|  |
| --- |
| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION****COORDINATED PROGRAM REVIEW** |

Collaborative: Southern Worcester County Educational Collaborative

Corrective Action Plan Forms

Program Area: Special Education and/or Civil Rights

Prepared by: (Name of Collaborative Staff Member)

CAP Form will expand to as many lines as necessary. Before completing and emailing to pqacap@doe.mass.edu, please see separate *Instructions for Completing Corrective Action Plans.*

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 Coordinated Program Review Final Report to the school or district.

**Mandatory One-Year Compliance Date: December 11, 2015**

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 22 -IEP implementation and availability** | **Rating:**   **Partially Implemented** |
| **Department CPR Finding:**  *Review of student records and staff interviews indicated that at times, students are enrolled into the program without an accepted IEP and placement page. In addition, staff interviews revealed that after acceptance into the program, the Team is convened within approximately 30 days to review the student’s IEP. Changes are made to the goals and services without evaluating the student in order to fit the programs and services offered by the collaborative. The parent is then presented with a “collaborative” IEP to replace the “district” IEP.*     |
| **Narrative Description of Corrective Action: New policy and procedure will be established for IEP implementation as well as student referral and intake process**. New policies will be submitted to Board for approval and then reviewed with all staff.     |
| **Title/Role of Person(s) Responsible for Implementation: Director of Special Education, Program Directors**       | **Expected Date of Completion for Each Corrective Action Activity: May 30, 2015**      |
| **Evidence of Completion of the Corrective Action: We will submit a copy of the new policy and procedure that will ensure the intake process is clearly defined and we will include a checklist tracking for signed IEPs and signed Placement pages. IEP’s will be changed only for 3 year re-evals or annual IEP meetings. New policy and procedure will also ensure tracking of communication to districts and parents for the obtaining of signatures as needed.**        |
| **Description of Internal Monitoring Procedures: Program Directors, Special Education Director and Administrative Assistants will continue to randomly select student records to ensure that IEP’s and placement forms across programs are signed and accurate.**  They will also ensure staff is tracking correspondence with district and parents for pursuit of appropriate signatures. Students will not be allowed admission without the appropriate signed documents.      |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 22 -IEP implementation and availability**       | **Status of Corrective Action:**[x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**  Not Applicable     |
| **Department Order of Corrective Action:**   Not Applicable    |
| **Required Elements of Progress Report(s):**Please provide the agenda, meeting minutes and a copy of the new Board Policy regarding the student intake process, specifically the requirement for prospective students stating that an accepted IEP and placement page is needed prior to enrollment by **May 30, 2015**.Provide evidence ofwritten notification to sending school districts of the requirement for prospective students stating that an accepted IEP and placement page is needed prior to enrollment. Include a description of the oversight and tracking system to ensure the IEP is signed and accepted upon enrollment along with the name/role of person responsible. This tracking system should include oversight and periodic reviews by the Director of Special Education. Submit to ESE by **May 30, 2015**.Submit evidence of training for Program Directors, Team Chairs and Administrative Assistants on the requirement for students to havean accepted IEP and placement page in their file prior to enrollment in the program. Include agendas, training materials and a sign-in sheet. Submit to ESE by **May 30, 2015**. Subsequent to all corrective actions, conduct an administrative review of a sample of student records representing the range of the collaborative sites. Report results of the review of student records to demonstrate that the intake files contain accepted IEP and placement page. Indicate the number of records reviewed, the number found compliant, an explanation of the root cause(s) for any continued noncompliance and a description of additional corrective actions taken by the collaborative to remedy any identified noncompliance with this criterion. Submit report to ESE by **October 30, 2015.****\*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the DESE upon request: a) list of student names and grade levels for the records reviewed; b) date of the review; c) name of person(s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): May 30, 2015 and October 30, 2015** |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 52 -Appropriate certifications/licenses or other credentials -- related service providers** | **Rating:**    **Partially Implemented** |
| **Department CPR Finding:** *A review of documents and staff interviews revealed that the collaborative employs a behavior specialist who provides direct service, supervises paraprofessionals and conducts evaluations, but holds no professional licensure.*      |
| **Narrative Description of Corrective Action: Said staff person will obtain licensure as indicated.**       |
| **Title/Role of Person(s) Responsible for Implementation: Program Director, Director of Special Education**       | **Expected Date of Completion for Each Corrective Action Activity: 2/28/15**      |
| **Evidence of Completion of the Corrective Action: We will submit proof of licensure to DESE**        |
| **Description of Internal Monitoring Procedures:**  we will maintain employee file and licensure updates      |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: SE 52 -Appropriate certifications/licenses or other credentials -- related service providers**     | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved |
| **Basis for Partial Approval or Disapproval:**  Not Applicable     |
| **Department Order of Corrective Action:**   Not Applicable     |
| **Required Elements of Progress Report(s):**

