**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

Program Quality Assurance Services

# PROGRAM REVIEW

**CORRECTIVE ACTION PLAN**

Special Education Agency: Northeast Behavioral Health Program Review Onsite Year: 2022-2023

**Programs under review for the agency: Solstice 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 02/28/2023.*

Mandatory One-Year Compliance Date: 02/28/2024

Summary of Required Corrective Action Plans in this Report

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| **Criterion** | **Criterion Title** | **PR Rating** |
| PS 11.1 | Staff Policies and Procedures Manual | Partially Implemented |
| PS 12.1 | New Staff Orientation and Training | Partially Implemented |
| PS 12.2 | In-Service Training Plan and Calendar | Partially Implemented |

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| **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, and a review of staff records indicated that all staff have a current CORI, a review of documentation and staff records indicated that completed CORIs upon hire and every three years were not evident for all staff. | | |
| **Description of Corrective Action:**  BILH BS Human Resources will maintain a spreadsheet to track staff names & dates of completed CORIs for all Solstice employees, volunteers, and interns (staff) whose responsibilities bring them into direct and unmonitored contact with students. The spreadsheet will be reviewed by Human Resources annually each July, and updated with each new hire and every three years when CORIs are re-run. Within the first 30 days of new hires and annually, Human Resources will share CORI dates of staff and interns with the BILHBS licensing team & Solstice Day School Program Director to be added to the Solstice staff CORI dates DESE 11.1 form | | |
| **Title/Role(s) of Responsible Persons:**  BILHBS Human Resources, Kimberly Ballou & Bermayls Urena | | **Expected Date of Completion:** 06/30/2023 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include a spreadsheet documenting the dates of all new hires and ongoing (every 3 years) CORI completion of all staff as maintained by BILH BS Human Resource assistants. | | |
| **Description of Internal Monitoring Procedures:**  BILH BS Human Resources assistants monitor & maintain the staff CORI spreadsheets. Updates are made every three years when CORIs are re-run or within 30 days of all new hires, and the CORI spreadsheet will be reviewed annually. Upon the first 30 days of new hires and annually, Human Resources will share CORI dates of staff and interns with the BILHBS licensing team & Solstice Day School Program Director to be added to the Solstice staff CORI dates DESE 11.1 form | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 11.1 Staff Policies and Procedures Manual | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/03/2023  **Correction Status:** Not  Corrected | |
| **Basis for Decision:**  Program is missing a more frequent timeline of review since not all staff will have the same due dates for CORIs- need more than annual review. The program is also missing administrative review of process. | | |
| **Department Order of Corrective Action:**  The program must provide a narrative to describe the updated CORI collection/tracking process as well as describe the review process that will occur at designated timeframes to ensure all staff data is saved for CORI upon hire and every 3 years. The program must provide a tracking document with a current staff roster to show all staff are current and that tracker is in use. | | |

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| **Required Elements of Progress Report(s):**  For the 06/30/2023 progress report, the program must submit 1) the updated and newly implemented Staff Policies and Procedures process to show all required elements for collecting, tracking, and maintaining current/upon hire CORI checks; 2) documentation that all staff at time of progress report submission have current/upon hire CORI checks;  3) a copy of current Staff Roster; 4) position titles(s) who will be tracking, filing, and maintaining this information in program and/or staff records with designated review timelines; and 5) administrative position titles(s) who will be conducting administrative review of process with designated timelines. |
| **Progress Report Due Date(s):**  06/30/2023 |

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| **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 records, and staff interviews indicated that not all DESE mandated orientation trainings were clearly documented in all staff records; therefore, the Department was not able to verify that all staff received all mandated orientation trainings. | | |
| **Description of Corrective Action:**  New staff will receive restraint training within one month of hire and shall only use restraint once training has been completed. New hires will only have direct care duties with students with staff support once all mandated training topics have been completed. A Staff Orientation Training Plan and Checklist has been made to outline all topics that new employees will cover within the first month, including the required training topics for criteria 12.1. All training will be documented on the Staff Orientation Training Plan and Checklist and signed off on once completed by staff and their supervisor. The completion dates of the Staff Orientation Training Plan and Checklist will be tracked on a spreadsheet to include the staff's hire date and date of completion of the Staff orientation training plan and checklist. | | |
| **Title/Role(s) of Responsible Persons:**  Barry Pellatt - Solstice Program Director | | **Expected Date of Completion:** 06/30/2023 |
| **Evidence of Completion of the Corrective Action:**  Evidence of completion will include the Staff Orientation Training Plan and Checklist signed off by new staff and their supervisor within the first month of hire. The date of completion of the Staff Orientation Training Plan and Checklist for each new hire will be documented on the Solstice Day School New Hire Mandated Orientation Training Date tracking spreadsheet along with their hire date | | |
| **Description of Internal Monitoring Procedures:**  On the 4th Monday of each month, the Solstice Day School New Hire Mandated Orientating Training Date tracking spreadsheet will be reviewed by Jamie Oddy (Education Director), Suzanne Emmi (Clinical Director), and Barry Pellatt (Program Director) who will then add the Staff Orientation Training Plan and Checklist completion dates for any new hire to the Solstice Day School New Hire Mandated Orientating Training Date tracking spreadsheet. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 12.1 New Staff Orientation and Training | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/03/2023  **Correction Status:** Not  Corrected | |
| **Basis for Decision:**  Program is missing specific information of plan and position title of staff who will update staff records. Program is also missing some specific new hire training data elements needed on the tracking spreadsheet. NOTE: program notes show the Solstice Day School New Hire Mandated Orientation Training Date tracking spreadsheet will be updated and have administrative review monthly. | | |

