MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Program Quality Assurance Services

PROGRAM REVIEW

CORRECTIVE ACTION PLAN

Special Education Agency: Massachusetts Foundation of Learning Disabilities

Program Review Onsite Year: 2020-2021

**Programs under review for the agency: White Oak 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** | **PR Rating** |
| PS 5.2(a) | Contracts | Partially Implemented |
| PS 9.1(a) | Student Separation Resulting from Behavior Support | Partially Implemented |
| PS 9.4 | Physical Restraint | Partially Implemented |
| PS 11.1 | Staff Policies and Procedures Manual | Partially Implemented |
| PS 12.1 | New Staff Orientation and Training | Partially Implemented |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**  PS 5.2(a) Contracts | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  Staff interviews and a review of student records indicated that some contracts between the responsible school district and the program did not include all required elements, were not signed by both parties or were not evident. | | |
| **Description of Corrective Action:**  Beginning with the 2021-2022 school year, if a district only sends a tuition commitment letter for a student, White Oak School will send a contract will all of the required elements to be signed. These contracts are filed in the student's master file. | | |
| **Title/Role(s) of Responsible Persons:**  Administrative Assistant to the Head of School | | **Expected Date of Completion:** 10/01/2021 |
| **Evidence of Completion of the Corrective Action:**  Each student's master file will contain signed contracts including all required elements. | | |
| **Description of Internal Monitoring Procedures:**  The Administrative Assistant to the Head of School monitors this process and ensures that the correct paperwork is completed and filed. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 5.2(a) Contracts | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/09/2021  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The program did not fully specify the procedure to ensure they obtain signed contracts from the student's sending district prior to the student starting at the program and annually thereafter. | | |
| **Department Order of Corrective Action:**  The program must develop and implement a plan to conduct audits of all student records to ensure all student contracts have required signatures. This plan should include the position of the staff member responsible for conducting these audits, the manner in which the outcome of these audits will be documented, the follow-up steps that will be taken if a contract does not contain the required signatures, the frequency at which the audits and follow-up communication are scheduled to occur, and overall system to track compliance with procedure to review student records for signed contracts. | | |
| **Required Elements of Progress Report(s):**  For the 10/15/2021 progress report, the program must submit 1) a comprehensive description of the newly implemented contract monitoring system procedure; 2) name of the staff person(s) with position title(s) who will conduct the student record contract audits; 3) a copy of the formal notification that will go out to districts; 4) name of the staff person(s) with position title(s) who will maintain communication with districts; 5) copies of all tracking documentation; and 6) name of the staff person(s) with position title(s) who will update student records. | | |
| **Progress Report Due Date(s):**  10/15/2021 | | |

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| **Criterion & Topic:**  PS 9.1(a) Student Separation Resulting from Behavior Support | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  A review of documentation and staff interviews indicated that some required elements of the Student Separation Policy are not being implemented appropriately since time out of the classroom is not being documented as required. Furthermore, a review of documentation indicated that the Student Separation Policy previously approved during the last Mid-cycle review does not include elements that were previously approved, specifically, how the amount of time of a student separation out of the classroom is documented by the program. | | |
| **Description of Corrective Action:**  Our program review indicated that we need to document the time students spend out of the classroom. As a result, we implemented a new documentation system for the 2021- 2022 school year. A sign in/sign out sheet is posted in each classroom each week. The data collected includes the student's name, the specific reason for leaving the room (see the nurse, go to the front office, walk break, go to Dean of Students or Head's office, etc), the time out of the classroom and the time back in. Teachers ensure this is being used by the students and supervise them signing in and out. At the end of each week, the sheets are collected from each classroom and filed with the assistant to the Head. | | |
| **Title/Role(s) of Responsible Persons:**  Jody Michalski, Head of School | | **Expected Date of Completion:** 09/01/2021 |
| **Evidence of Completion of the Corrective Action:**  Evidence of this documentation is found in the main office of C Building at the desk of the administrative assistant. It is reviewed by the Head of School and the Dean of Students. | | |
| **Description of Internal Monitoring Procedures:**  This process is monitored by the Head of School and the administrative assistant for tracking. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 9.1(a) Student Separation Resulting from Behavior Support | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/09/2021  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The program did not include a detailed description of how they will ensure all staff complete required training for Student Separation as a Result of Behavior policy and procedures or how the program will document/track staff completion of the training. | | |
| **Department Order of Corrective Action:**  The program must develop and implement a detailed plan to train staff on all components of the approved Student Separation as a Result of Behavior policy and procedures. The plan must include a description of how the program will document and track staff training and follow-up regarding missed training. The program must include the position title of the person(s) implementing the plan. | | |
| **Required Elements of Progress Report(s):**  By the 10/15/2021 progress report, the program must provide evidence of Student Separation policy and procedures training for all staff by submitting 1) the staff name(s) 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 main 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; and 10) a narrative of the plan to review the collected student separation data including timeframes and staff positions involved. | | |
| **Progress Report Due Date(s):**  10/15/2021 | | |