|  |  |
| --- | --- |
|  | Provide a narrative description of the process to ensure that all new hires have current licensure, along with a description of how the tracking system will be updated for current staff with the name/role of person responsible, including notifications for staff who are due for renewal. This tracking system should include oversight and periodic reviews by the Director of SpecialEducation. Submit to ESE by **May 30, 2015**.Submit evidence to ESE a list of current licensure for collaborative and related services staff. Include identified behavior specialist or appropriate waiver documentation. Submit by **October 30, 2015**.  |

 |
| **Progress Report Due Date(s): May 30, 2015 and October 30, 2015** |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: SE 55-** **Special education facilities and classrooms** | **Rating:**   **Partially Implemented** |
| **Department CPR Finding:**   *Interviews with the high school principal and related service providers revealed that the occupational therapist and speech pathologist are assigned a computer in the student computer lab as their “office space” in the Grow Middle/High School and Grow Work Experience Program campus. The therapists are expected to complete reports and other paperwork/office tasks in the same space while the students are receiving services, leading to confidentiality concerns and auditory and visual distractions for the students.*     |
| **Narrative Description of Corrective Action: The therapists already have their own office at our Southbridge location. They also have scheduled time to utilize the computer room when students have departed for the day. We will educate all administrative personnel and support staff on the availability of such spaces.**      |
| **Title/Role of Person(s) Responsible for Implementation: Director of Special Education**       | **Expected Date of Completion for Each Corrective Action Activity: 5/30/15**      |
| **Evidence of Completion of the Corrective Action: We will submit a copy of the computer room schedule as well as the therapists’ schedule. We will also submit a floor plan indicating the therapy office space available at our Southbridge location.**        |
| **Description of Internal Monitoring Procedures: We will continue to ensure the present space is available. We will review computer room schedule as well as therapists’ schedules on a regular basis.**       |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:**   **SE 55-** **Special education facilities and classrooms**      | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved |
| **Basis for Partial Approval or Disapproval:** Not Applicable      |
| **Department Order of Corrective Action:**   Not Applicable |
| **Required Elements of Progress Report(s):** Provide therapists’ schedules for the computer room at the Grow Middle/High School and indicate the availability when these rooms can be used by the OT and PT **when students are not in attendance**. In addition, please provide the schedule for the therapists’ use of the office space at the Southbridge location and include the floor plan. Include a letter of assurance from the Program Director and Director of Special Education ensuring compliance with this criterion. Provide these documents to ESE by **May 30, 2015**.     ESE will schedule and conduct an on-site visit to verify the location and use of therapists’ offices by **October 30, 2015**. |
| **Progress Report Due Date(s): May 30, 2015 and October 30, 2015** |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| Criterion & Topic: CR 10A- Student handbooks and codes of conduct | **Rating: Partially Implemented**     |
| **Department CPR Finding:**    *A review of documents and staff interviews revealed that the student handbook does not contain “gender identity” as a protected class in its non-discrimination policy.*    |
| **Narrative Description of Corrective Action: Gender identity will be added to all discrimination policies and documents All staff and parents will be notified of the changes**       |
| **Title/Role of Person(s) Responsible for Implementation:**  Director of Special Education      | **Expected Date of Completion for Each Corrective Action Activity:5/30/15**       |
| **Evidence of Completion of the Corrective Action:**  Policies will be re-written to include gender identity and they will be submitted to DESE      |
| **Description of Internal Monitoring Procedures:**  Program Directors and Director of Special Ed. Will review all policies and procedures to ensure gender identity is added     |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:**  **CR 10A- Student handbooks and codes of conduct** | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved |
| **Basis for Partial Approval or Disapproval:**   Not Applicable    |
| **Department Order of Corrective Action:**    Not Applicable   |
| **Required Elements of Progress Report(s):** Submit the agenda, meeting minutes and a copy of the Board Policy update regarding the addition of “gender identity” identified as a protective class in the collaborative nondiscrimination policy by **May 30, 2015**.Submit applicable pages from all handbooks & codes of conduct demonstrating the inclusion of “gender identity” in the collaborative nondiscrimination policy along with evidence of dissemination to the collaborative school community of this added protected category by **October 30, 2015**. |
| **Progress Report Due Date(s):   May 30, 2015 and October 30, 2015** |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: CR 26A- Confidentiality and student records** | **Rating: Partially Implemented**       |
| **Department CPR Finding:**  *A review of student records and staff interviews revealed that while the collaborative provides a log of access in the student record, it does not always require the signature of third parties who are reviewing such records, thus failing to protect confidentiality of personally identifiable information.*     |
| **Narrative Description of Corrective Action: The policy and procedure will be changed to ensure the log access record will be part of every student record and any staff that reviews the student file will sign off on the log access form.** |
| **Title/Role of Person(s) Responsible for Implementation: Director of Special Education and Program Directors**       | **Expected Date of Completion for Each Corrective Action Activity:**  5/30/15     |
| **Evidence of Completion of the Corrective Action: The newly developed policy and procedure will be submitted to DESE. Record reviews will take place to ensure staff is documenting on the log access forms. Report of record reviews will be submitted to the DESE**      |
