MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Program Quality Assurance Services

PROGRAM REVIEW

CORRECTIVE ACTION PLAN

Special Education Agency: High Road School Day Program Program Review Onsite Year: 2019-2020

**Programs under review for the agency: A - High Road Day Program**

**B - High Road Summer 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 03/12/2021.*

Mandatory One-Year Compliance Date: 03/12/2022

Summary of Required Corrective Action Plans in this Report

|  |  |  |  |
| --- | --- | --- | --- |
| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
| PS 4.5 | Immediate Notification | A,B | Partially Implemented |
| PS 8.8 | IEP - Progress Reports | A,B | Partially Implemented |
| 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 11.1 | Staff Policies and Procedures Manual | A,B | Partially Implemented |
| PS 12.1 | New Staff Orientation and Training | A,B | Implementation In Progress |

|  |  |  |  |
| --- | --- | --- | --- |
| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
| PS 12.2 | In-Service Training Plan and Calendar | A,B | Implementation In Progress |
| PS 15.5 | Parent Consent and Required Notification | A,B | Implementation In Progress |
| PS 16.7 | Preventive Health Care | A,B | Partially Implemented |
| PS 19 | Anti-Hazing | A,B | Partially Implemented |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 4.5 Immediate Notification | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of student records indicated that not all incidents requiring the submission of a Form 2 to the Department were reported, therefore, the Department was unable to determine if appropriate procedures and notifications were made for all incidents. | | |
| **Description of Corrective Action:**  The Education Director will submit a Form 2 via the DESE database for all required incidents. | | |
| **Title/Role(s) of Responsible Persons:**  Education Director | | **Expected Date of Completion:** 06/01/2021 |
| **Evidence of Completion of the Corrective Action:**  Completion of Form 2s in the DESE database. | | |
| **Description of Internal Monitoring Procedures:**  The Education Director will maintain a binder of all Form 2 submitted to DESE. Documentation that a Form 2 was submitted to DESE will be noted in the student file. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 4.5 Immediate Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 04/20/2021  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program must submit 1) their 4.5 Immediate Notification policy that includes all current required elements; 2) a narrative for the specific process the program will implement to insure that all Form 2 incidents are submitted into the security portal and that the required documentation is placed in the student record; and 3) the name and job title of all staff that will be responsible to maintain these documentation steps. | | |
| **Progress Report Due Date(s):**  06/30/2021  08/31/2021  09/07/2021 | | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 8.8 IEP - Progress Reports | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of student records indicated the recipients of IEP Progress Reports were not documented consistently, therefore, the Department was not able to verify that they were being sent to sending school districts and parents/guardians as required. | | |
| **Description of Corrective Action:**  A dated cover letter will accompany all IEP progress reports when they are mailed out. The cover letter will indicate that the documents are sent to the parent/guardian and to the sending district. | | |
| **Title/Role(s) of Responsible Persons:**  Education Director, Administrative Assistant | | **Expected Date of Completion:** 06/01/2021 |
| **Evidence of Completion of the Corrective Action:**  A sample cover letter will be uploaded to the DESE database to demonstrate proof of documentation that progress reports are sent to parents/guardians and to the sending district. | | |
| **Description of Internal Monitoring Procedures:**  The Education Director will sign off on this letter each quarter. The Administrative Assistant will file a copy of the cover letter with the progress report in each student's education binder. The Education Director will spot-check files annually to ensure that letters were filed. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 8.8 IEP - Progress Reports | **Corrective Action Plan Status:** Approved  **Status Date:** 04/20/2021  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program must submit 1) the template of the cover letter that will accompany all IEP progress reports; and 2) a narrative to describe the new implemented process indicating to whom IEP progress reports are sent; and 3) the name and job title of the staff member(s) who maintain documentation in the student record. | | |
| **Progress Report Due Date(s):**  06/30/2021 | | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 9.1(a) Student Separation Resulting from Behavior Support | | **PR Rating:** Implementation In Progress |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  While a review of documentation submitted indicated that the policy and procedures specific to Student Separation Resulting from Behavior Support contained all required elements, a review of student records and on-site documentation indicated that all required elements were not evident. Additionally, interviews indicated that not all staff were aware that notification to Administration is required after 30 minutes of student separation. Finally, there was no evidence that staff had received training on the appropriate procedures that they are required to implement. | | |
