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| **MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION****Program Quality Assurance Services** |

##### COORDINATED PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Charter School or District: Collaborative for Regional Educational Service and Training (CREST)

CPR Onsite Year: 2020-2021

Program Area: Special Education

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 dated 07/21/2021.

**Mandatory One-Year Compliance Date:** **07/21/2022**

**Summary of Required Corrective Action Plans in this Report**

| **Criterion** | **Criterion Title** | **CPR Rating** |
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| APD 9.1(a) | Student Separation Resulting from Behavior Support | Partially Implemented |
| APD 15.5 | Parent Consent and Required Notification | Partially Implemented |

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| COORDINATED PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:** APD 9.1(a) Student Separation Resulting from Behavior Support | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of documentation and staff interviews indicated that the log used to document student separation resulting from behavior support does not contain all required elements. Additionally. program staff do not consistently document authorization from an administrator for student separation lasting longer than 30 minutes. |
| **Description of Corrective Action:** Goal: The collaborative shall develop and fully implement a procedure to ensure that student separation resulting from behavior support is documented fully across all programs to include, but not limited to:-The duration of the time out, including procedures for approval by the chief administrative person or his/her designee for any period longer than 30 minutes.-A means of documenting the use of time-out for an individual student including, at a minimum, length of time, reasons for this intervention, who approved the procedure if longer than 30 minutes, and who monitored the student during the time out. Action Steps: By September 30th: -Establish working group to include: Director of Collaborative Services & Compliance (CS&C), Director of Collaborative Programs & Supports, Digital Director, BCBA(s) and Assistant Program Director representative(s). -Review CPR findings and related CMR regulations related to time out and time out tracking. -Determine format of collecting in the moment time out data that includes (but is not limited to): student name, time in, time out, reason for time out, approval for time out if longer than 30 min. and who monitored the student. Consider any other information that should be included for data tracking. By October 31st: -Director of CS&C and Digital Director create draft data tracking document inclusive of the elements needed for DESE regulations and any other components determined by the CREST team. -Document is shared with working group, reviewed and edited. By November 19th: -Document is beta tested for at least a week by appointed staff, as determined by the working group. -Collected data is reviewed by the working group at the end of the week to determine any issues with collection. By December 22nd: -Professional development is created for all staff that includes review of time out regulations, time out documentation regulations, how to access the data collection tool and procedure for completion. -Professional development is completed with all staff. -Time out data collection begins. |
| **Title/Role(s) of Responsible Persons:**Jill Graham, Director of Collaborative Services and Compliance | **Expected Date of Completion:**12/22/2021 |
| **Evidence of Completion of the Corrective Action:**Evidence collected will include:-Data collection format -Student data collected -Staff attendance at training for data collection procedures. |
| **Description of Internal Monitoring Procedures:** BCBA's will monitor time out logs regularly as part of their restraint review. Time out data will be reviewed within clinical meetings with the APD, or other meetings set up within the program that include the APD.Director of CS&C will monitor time out log monthly to check on usage and will review monthly with APD's at leadership team meetings. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** APD 9.1(a) Student Separation Resulting from Behavior Support | **Corrective Action Plan Status:** Approved **Status Date:** 08/30/2021 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 1, 2021, submit the log used to document student separation resulting from behavior support revised to contain all required elements. By January 31, 2022, submit evidence of staff training on the revised log, student separation data collection format, and obtaining authorization from an administrator for student separation lasting longer than 30 minutes. Evidence of staff training must include: 1) the names and job title of the person conducting the training; 2) the dates and times the training was held; 3) list of all staff attending the training with their position title; 4) training materials; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled.By January 31, 2022, submit samples of completed time out logs across programs, demonstrating that all required information is documented, as well as authorizations is obtained for time out lasting longer than 30 minutes. |
| **Progress Report Due Date(s):** 11/01/202101/31/2022 |

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| **Criterion & Topic:** APD 15.5 Parent Consent and Required Notification | **CPR Rating:** Partially Implemented |
| **Department CPR Findings:** A review of student records indicated that not all required consents and annual notification to parents/guardians were documented in student records. |
| **Description of Corrective Action:** Goal: COMPLETEThe Collaborative will develop an electronic student intake packet that collects contact information, emergency medical treatment consent, medication administration consent, publicity consent, and CREST handbook review with signature of the parent/guardian. This format was developed in conjunction with the Executive Director, Digital Director, Lead Nurse, Special Education Administrative Assistant and Program Directors. The new intake format was rolled out as a "soft start" on June 23rd. It has been in full use since July 6th, 2021. |
| **Title/Role(s) of Responsible Persons:**Jill Graham, Director of Collaborative Services & Compliance | **Expected Date of Completion:**07/06/2021 |
| **Evidence of Completion of the Corrective Action:**-Electronic student intake form-Completed student intake forms within 21-22 spreadsheet. -Completed student intake forms uploaded to our IC student data base. |
| **Description of Internal Monitoring Procedures:** The Special Education Administrative Assistant and Lead Nurse receive notifications of new student intake form submissions, or receive hard copy submissions from the parent/guardian. The Lead Nurse seeks physician signature (if not already received).Final documents are uploaded to IC student database by the Special Education Administrative Assistant. Student files are audited regularly by Special Education Administrative Assistant and Director for CS&C. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** APD 15.5 Parent Consent and Required Notification | **Corrective Action Plan Status:** Approved **Status Date:** 08/30/2021 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By November 1, 2021, submit sample documentation from the student data base as evidence that the collaborative is documenting that all required consents and annual notifications are being provided to parents/guardians. |
| **Progress Report Due Date(s):** 11/01/2021 |