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| **Criterion & Topic:**  PS 9.4 Physical Restraint | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  A review of documentation and staff interviews indicated that the program does not currently have a staff person who is appropriately trained to serve as a restraint resource for the program as required. | | |
| **Description of Corrective Action:**  White Oak School is enrolling a staff member in a training program through the Crisis Prevention Institute. This staff person will complete the required training and then provide the required professional development to the staff of White Oak School. Re-certification of personnel will be completed as required moving forward. | | |
| **Title/Role(s) of Responsible Persons:**  Head of School | | **Expected Date of Completion:** 11/01/2021 |
| **Evidence of Completion of the Corrective Action:**  Evidence of the completed training program from the Crisis Prevention Institute will be uploaded. All direct care staff will document that they received updated training in this area, which will be filed in all employee's files. | | |
| **Description of Internal Monitoring Procedures:**  The Head of School will ensure that a staff person is appropriately trained to serve as a restraint resource for the program as required. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 9.4 Physical Restraint | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/09/2021  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The program did not include a detailed description of how they will ensure all staff complete required training for Physical restraint or how the program will document/track staff completion of the training. | | |
| **Department Order of Corrective Action:**  The program must develop and implement a detailed plan to ensure a staff person maintains intensive restraint training and is identified as a restraint resource for the program. Additionally, the program must develop and implement a detailed plan to ensure the intensively trained staff provide training to all staff on the required elements of the chosen restraint training program. The plan must include a description of how the program will ensure to document and track staff training and follow-up regarding missed training. The program must include the position title of the person(s) implementing the plan. | | |
| **Required Elements of Progress Report(s):**  By the 11/15/2021 progress report, the program must provide evidence of intensive Restraint Training for the staff member(s) designated to include 1) the staff name(s) and position title(s) receiving the training; 2) the name of restraint training program; 3) date(s)/time(s) of training; and 4) documentation of completion of restraint program.  By the 12/15/2021 progress report, the program must provide evidence of training for all staff by submitting 1) the date(s) and time(s) when this training was held; 2) the length of time allotted for the training; 3) a list of all staff in attendance with their position title;  4) a current main staff roster; 5) a copy of the training materials shared with staff; 6) for any staff who did not receive the training, the reason why and when their training is scheduled; and 7) the staff name(s) and position title(s) responsible for updating staff records of completed training. | | |
| **Progress Report Due Date(s):**  11/15/2021  12/15/2021 | | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**  PS 11.1 Staff Policies and Procedures Manual | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  While staff interviews indicated that staff received CORIs upon hire and every three years thereafter, a review of documentation indicated that completed CORIs was not evident for all staff. While staff interviews indicated that most staff completed CHRI fingerprinting upon hire, a review of documentation indicated that completed CHRI fingerprinting was not evident for all staff. A review of documentation, staff records, and staff interviews indicated that not all staff received their annual performance evaluations according to the program's policy. | | |
| **Description of Corrective Action:**  Jody Michalski, the new Head of School, became the lead contact for the CORI check system. All employees have been CORI checked for the 2021-2022 school year. The results were obtained via secure email and the necessary information has been filed in each employee's file. Jody Michalski has applied to become the lead contact for the SAFIS-R/CHRI fingerprinting system. As soon as this process is completed, all employees will be fingerprinted and the appropriate documentation will be filed in each employee's file.  After our program review in April of 2021, all staff received their annual performance evaluations. Documentation, including the date of evaluation meetings and the signatures of those present, has been filed in each staff member's employment file. | | |
| **Title/Role(s) of Responsible Persons:**  Jody M. Michalski, Head of School | | **Expected Date of Completion:** 10/01/2021 |
| **Evidence of Completion of the Corrective Action:**  Once all employees have been fingerprinted, the corrective action for this criterion will be complete.  Documentation of annual staff performance evaluations, including the date of evaluation meetings and the signatures of those present, has been filed in each staff member's employment file. | | |
| **Description of Internal Monitoring Procedures:**  The assistant to the Head will track CORI check and fingerprinting dates of returning and new employees. CORI checks will be conducted, with prior notification to employees, every 3 years by the Head of School. Documentation will be filed in each employee's file. Every spring, all staff will complete an annual performance review, including completing a self-evaluation form and a review meeting with the Head of School. All paperwork will be signed, dated, and filed for proper documentation. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 11.1 Staff Policies and Procedures Manual | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/09/2021  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The program did not include a detailed description of how they will ensure all staff records will be updated with the required elements and which staff will maintain those records. | | |
| **Department Order of Corrective Action:**  The program must develop and implement a detailed plan on all components of CORI, CHRI and staff evaluations completion and tracking, as per their Staff Polices and procedures manual. The plan must include a description of how the program will document and track staff data including the position title(s) of the people implementing and maintaining the plan. | | |
| **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, CHRI checks, and staff performance evaluations for all employees 2) documentation that all current staff have updated CORI checks, CHRI checks, and performance evaluations 3) a copy of the current Main 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):**  11/15/2021 | | |