| **Description of Corrective Action:**  Documentation will be maintained to demonstrate that all staff are trained upon hire and re-trained on an annual basis regarding policies and procedures for students separation resulting from behavior support. | | |
| **Title/Role(s) of Responsible Persons:**  Education Director, TACT-2 Trainer | | **Expected Date of Completion:** 06/01/2021 |
| **Evidence of Completion of the Corrective Action:**  Evidence of training on the policies and procedures specific to students separation resulting from behavior support, including the requirement to notify administration after 30 minutes of student separation, will be uploaded to the DESE database. Evidence will include the name and title of the trainer, the date and time of training, the length of training, the name and title of all staff who attended the training (in alphabetical order by last name), a copy of the training materials, and a list of staff who were absent and how they will make up the training. Evidence of the time-out logs and of the approval form for time-outs longer than 30 minutes will also be uploaded to the DESE database to demonstrate compliance. | | |
| **Description of Internal Monitoring Procedures:**  The High Road School of Massachusetts policy and procedures specific to student separation resulting from behavior support, including the requirement to notify administration after 30 minutes of separation, will be included in the revised employee training manual, which is reviewed at the start of each school year and upon hire of new employees throughout the school year. Evidence of training will be documented in the Professional Development binder and/or in employee files. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 9.1(a) Student Separation Resulting from Behavior Support | **Corrective Action Plan Status:** Approved  **Status Date:** 04/20/2021  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program must provide evidence of Student Separation policy and procedures training for all staff by submitting 1) the name and job title of the person conducting the training;  2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in attendance with their position title; 5) a current master staff roster; 6) a copy of the training materials shared with staff; and 7) for any staff who did not receive the training, the reason why and when their training is scheduled. | | |
| **Progress Report Due Date(s):**  06/30/2021  08/31/2021  09/07/2021 | | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 9.4 Physical Restraint | | **PR Rating:** Implementation In Progress |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  While a review of documentation indicated that the policy and procedures specific to Physical Restraint contained all the required elements, a review of student records indicated that the program was still using restraint consent forms which were prohibited in 2016. Additionally, the program has not submitted required restraint injury reports to the Department according to requirements set forth in the policy and procedures. Finally, there was not sufficient evidence that staff had received the training on the appropriate procedures that they are required to implement. | | |
| **Description of Corrective Action:**  The Administrative Assistant will audit the files of all active students. Should there be any restraint consent forms in the files dated after 2018, a note will be placed on the consent form stating that the form is n longer applicable. The Education Director will submit injury reports through the DESE database in compliance with state requirements. The Education Director and TACT-2 Trainer will review all aspects of the High Road School of Massachusetts physical restraint policies and procedures with staff minimally once per year, at staff orientation and/or upon hire. Staff will be provided with refresher trainings throughout the year as needed. | | |
| **Title/Role(s) of Responsible Persons:**  Education Director, Administrative Assistant, TACT-2 Trainer | | **Expected Date of Completion:** 06/01/2021 |
| **Evidence of Completion of the Corrective Action:**  The Education Director will submit attestation that the program no longer uses the restraint consent forms that were prohibited in 2018. If applicable, the Education Director will submit a sample consent form signed after 2018 with a note indicating that it is no longer applicable. The Education Director will submit a narrative for the process now in place to submit injury reports to the state. Evidence of staff training on physical restraint policies will be submitted via the DESE database. This evidence will include the name and job title of the trainer, the date and time of the training, the length of the training, the name and title (in alphabetical order by last name) of staff who participated in the training, a copy of the training materials, and who was absent from the meeting and how they will make up the training. | | |
| **Description of Internal Monitoring Procedures:**  The Administrative Assistant will maintain the program's professional development binder, and will include the information required for each professional development. S/he will also provide evidence in each employee binder of training. The Education Director will spot- check the professional development binder and employee files annually to ensure compliance of this documentation. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 9.4 Physical Restraint | **Corrective Action Plan Status:** Approved  **Status Date:** 04/20/2021  **Correction Status:** Not | |