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| **Department Order of Corrective Action:**  The program will create a new plan/procedure/system to ensure moving forward that all DESE mandated orientation trainings are completed by all new hire staff within the expected timeframes, that documentation is recorded in staff records, that information is tracked for record keeping, and that administrative review occurs on a timely basis. |
| **Required Elements of Progress Report(s):**  For the 06/30/2023 progress report, the program must provide evidence that all newly hired staff who provide direct care services received all the DESE mandated new hire/orientation trainings within the required timeframes by submitting 1) a roster of all staff who were hired since 01/09/2023 that includes new staff names, UFR, position title, date of hire, and start date for working with students; 2) each "Staff Orientation Training Plan and Checklist" (as described by program) completed and signed for all new staff since 01/09/2023; 3) the program's documentation (tracking spreadsheet) showing that all new staff attended all DESE mandated orientation trainings showing training title and date listed for each; 4) a description of the program's plan to ensure all trainings are completed for new staff hired at any time in the school year; 5) the program's plan description with position title(s) responsible for updating staff records; and 6) the program's plan description with position title(s) of staff who will update the tracking documentation and have administrative review of process with timeline. |
| **Progress Report Due Date(s):**  06/30/2023 |

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| **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:**  A review of documentation, staff records, and staff interviews indicated that not all DESE mandated annual trainings were clearly documented in all staff records; therefore, the Department was not able to verify that all staff received all mandated annual trainings. | | |
| **Description of Corrective Action:**  A training calendar for the current school year will be developed by Jamie Oddy (Education Director) to include dates of all annual DESE mandated trainings. This calendar will include all dates, times, length of training, training title, presenter of training, the target audience participating, and the location of each training. Each month will include a minimum of 2 hours of scheduled trainings. All training will be documented on an attendance sheet signed by staff and the trainer on the day of the training. The completion dates of all training will be tracked on a spreadsheet to include each DESE training, and each employee reflecting the training dates, times, length of training, training title, and presenter of training. | | |
| **Title/Role(s) of Responsible Persons:**  Barry Pellatt - Solstice Program Director | | **Expected Date of Completion:** 06/30/2023 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include the school?s training calendar, attendance sheets for each training as well as evidence of make-up training date for staff not present at the offered training calendar time. Each training completed will be documented on the tracking spreadsheet. | | |
| **Description of Internal Monitoring Procedures:**  The Trainer will file the signed training attendance sheet in the staff training log notebook and add the date of completion to the annual training tracking spreadsheet. On the 4th Monday of each month, the attendance sheets for the completed trainings for that month will be reviewed by the Jamie Oddy (Education Director), Barry Pellatt (Program Director), and Suzanne Emmi (Clinical Director) who will ensure the dates have been added to the Annual Training tracking spreadsheet for the preceding month. Make-up dates of training/s missed by employees will be identified at this point to be completed within the following month and date will be added upon completion. The training material will be sent and expectations will be communicated to the employee by their supervisor. Upon completion of the annual training calendar, the Education director, Program Director and Clinical director will review that all necessary DESE trainings were completed by all staff by reviewing the tracking spreadsheet at the end of the school year. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 12.2 In-Service Training Plan and Calendar | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 04/03/2023  **Correction Status:** Not  Corrected | |
| **Basis for Decision:**  Program needs to clarify the specific information of plan and position title of staff who will update staff records. | | |
| **Department Order of Corrective Action:** | | |

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| The program will create a new plan/procedure/system to ensure moving forward that all DESE mandated annual trainings are completed by all staff, that missed trainings are made up and tracked, that documentation is added into staff records, that information is tracked for record keeping, and that administrative review occurs on a timely basis. |
| **Required Elements of Progress Report(s):**  For the 6/30/2023 progress report, the program must submit 1) a narrative to describe the new documentation procedure and review process for tracking annual mandated DESE trainings for all staff and how trainings will be made up when missed; 2) the staff position(s) of who will follow up with staff to schedule missed trainings, who will update staff records as well as tracking document, and who will complete administrative review of the overall process for completion with timelines; 3) a sample copy of a training attendance sheet with all required elements evident; 4) a copy of the tracking document filled out for the 2022-2023 school year with the list of all annual mandated DESE trainings including dates, times, length of training, training title, and name of presenter of training with position title; and 5) a copy of the program's current staff roster. |
| **Progress Report Due Date(s):**  06/30/2023 |