| **Description of Internal Monitoring Procedures: Program Directors and Director of Special Education will perform chart reviews to ensure log access form is being utilized**      |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: CR 26A- Confidentiality and student records**      | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved |
| **Basis for Partial Approval or Disapproval:**   Not Applicable    |
| **Department Order of Corrective Action:**      Not Applicable |
| **Required Elements of Progress Report(s):** Submit the agenda, meeting minutes and a copy of the Board Policy changes and procedures regarding student record confidentiality along with a description of the oversight and tracking system regarding maintaining confidentiality of student records. This tracking system should include oversight and periodic reviews by the Director of Special Education. Submit to ESE by **May 30, 2015**. Submit evidence of training across all collaborative sites for Program Directors, Team Chairs and Administrative Assistants on the requirement for student files to contain a log of access which must be signed by third parties prior to reviewing the file. Include training materials, sample log, signed attendance sheets with name(s)/role(s) by **May 30, 2015**. Subsequent to the training, after the implementation of all corrective actions, conduct a review of a sample of student records across all collaborative sites to demonstrate that student files contain a log of access and are signed by third parties reviewing the files. Indicate the number of records reviewed, the number found compliant, an explanation of the root cause(s) for any continued noncompliance and a description of additional corrective actions taken by the collaborative to remedy any identified noncompliance with this criterion by **October 30, 2015**.**\*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the DESE upon request: a) list of student names and grade levels for the records reviewed; b) date of the review; c) name of person(s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s):  May 30, 2015 and October 30, 2015** |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 3.1 - Policies & Procedures Manual**  | **Rating: Partially Implemented**            |
| **Department CPR Finding:** *A review of documents and staff interviews revealed that the Policy and Procedures Manual submitted for review did not contain the required elements and policies for all required subject areas. There was no Policy and Procedures Manual or Health Care Manual present on site at the Work Experience Program located at Southbridge High School. The manual in use at the Grow Elementary is a series of separate documents that staff must search through to find information and the manual used at the Grow Middle/High School was outdated and located in another building.*   |
| **Narrative Description of Corrective Action: SWCEC Policy and Procedure Manual and Health Program Policy and Procedure Manual will be updated and copies will be printed to be located at ALL SWCEC sites.**     |
| **Title/Role of Person(s) Responsible for Implementation:**  Director of Special Education and Program Directors      | **Expected Date of Completion for Each Corrective Action Activity:**  5/30/15     |
| **Evidence of Completion of the Corrective Action:**  An internal audit will provide a checklist for manuals located at all sites and will be submitted to DESE.       |
| **Description of Internal Monitoring Procedures: Program Directors will check to ensure manuals are located at all sites**      |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:**  **3.1 - Policies & Procedures Manual**      | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved |
| **Basis for Partial Approval or Disapproval:**   Not Applicable    |
| **Department Order of Corrective Action:**   Not Applicable    |
| **Required Elements of Progress Report(s):** Submit the agenda, meeting minutes and a copy of the Board Policy regarding the updated content of the Policy and Procedures Manual by **May 30, 2015**.Submit a proposed copy of the Table of Contents/Manual for the newly updated Policy and Procedures to demonstrate inclusion of required content by **May 30, 2015**.Provide a copy of the collaborative internal checklist and statement(s) of assurance from Director of Special Education and Program Directors stating updated manuals are located at all sites. Submit to ESE along with dissemination notice as to location to staff. ESE will schedule and conduct an on-site visit to verify that the approved Policy and Procedures Manual and Health Care Manuals are present atWork Experience Program located at Southbridge High School*,* Grow Elementary and Grow Middle/High School locations by **October 30, 2015**. |
| **Progress Report Due Date(s):  May 30, 2015 and October 30, 2015** |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| Criterion & Topic: 3.2- Health Care Manual | **Rating: Partially Implemented**               |
| **Department CPR Finding:**  *A review of documents and staff interviews revealed that the Health Care Manual was complete for content, but contained no evidence that it had been approved by a licensed physician or a registered nurse*.     |
| **Narrative Description of Corrective Action: A sign off sheet for the DESE RN and Special Education Director will be placed inside the SWCEC School Health Program Policy and Procedure Manual**       |
| **Title/Role of Person(s) Responsible for Implementation: Director of Special Education**      | **Expected Date of Completion for Each Corrective Action Activity: 5/30/15**      |
| **Evidence of Completion of the Corrective Action: A copy of the sign off sheet will be submitted to the DESE**        |
| **Description of Internal Monitoring Procedures: Special Education Director will perform an internal audit of the Health Program Policy and Procedure Manual to ensure the sign off sheet is located in it.**       |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:**   **3.2- Health Care Manual**     | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved |
| **Basis for Partial Approval or Disapproval:** Not Applicable      |
| **Department Order of Corrective Action:** Not Applicable      |
| **Required Elements of Progress Report(s):** Submit a copy of the the required Health Care Manual form signed/dated by a physician or registered nurse that certifies that the Health Care Manual has been approved by **May 30, 2015**.   |
| **Progress Report Due Date(s):    May 30, 2015** |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 5.2 - Policies and Procedures for Coordination/ Collaboration with Public School** **Districts &Contents for Coordination/Collaboration with Public School Districts** | **Rating:**   **Not Implemented** |