|  |  |
| --- | --- |
|  | Corrected |
| **Basis for Decision:** | |
| **Department Order of Corrective Action:** | |
| **Required Elements of Progress Report(s):**  The program must provide evidence of Physical Restraint Policy and Procedures training for all staff by submitting 1) the name and job title of the person conducting the training;  2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in attendance with their position title; 5) a current Master Staff Roster; 6) a copy of the training materials shared with staff; 7) the name and job title for the person updating staff records; and 8) for any staff who did not receive the training, the reason why and when their training is scheduled. In addition, the program will submit a narrative description of their plan regarding previous restraint consent forms evident in student record documentation including 1) the name and job title of the person conducting the review/update; 2) a template of the new parent consent form and 3) attestation from the program that restraint consent forms are no longer in use. The program will also submit a narrative to describe their process to submit any restraints with injury into the security portal including the name and job title of the person responsible. | |
| **Progress Report Due Date(s):**  06/30/2021  08/31/2021 | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 11.1 Staff Policies and Procedures Manual | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of staff records indicated there was not evidence of completed CORI reviews for all employees prior to initial hire or every three years thereafter. Additionally, there was no evidence of completed Criminal History Record Information (CHRI) checks or evidence of staff performance evaluations completed per program policy for all employees. | | |
| **Description of Corrective Action:**  The Education Director and Regional Director will work with SESI HR and Legal to update the formal written policy related to CORI and CHRI checks. The Education Director and Administrative Assistant will collaborate to conduct background checks in accordance with the policy. Staff end-of-year performance evaluations, completed by the Education Director, will be filed in employee files after being reviewed with each employee prior to the end of the school year. | | |
| **Title/Role(s) of Responsible Persons:**  Education Director, Regional Director, Administrative Assistant, HR/Legal as needed | | **Expected Date of Completion:** 06/01/2021 |
| **Evidence of Completion of the Corrective Action:**  The Education Director will submit a chart to the DESE database that is used to track submission of background checks of new employees and 3-year updates on existing employees. A sample end-of-year evaluation will also be submitted. | | |
| **Description of Internal Monitoring Procedures:**  The Administrative Assistant will maintain a chart of when 3-year CORI checks are due for each existing employee. This will be reviewed with the Education Director annually. The Education Director will spot-check employee files once per year to ensure that the most current performance evaluations have been filed for each staff member. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 11.1 Staff Policies and Procedures Manual | **Corrective Action Plan Status:** Approved  **Status Date:** 04/20/2021  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program must submit 1) an updated Staff Policies and Procedures to show required elements for their CORI checks, CHRI checks, and staff performance evaluations completed for all employees 2) documentation that all current staff have updated CORI checks, CHRI checks, and performance evaluations 3) an updated Master Staff Roster; and 4) the name and job title of the person maintaining this information in staff records. | | |
| **Progress Report Due Date(s):**  06/30/2021  08/31/2021 | | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 12.1 New Staff Orientation and Training | | **PR Rating:** Implementation In Progress |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of staff records and interviews indicated that new staff in-service orientation and training was not documented; therefore, the Department was not able to verify new staff received training in all mandated topics. | | |
| **Description of Corrective Action:**  For new employees who begin employment at the start of the school year, a sign-in sheet will be used for each day of the fall staff orientation and training. Individual training will be provided and documented for new employees who begin employment after the fall orientation. Documentation of completion of required training will be maintained in the employee's file. | | |
| **Title/Role(s) of Responsible Persons:**  Education Director, Administrative Assistant | | **Expected Date of Completion:** 06/01/2021 |
| **Evidence of Completion of the Corrective Action:**  The Education Director will submit a sample of the checklist used to document evidence of new staff training via the DESE database. | | |
| **Description of Internal Monitoring Procedures:**  The Education Director will spot-check to ensure that the training checklist for any new staff members has been updated and is compliance with training policy and protocol. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 12.1 New Staff Orientation and Training | **Corrective Action Plan Status:** Approved  **Status Date:** 04/20/2021  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program must submit 1) their plan for documenting the mandated new staff in- service training at orientation; 2) a copy of the tracking template; and 3) the name and job title of the person responsible for maintaining the staff records. | | |
| **Progress Report Due Date(s):**  06/30/2021 | | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 12.2 In-Service Training Plan and Calendar | | **PR Rating:** Implementation In Progress |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  While staff interviews revealed that in-service training occurs, a review of documentation and staff records showed that staff in-service trainings were not documented, therefore the Department was not able to verify staff receive all mandated trainings annually. | | |
| **Description of Corrective Action:**  A sign-in sheet will be used for each in-service training, and will include the name and job title of the trainer, the date and time of the training, the length of the training, the names and titles of staff (in alphabetical order by last name) who attended the training, a copy of the training materials, and who was absent from the training and how they plan to make up the training. The Administrative Assistant will file these in the professional development binder. Each employee binder will also have a checklist to confirm each of the required training topics were conducted. | | |
| **Title/Role(s) of Responsible Persons:**  Education Director, Administrative Assistant | | **Expected Date of Completion:** 06/01/2021 |
| **Evidence of Completion of the Corrective Action:**  The Education Director will upload a sample PD sign-in sheet and copy of the training checklist to the DESE database as evidence. | | |
