MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Program Quality Assurance Services

PROGRAM REVIEW

CORRECTIVE ACTION PLAN

Special Education Agency: Clarke School for the Deaf Program Review Onsite Year: 2020-2021

**Programs under review for the agency:**

**A - Clarke School for the Deaf Preschool Day Program**

**B - Clarke School East Day Program**

**C - Clarke School for the Deaf 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 08/26/2021.*

Mandatory One-Year Compliance Date: 08/26/2022

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,B,C | Partially Implemented |
| PS 11.1 | Staff Policies and Procedures Manual | A,B,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:**  All | | |
| **Department Program Review Findings:**  A review of documentation indicated that the Student Separation Policy and Procedures included all required elements; however, staff interviews and additional documentation review indicated that this policy is not yet fully implemented to document time out of class and not all staff have received training on this policy. | | |
| **Description of Corrective Action:**  All policy and procedure documents have required elements. Clarke has re-established a policy and practice of  improved documentation for separated time out of the classroom, including for listening and other sensory breaks  and specified accommodations. Documentation of separation includes Length of time;  Reasons for the  intervention; Who approved the procedure; and Who monitored the student during the time out/separation,  and if administrative approval was needed. All staff received updated training in August 2021. Each classroom  is equipped with a clipboard and the form for documenting student separation time and this documentation is  reviewed weekly by program directors to assess for appropriateness and if further behavior supports or additional accommodations are necessary. | | |
| **Title/Role(s) of Responsible Persons:**  Directors M.H, B.H., and C.T. of Programs A,B,C | | **Expected Date of Completion:** 10/15/2021 |
| **Evidence of Completion of the Corrective Action:**   1. Updated form 2. Documentation of Staff training 3. Example of form with data entry | | |
| **Description of Internal Monitoring Procedures:**  Directors will collect Student Separation Logs monthly from classrooms and keep on file for DESE review. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 9.1(a) Student Separation Resulting from Behavior Support | **Corrective Action Plan Status:** Approved  **Status Date:** 09/29/2021  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 11/15/2021 progress report, the program must provide evidence of Student Separation policy and procedures training for all staff by submitting 1) the staff name(s) | | |

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

12/15/2021

01/21/2022

and position title(s) 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 all staff roster; 6) a copy of the training materials shared with staff; 7) a copy of the student separation tracking document shared with staff; 8) for any staff who did not receive the training, the reason why and when their training is scheduled; 9) the staff name(s) and position title(s) responsible for updating staff records of the training; and 10) a narrative of the plan to review the collected student separation data including timeframes and staff positions involved.

PROGRAM REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**  PS 11.1 Staff Policies and Procedures Manual | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  While staff interviews indicated that all staff received CORIs upon hire and every three years thereafter, a review of additional documentation indicated that completed CORIs were not evident for all staff. | | |
| **Description of Corrective Action:**  Clarke Schools has reviewed and updated policies and procedures for documenting and tracking CORI checks.  The revised policy states: All applicants considered for a position at Clarke Schools for the Deaf will be required  to submit to a CORI background screening. Repeat CORI checks will be done for all employees every three (3)  years. All CORI data is maintained by the Human Resource Department. A checklist is used  during the onboarding process to ensure that all required steps are completed. Once HR receives documentation  of CORI results the information is entered on an Excel Spreadsheet containing dates and calculates the date of  the next required background check. HR is alerted monthly via electronic calendar for renewal of required CORI  checks. Upon receipt of CORI documents a Letter of Suitability is prepared and signed by authorized staff,  Jane Tetreault, HR Generalist and sent to the employee and the direct supervisor of the employee. A file is  created with consent documents, results and any related correspondence and filed in a secure location in the  HR offices. Dates and results of all CORI checks beginning at initial hire and every subsequent three years  of employment following are maintained for all staff in this database. | | |
| **Title/Role(s) of Responsible Persons:**  HR Specialist Jane Tetreault | | **Expected Date of Completion:** 06/30/2022 |
| **Evidence of Completion of the Corrective Action:**  On-boarding Checklist has been updated to include procedures for:  Data entry for completion of initial CORI check; Entering calendar alerts for 3-year CORI updates | | |
| **Description of Internal Monitoring Procedures:**  Program directors will confirm with HR that CORI checks are up-to-date at annual review time. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 11.1 Staff Policies and Procedures Manual | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/29/2021 | |

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|  | **Correction Status:** Not Corrected |
| **Basis for Decision:**  Program is missing as evidence documentation that all current staff have current CORI checks. | |
| **Department Order of Corrective Action:**  Program must submit proof that all current staff as shown on the most recent All Staff Roster are up to date with CORI checks along with the updated process as described to include the updated policy and procedures process and staff maintaining records. | |
| **Required Elements of Progress Report(s):**  For the 11/15/2021 progress report, the program must submit 1) the updated and newly implemented Staff Policies and Procedures process to show all required elements for collecting and maintaining current CORI checks for all employees; 2) documentation that all current staff have updated CORI checks; 3) a copy of the current All Staff Roster; and  4) name(s) of the staff person(s) with position titles(s) who will be tracking, filing, and maintaining this information in program and/or staff records. | |
| **Progress Report Due Date(s):**  12/15/2021  01/21/2022 | |