| **Department CPR Finding:** *Review of documents indicated that the collaborative did not submit* *policies and procedures that describe roles and responsibilities of the program and its staff, as well as general communication and collaboration procedures for this criterion.*     |
| **Narrative Description of Corrective Action:**  Job descriptions will be reviewed, revised, and placed in the SWCEC Policy and Procedure Manual. All staff will be given updated job descriptions      |
| **Title/Role of Person(s) Responsible for Implementation:**  Program Directors and Director of Special Education      | **Expected Date of Completion for Each Corrective Action Activity: 5/30/15**      |
| **Evidence of Completion of the Corrective Action: New policy and procedure manual with said documents will be submitted to DESE**    |
| **Description of Internal Monitoring Procedures: Internal audit of Policy and Procedure manuals will be completed by Program Directors to ensure said documents are located in manuals.**       |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:5.2-Policies and Procedures for Coordination/ Collaboration with Public School Districts &Contents for Coordination/Collaboration** **with Public School Districts**    | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved |
| **Basis for Partial Approval or Disapproval:** Not Applicable      |
| **Department Order of Corrective Action:**   Not Applicable    |
| **Required Elements of Progress Report(s):**  Please provide the agenda, meeting minutes and a copy of the Board Policy approving the roles and responsibilities of the program and its staff and submit copies of the newly-approved job descriptions of all program staff members by **May 30, 2015**.  |
| **Progress Report Due Date(s):    May 30, 2015** |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 5.2(a) Contracts** | **Rating: Partially Implemented** |
| **Department CPR Finding:** *A review of student records and staff interviews revealed that the collaborative does not consistently include written contracts in the student record.*     |
| **Narrative Description of Corrective Action:**  We will work with sending districts to ensure a district contract is obtained as part of the intake process. The receipt of such contract will be imperative prior to student admission. New intake packet and intake checklist will be revised to include such documentation.     |
| **Title/Role of Person(s) Responsible for Implementation:**  Director of Special Education, Program Directors t     | **Expected Date of Completion for Each Corrective Action Activity:5/30/15**       |
| **Evidence of Completion of the Corrective Action: New intake checklist and referral process policy/procedure will be submitted to DESE**       |
| **Description of Internal Monitoring Procedures: Program Directors and Director of Special Education will perform internal audits to ensure all documentation is in place and referral process/intake process is being followed.**       |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 5.2(a) Contracts**       | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved |
| **Basis for Partial Approval or Disapproval:**  Not Applicable     |
| **Department Order of Corrective Action:**  Not Applicable     |
| **Required Elements of Progress Report(s):** Please provide the agenda, meeting minutes and a copy of the Board Policy changes regarding the student intake policy, specifically the requirement for prospective students stating that a written contract is needed prior to enrollment along with a description of the oversight and tracking system regarding obtaining/maintaining contracts within student records. This tracking system should include oversight and periodic reviews by the Director of Special Education. Submit this evidence to ESE by **May 30, 2015**.  Provide evidence ofwritten notification to sending school districts of the requirement for prospective students stating that a written contract is needed prior to enrollment. Submit evidence of training for Program Directors, Team Chairs and Administrative Assistants on the requirement for students to havethe written contract as part of the student file. Include agenda, training materials and a sign-in sheet by **May 30, 2015**. Subsequent to all corrective actions, submit the results of an internal administrative record review of a sample of student records across all collaborative locations to ensure student files contain written contracts. Indicate the number of records reviewed, the number found compliant, an explanation of the root cause(s) for any continued noncompliance and a description of additional corrective actions taken by the collaborative to remedy any identified noncompliance with this criterion by **October 30, 2015**. **\*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the DESE upon request: a) list of student names and grade levels for the records reviewed; b) date of the review; c) name of person(s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s): May 30, 2015 and October 30, 2015** |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 8.5 Current IEP & Student Roster** | **Rating: Partially Implemented**     |
| **Department CPR Finding:** *A review of student records and staff interviews revealed that the collaborative does not have a current, signed IEP for all students and there is no documentation of the collaborative’s efforts to obtain the IEP.*      |
| **Narrative Description of Corrective Action: New policy and procedure will be completed to ensure all IEP’s are signed and documentation of process to obtain such signatures will be established**       |
| **Title/Role of Person(s) Responsible for Implementation:**  Director of Special Education and Program Directors     | **Expected Date of Completion for Each Corrective Action Activity:5/30/15**       |
| **Evidence of Completion of the Corrective Action:**  Revised policy and procedures will be submitted to DESE      |
| **Description of Internal Monitoring Procedures:**  Internal audits will be completed to ensure IEPS are signed and the tracking of pursuit with districts will be documented and reviewed      |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:**  **8.5 Current IEP & Student Roster**     | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**  Not Applicable     |
| **Department Order of Corrective Action:**    Not Applicable   |
