerous behaviors on the part of students that may lead to the use of physical restraint and methods for evaluating the risk of harm in individual situations in order to determine whether the use of restraint is warranted;(c) The simulated experience of administering and receiving physical restraint, instruction regarding the effect(s) on the person restrained, including instruction on monitoring physical signs of distress and obtaining medical assistance;(d) Instruction regarding documentation and reporting requirements and investigation of injuries and complaints;(e) Demonstration by participants of proficiency in administering physical restraint; and,(f) Instruction regarding the impact of physical restraint on the student and family, recognizing the act of restraint has an impact, including but not limited to psychological, physiological, and social-emotional effects. |
| **Required Elements of Progress Report(s):** The program is required to submit the training materials for the 9.4 Physical Restraint by July 10, 2019 that include all elements of 603 CMR 46.04 (2),(3),(4). Additionally, the program must submit: 1) name and job title of the person conducting the training; 2) dates and times when the training was held; 3) length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; 5) evidence, including the date and time, that each of the listed staff received this training; and 6) for any staff who did not receive the training, the reason why and when their training is scheduled. The program must maintain on site documentation of the monitoring tool and make it available to the Department upon request.By July 10, 2019, the program must also submit the procedure for notifying parents when students have been restrained and the method for documenting parent notification. By September 30, 2019, the program must submit a list of all staff who are authorized to serve as the school-wide resource to assist in ensuring proper administration of physical restraint and the date they received the in-depth training.By October 30, 2019, the program must submit evidence of all parent notification regarding restraints that occurred from the start of the school year through October 30, 2019 to the Department. |
| **Progress Report Due Date(s):** 07/10/201909/30/201910/30/2019 |

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| PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:** PS 19 Anti-Hazing | **PR Rating:** Not Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** Staff interviews and a review of student records indicated that the program does not distribute the anti-hazing laws or a copy of the school program's anti-hazing disciplinary policy that has been approved by the Board of Directors to all secondary age students annually. |
| **Description of Corrective Action:** CCCBSD does not have any after school clubs or sports to which the anti-hazing policy pertain. Therefore, this policy is not applicable to CCCBSD. The program does, however, offer the information in the anti-hazing guidelines to all families and students via the Parent Student Handbook. This handbook is available 24/7 via the school's website. The annual anti-hazing forms that are collected by DESE from MA schools has been uploaded to WBMS. These forms are not available for schools to view so providing evidence of completion at the time of the onsite program review was not possible. |
| **Title/Role(s) of Responsible Persons:**Stefani Timmons, Chief Operating Officer | **Expected Date of Completion:**06/03/2019 |
| **Evidence of Completion of the Corrective Action:**This link will connect you with the school's website that has the parent/student handbook. The policy can be found on page 35. https://cccbsd.org/wp-content/uploads/2018/06/Parent-Handbook-18-19-1.pdf |
| **Description of Internal Monitoring Procedures:** CCCBSD will continue to post the guidelines in the handbook and make available through the cccbsd.org. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 19 Anti-Hazing | **Corrective Action Plan Status:** Disapproved **Status Date:** 06/20/2019 **Correction Status:** Not Corrected |
| **Basis for Decision:** The CAP submitted by the program does not show how the program will distribute the anti-hazing laws or a copy of the school program's anti-hazing disciplinary policy that has been approved by the Board of Directors to all secondary age students annually. |
| **Department Order of Corrective Action:**The program must demonstrate evidence that the program distributes every secondary age full-time student and every secondary age student group, team, or organization including those that are unaffiliated a copy of the Anti-Hazing legislation, M.G.L. c. 269, sections 17-19 and a copy of the program's anti-hazing disciplinary policy approved by the program's Board of Directors. |
| **Required Elements of Progress Report(s):** By September 30, 3019 the program must submit evidence to the Department that the Anti-Hazing legislation, M.G.L. c. 269, sections 17-19 and a copy of the program's anti-hazing disciplinary policy approved by the program's Board of Directors were issued to students in the CCC and BSD programs and every secondary age student group, team, or organization including those that are unaffiliated. |
| **Progress Report Due Date(s):** 09/30/2019 |