**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

Program Quality Assurance Services

# PROGRAM REVIEW

**CORRECTIVE ACTION PLAN**

Special Education Agency: Crystal Springs, Inc.

Program Review Onsite Year: 2019-2020

**Programs under review for the agency: Crystal Springs Residential 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 07/22/2021.*

Mandatory One-Year Compliance Date: 07/22/2022

Summary of Required Corrective Action Plans in this Report

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| **Criterion** | **Criterion Title** | **PR Rating** |
| PS 12.2 | In-Service Training Plan and Calendar | Partially Implemented |

**PROGRAM REVIEW CORRECTIVE ACTION PLAN**

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| **Criterion & Topic:**PS 12.2 In-Service Training Plan and Calendar | **PR Rating:**Partially Implemented |
| **Department Program Review Findings:**While a review of the program's In-Service Training Plan and Calendar policy and procedure documentation indicated all staff are offered on average at least two hours of training per month and typically participate in annual in-service mandated trainings, staff interviews and staff records indicated that not all staff received all mandated in-service trainings annually. |
| **Description of Corrective Action:**1. Crystal Springs? Staff Development department has been actively coordinating with departmental directors toward achieving full compliance for all elements of the annual DESE mandated trainings for all individual overdue staff. Staff development trainings have been severely hampered by the pandemic.
2. As of June 2021, Crystal Springs? monthly published Staff Development Training Calendar of events has resumed along with in person physical training elements following the prior years physical contact pandemic restrictions. Employee trainings are once again, repeatedly available at various times over the course of each month to allow for planning options in order to facilitate consistent completion of staff DESE annual refresher trainings.
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| **Title/Role(s) of Responsible Persons:**Richard Mancini, Director of Children's Services | **Expected Date of Completion:** 09/15/2021 |
| **Evidence of Completion of the Corrective Action:**1. As of this submission, 91% of identified ?active? (not on Medical LOA) staff have been brought fully into compliance with all needed annual trainings and documented. Additionally, scheduled trainings are expected to bring compliance up to 98% by 8/26/21 with total completion target date of no later than 9/15/21. Updated staff training list available on request. |
| **Description of Internal Monitoring Procedures:**1. In addition to the standard practice of Staff Development maintaining an on-going, up- to-date record of employee training status, the Children’s Program Director will be provided a monthly staff training status report to ensure follow-up from various departments occurs in accordance with regulatory guidelines. |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** |
| **Criterion:**PS 12.2 In-Service Training Plan and Calendar | **Corrective Action Plan Status:** Partially Approved**Status Date:** 08/23/2021**Correction Status:** Not Corrected |
| **Basis for Decision:**The corrective action plan does not specify the procedure for how documentation will be filed in staff records, who will be responsible for maintaining current training information in staff records or the specific plan for monitoring documentation of staff training. |
| **Department Order of Corrective Action:** |

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| The program must ensure all staff receive an average of 2 hours of training per month that includes all DESE mandated trainings based on the program's In-Service Training Plan and Calendar and all staff records include required documentation of training. The program must develop and implement a procedure to monitor staff training records that includes step by step procedures for completing and documenting reviews of staff training records, the position of the staff member responsible for the reviews, the follow-up plan for make-up training and/or missing training documentation, manner to document outcome and follow-up based on record review, the frequency record reviews are scheduled to occur, and system to track compliance with procedure to review staff training records. |
| **Required Elements of Progress Report(s):**For the 9/30/2021 Progress Report the program must submit the comprehensive procedure to monitor staff training records that includes all required elements of the Department Order of Corrective Action. For the 12/15/2021 Progress Report the program must submit evidence of implementation of the approved procedure to monitor staff training records that includes 1) the date(s) of the record review, 2) a list of staff who were out of compliance with required training and the plan for make-up training, 3) a list of staff whose training record was incomplete/incorrect and plan to update record. 4) a summary of the process and any changes made to improve the approved procedure. |
| **Progress Report Due Date(s):**09/30/202112/15/2021 |

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