| **Required Elements of Progress Report(s):** Provide evidence ofwritten notification to sending school districts of the requirement for prospective students stating that an accepted IEP and placement page is needed prior to enrollment. Submit a description of the collaborative’s oversight and tracking system to document obtaining the current IEP from districts. Submit evidence of training for Program Directors, Team Chairs and Administrative Assistants on the requirement/ new procedures implemented to ensure students do havea current, signed IEP as part of the student file. Include agenda, training materials and a sign-in sheet by **May 30, 2015.**Subsequent to the completion of all corrective actions, submit the results of an administrative internal review of a sample of student records across all collaborative locations with the most recent IEP activity to demonstrate that the files contain a current, signed IEP. Indicate the number of records reviewed, the number found compliant, an explanation of the root cause(s) for any continued noncompliance and a description of additional corrective actions taken by the collaborative to remedy any identified noncompliance with this criterion by **October 30, 2015.** **\*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the DESE upon request: a) list of student names and grade levels for the records reviewed; b) date of the review; c) name of person(s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s):   May 30, 2015 and October 30, 2015** |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 9.4 Physical Restraint****(Day programs only)** | **Rating: Partially Implemented**        |
| **Department CPR Finding:**  *A review of documents and staff interviews revealed that the student handbook contains a list of the physical restraint procedures that staff members will follow when a student will be restrained, but parents are not provided with the physical restraint policy and have no opportunity to give their consent to physical restraint.*     |
| **Narrative Description of Corrective Action: Consent for behavior programming and Applied Non Violent Techniques will be added to the intake /referral process and admission will not be permitted unless such consents are obtained**       |
| **Title/Role of Person(s) Responsible for Implementation:**  Program Directors, Director of Special Education     | **Expected Date of Completion for Each Corrective Action Activity: 5/30/15**      |
| **Evidence of Completion of the Corrective Action:**  Copy of consent forms and Policy for Intake/Referral process will be submitted to DESE       |
| **Description of Internal Monitoring Procedures: Internal audits of intake paperwork will be completed by Program Directors/Director of Special Education**       |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion: 9.4 Physical Restraint****(Day programs only)**      | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:** Not Applicable      |
| **Department Order of Corrective Action:**   Not Applicable    |
| **Required Elements of Progress Report(s):**Submit a narrative of the newly developed procedures to ensure parents are provided with the physical restraint policy and have opportunity to give their consent to physical restraint, a copy of the consent form and a description of the oversight and tracking system regarding notification and applicable parental consent for physical restraint. This tracking system should include oversight and periodic reviews by the Director of Special Education. Submit to ESE by **May 30, 2015**.Submit evidence of training for Program Directors, Team Chairs and Administrative Assistants on the newly developed procedures that parents are provided with the physical restraint policy and have opportunity to give their consent to physical restraint, as applicable. Subsequent to the training and after implementation of all corrective actions, please conduct an administrative internal review of a sample of student records across all collaborative sites to ensure that the files contain a current, signed consent form(s) for physical restraint, as needed. Indicate the number of records reviewed, the number found compliant, an explanation of the root cause(s) for any continued noncompliance and a description of additional corrective actions taken by the collaborative to remedy any identified noncompliance with this criterion by **October 30, 2015**. **\*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the DESE upon request: a) list of student names and grade levels for the records reviewed; b) date of the review; c) name of person(s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s):   May 30, 2015 and October 30, 2015** |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 15.5 Parent Consent and Required Notification** | **Rating:**   **Partially Implemented**            |
| **Department CPR Finding:** *A review of student records and staff interviews revealed that the collaborative has procedures in place to obtain parental consent for such things as emergency medical treatment, restraints and medication administration, but fails to include the documents in student files.*      |
| **Narrative Description of Corrective Action: All consent forms will be located in the student files. Medical forms will be kept in the Medical files**      |
| **Title/Role of Person(s) Responsible for Implementation:**  Director of Special Ed. And Program Directors     | **Expected Date of Completion for Each Corrective Action Activity: 5/30/15**      |
| **Evidence of Completion of the Corrective Action: Copy of data collected form internal audit that ensures all consents are in the student files will be sent to DESE**        |
| **Description of Internal Monitoring Procedures: An internal audit will be completed by program directors to ensure all consents are in student files**       |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:**  **15.5 Parent Consent and Required Notification**      | **Status of Corrective Action:** [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**   Not Applicable    |
| **Department Order of Corrective Action:**      Not Applicable |
| **Required Elements of Progress Report(s):** See Required Progress Report Elements of Criterion 9.4 above due **May 30, 2015** and **October 30, 2015** regarding obtaining and tracking of parental consent forms, e.g. emergency medical treatment, physical restraints and medication administration within student records. **\*Please note when conducting administrative monitoring the district must maintain the following documentation and make it available to the DESE upon request: a) list of student names and grade levels for the records reviewed; b) date of the review; c) name of person(s) who conducted the review, with their role(s) and signature(s).** |
| **Progress Report Due Date(s):  May 30, 2015 and October 30, 2015** |