PROGRAM REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**  PS 12.1 New Staff Orientation and Training | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  A review of documentation, staff interviews and staff records indicated that not all new staff who have direct care responsibilities with students received the DESE mandated orientation training topics within the required timeframe before having direct care responsibilities with students, including receiving restraint training within one month of hire. | | |
| **Description of Corrective Action:**  New staff who have direct care responsibilities have received the DESE mandated orientation training this year. In regards to restraint training, we are in the process of having a staff member certified as indicated in the CAP for criterion 9.4. All staff have received de-escalation and restraint avoidance training. Once a staff member is CPI certified, additional training will be given to all direct care workers. | | |
| **Title/Role(s) of Responsible Persons:**  Jody M. Michalski, Head of School | | **Expected Date of Completion:** 11/01/2021 |
| **Evidence of Completion of the Corrective Action:**  Documentation of completed mandated orientation training, including name of staff member, name of presenter, and date of training is filed in each employee's file as evidence of meeting the requirements. | | |
| **Description of Internal Monitoring Procedures:**  The Head of School, along with the administrative assistant, will ensure that direct care staff hired beyond the faculty inservice week when the training occurs for all staff, receives mandated training within the required timeframe before having direct care responsibilities with students, including receiving restraint training within one month of hire. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 12.1 New Staff Orientation and Training | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/09/2021  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The program did not include a detailed description of how they will ensure all new hire, direct care staff complete all required training, including restraint training within one month of hire or how the program will document/track staff completion of the trainings. | | |
| **Department Order of Corrective Action:**  The program must develop and implement a detailed plan to ensure that all new hire, direct care staff receive all DESE mandated trainings, including restraint training within one month of hire. The plan must include a description of how the program will document and track staff training. The program must include the position title of the person implementing the plan and tracking data. | | |
| **Required Elements of Progress Report(s):**  By the 12/15/2021 progress report, the program must provide evidence that all newly hired staff who provide direct care services received all the DESE mandated trainings within the required timeframes by submitting 1) a roster of all new staff names with position title hired since 8/2/2021; 2) documentation that all new staff attended all required orientation trainings; 3) the staff name(s) and position title(s) conducting each training; 4) the dates and times when trainings were completed; 5) the length of time allotted for the training; 6) the program's plan to ensure all trainings are completed for new staff hired beyond the faculty in-service week; and 7) the staff name(s) and position title(s) responsible for updating staff records. | | |
| **Progress Report Due Date(s):**  12/15/2021 | | |