| **Description of Internal Monitoring Procedures:**  The Education Director will audit the professional development binder and employee files on an annual basis to ensure the information has been filed and the training checklists have been updated. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 12.2 In-Service Training Plan and Calendar | **Corrective Action Plan Status:** Approved  **Status Date:** 04/20/2021  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program must submit 1) their plan for documenting the mandated annual in-service trainings; 2) a copy of the tracking template; and 3) the name and job title of the person responsible for maintaining the staff records. | | |
| **Progress Report Due Date(s):**  06/30/2021 | | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 15.5 Parent Consent and Required Notification | | **PR Rating:** Implementation In Progress |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of student records indicated that the program has not notified parents/guardians annually that the current Behavior Support Policy and Procedures are available upon request, and the Physical Restraint Policy is only utilized in cases of emergency situations. | | |
| **Description of Corrective Action:**  The parent/student handbook, which is mailed to each family every August, will be updated to ensure notification that the current Behavior Support Policy and Procedures are available upon request, and that the Physical Restraint Policy is only utilized in cases of emergency situations. Both statements will also be reiterated on the handbook sign-off page. The handbook sign-off page is filed in each student binder. For any students whose sign-off page is not returned, the Administrative Assistant will reach out once per month to attempt to obtain the signed form, and will document such attempts. | | |
| **Title/Role(s) of Responsible Persons:**  Education Director, Administrative Assistant | | **Expected Date of Completion:** 06/01/2021 |
| **Evidence of Completion of the Corrective Action:**  The Education Director will upload to the DESE database the revised sign-off page for the student/parent handbook, the chart where the check-off receipt is noted, and a blank phone log that will be used to document attempts to secure a signed copy from all parents. | | |
| **Description of Internal Monitoring Procedures:**  The Education Director will conduct a quarterly check of the chart to assess progress on receiving signed forms from parents, and will spot-check student binders on an annual basis to ensure that the forms are filed in the student binders. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 15.5 Parent Consent and Required Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 04/20/2021  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program must submit 1) the plan the program will implement to update their parent/student handbook and their annual notification process for the Behavior Support and Policy procedures and the Physical Restraint Policy; 2) a template of the revised parent sign-off page; and 3) the name and job title of the person who will track this information and maintain the annual sheet in the student records. | | |
| **Progress Report Due Date(s):**  06/30/2021 | | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 16.7 Preventive Health Care | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of student records indicated that there was not information on current dental examinations for all students and efforts to obtain such documentation was not evident. | | |
| **Description of Corrective Action:**  The School Nurse will keep a chart of whose dental examinations have been submitted to the school. A letter will be sent home to all parents to again remind them of this requirement. The School Nurse will attempt to contact parents once per month in an effort to obtain any missing dental examinations, and will use a tracking log to document these contact attempts. The tracking logs will be maintained in each student's file. | | |
| **Title/Role(s) of Responsible Persons:**  Education Director, School Nurse | | **Expected Date of Completion:** 06/01/2021 |
| **Evidence of Completion of the Corrective Action:**  The Education Director will upload a sample tracking log to the DESE database. | | |
| **Description of Internal Monitoring Procedures:**  The Education Director will meet with the School Nurse on an annual basis to review missing dental examinations and attempts to secure them. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 16.7 Preventive Health Care | **Corrective Action Plan Status:** Approved  **Status Date:** 04/20/2021  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program must submit a narrative describing their process for gathering annual dental examination information for all students, or tracking their efforts to obtain such information, including the name and position of the staff who will maintain this documentation. | | |
| **Progress Report Due Date(s):**  06/30/2021 | | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 19 Anti-Hazing | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of student records, documentation, and interviews indicated that while the program has a complete copy of the anti-hazing legislation and the programs' anti-hazing disciplinary code as approved by the Board of Directors written, there was not documentation that it was distrubuted to all secondary age students annually as required. | | |
| **Description of Corrective Action:**  The Education Director will ensure that all students receive the anti-hazing policy at the time of intake and annually. | | |
| **Title/Role(s) of Responsible Persons:**  Education Director, School Counselor, Administrative Assistant | | **Expected Date of Completion:** 06/01/2021 |
| **Evidence of Completion of the Corrective Action:**  The Education Director will upload to the DESE database a roster of currently enrolled secondary age students, and the signed anti-hazing policy acknowledgement for each student on the roster. | | |
| **Description of Internal Monitoring Procedures:**  Within 30 days of admission to the High Road School of Massachusetts, the school counselor will review the anti-hazing policy with each new secondary age student and ensure sign-off on the policy. On an annual basis, within the first 30 days of the school year, the school counselor will review the anti-hazing policy with all applicable students and ensure sign-off on the policy. The Administrative Assistant will file the signed documents in the student binders. The Education Director will spot-check the binders annually to ensure that the sign-off sheets are on file. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 19 Anti-Hazing | **Corrective Action Plan Status:** Approved  **Status Date:** 04/20/2021  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program must submit 1) a copy of the anti-hazing legislation as well as the disciplinary code approved by the program's Board of Directors that is distributed to all secondary age students; 2) in alphabetical order by last name, a copy of each secondary age student's signed acknowledgment of receipt of the anti-hazing regulations and disciplinary code approved by the program's Board of Directors that is maintained in each secondary student record; 3) a current list of all secondary aged students in alphabetical order by their last name; and 4) a written procedure describing the program's plan of how they will maintain annual documentation of receipt of the anti-hazing legislation as well as the disciplinary code in the record of each secondary age student. | | |

**Progress Report Due Date(s):**

06/30/2021