|  |
| --- |
| COORDINATED PROGRAM REVIEWCORRECTIVE ACTION PLAN **(To be completed by collaborative)** |
| **Criterion & Topic: 18.1 Confidentiality of Student Records** | **Rating:**  **Partially Implemented**               |
| **Department CPR Finding:** *See CR 26A.*      |
| **Narrative Description of Corrective Action: The policy and procedure will be changed to ensure the log access record will be part of every student record and any staff review the student file will sign off on the log access form. All staff will be trained on student record policies and procedures to include confidentiality**  |
| **Title/Role of Person(s) Responsible for Implementation: Director of Special Education and Program Directors**       | **Expected Date of Completion for Each Corrective Action Activity:**  5/30/15     |
| **Evidence of Completion of the Corrective Action: The newly developed policy and procedure will be submitted to DESE. Record reviews will take place to ensure staff is documenting on the log access forms.**       |
| **Description of Internal Monitoring Procedures: Program Directors and Director of Special Education will perform chart reviews to ensure log access form is being utilized**      |
| CORRECTIVE ACTION PLAN APPROVAL SECTION**(To be completed by the Department of Elementary and Secondary Education)** |
| **Criterion:**  **18.1 Confidentiality of Student Records**      | **Status of Corrective Action:**  [x]  Approved [ ]  Partially Approved [ ]  Disapproved  |
| **Basis for Partial Approval or Disapproval:**   Not Applicable    |
| **Department Order of Corrective Action:**    Not Applicable   |
| **Required Elements of Progress Report(s):**See CR 26A. |
| **Progress Report Due Date(s):**See CR 26A. |