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

##### PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Special Education Agency: Doctor Franklin Perkins School, Inc.

Program Review Onsite Year: 2015-2016

**Programs under review for the agency:**

A - Doctor Franklin Perkins Day Program

B - Doctor Franklin Perkins Residential 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 07/21/2016.

**Mandatory One-Year Compliance Date:** **07/21/2017**

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

| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
| --- | --- | --- | --- |
| PS 9.1 | Polices and Procedure for Behavior Support | A,B | Implementation In Progress |
| PS 9.1(a) | Student Separation Resulting from Behavior Support | A,B | Implementation In Progress |
| PS 9.4 | Physical Restraint | A | Implementation In Progress |
| PS 11.4 | Teachers (Special Education Teachers and Regular Education Teachers) | A,B | Partially Implemented |
| PS 11.6 | Master Staff Roster | A,B | Partially Implemented |
| PS 19 | Anti-Hazing | A,B | Partially Implemented |

|  |
| --- |
| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 9.1 Polices and Procedure for Behavior Support | | **PR Rating:**  Implementation In Progress |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of documentation and interviews indicated that the policy and procedures specific to Behavior Support do not include all elements of this criterion. As a result, staffs have not received training on the appropriate procedures to be followed. | | |
| **Description of Corrective Action:**  Doctor Franklin Perkins School embraces the importance of supporting student success through behavioral practices that reduce student’s time away from the learning environment, improves their ability to be successful socially, emotionally and academically, and supports increased communication with staff and families. The school will review all documentation related to behavioral support policies to ensure we meet all criteria of 603 CMR 46.00. All staff will be trained to ensure their understandings of the following criteria:  1. Methods for preventing student violence  2. Methods for preventing self-injurious behavior and suicide  3. A description and explanation of the program's alternatives to physical restraint  4. A description of the program's training requirements for staff  5. A description of the program's reporting requirements and follow-up procedures  6. A description including timelines of the program's procedure for receiving and investigating complaints regarding behavior support policies  7. A description of the procedures to be followed for implementing the behavior support reporting requirements  8. A description of the program's procedure for making both oral and written notification to the parent  9. A procedure for the use of time-out.  Once the proposed Corrective Action Plan has been approved by DESE, Doctor Franklin Perkins School will update all documented policies and procedures, staff will be trained, and policies and practices will be incorporated into our daily routines to ensure all criteria of 603 CMR 46.00 is met accordingly. | | |
| **Title/Role(s) of Responsible Persons:**  Cindy Wing, DOE; Sharon Lowry, ADOE; Debbie Rivera, DCI; Jessica Roy, DSS | | **Expected Date of Completion:**  10/31/2016 |
| **Evidence of Completion of the Corrective Action:**  Once the CAP is approved by DESE, the Director of Education, Cindy Wing, Assistant Director of Education, Sharon Lowry, and Director of Student Services, Jessica Roy, will implement the process of publishing the updated policies and procedure manuals to ensure our procedures comply with Criterion 9.1 as outlined by 603 CMR 46.00. The policy and procedures manual will be available to all staff, parents and families, and related agencies and districts.  All staff will be trained in all points related to this Criterion within one month of the approved CAP. The staff will be trained by Sharon Lowry and Jessica Roy to ensure awareness and implementation of the policies and procedures related to reducing student violence, self-injury or potential suicide, alternate strategies to prevent restraints, situations that allow a restraint, when a time-out can occur, and reporting requirements for any student interventions used. Training will be provided to all staff on the process and policies related to reporting each student behavioral support occurrence and the related details as to who, what, when, where, why and related time and date. Training will incorporate each previously stated point as well as student rights in making a complaint and the process for investigating any complaint or grievance, related to behavioral supports, in a timely manner. All trainings will be outlined and published in a training calendar available to all staff. Sharon Lowry will train all clinicians on the policies and procedures for contacting parents/guardians verbally and in written form.  By updating the policies and procedures, conducting trainings, working with families to ensure their understanding, the school will more effectively monitor and maintain behavioral practices to support student success and reduce time away from learning. The school is committed to reducing student’s need for behavioral supports. In an effort to build an exceptional support system, the School has also adopted the Attachment, Regulation and Competency (ARC) philosophy to support a more successful behavioral support program within the agency. By adopting this philosophy, our goal is to build on relationships, staff and student regulation, and competency. The Doctor Franklin Perkins School is committed to providing students with the skills to navigate their environment successfully and reduce their need for continued behavioral supports. | | |
| **Description of Internal Monitoring Procedures:**  Once the CAP is approved by DESE, there will be a yearly review of the contents and timing of behavioral support trainings by Sharon Lowry and Jessica Roy. The contents of all behavioral support policies and procedures will be reviewed by Cindy Wing, Sharon Lowry, Jessica Roy and Debbie Rivera yearly to ensure all aspects of the school’s programming meets the criteria reflected in Criterion 9.1. Through individual supervisions, ‘All’ staff meetings and small group discussions with direct supervisors, staff will have an opportunity to verify their understanding of the policies and practices of the School. This will provide direct conversation with supervisors to ensure there is an understanding of the School’s philosophy and regulatory requirements.  Through the Educational Leaderships weekly, monthly, and quarterly data analysis related to restraint and time-out reductions, data will reflect staff’s ability to embrace the school’s philosophy and trainings related to restraint and time-out reduction to support each student’s ability to successfully regulate. By creating a review network of training and manuals, supervision models as a checkpoint for understanding and incorporating the practices of ARC in our program, the School administration will have a closer understanding and monitoring system of staff’s approach to behavioral supports. This monitoring check and balance system will be implemented upon DESE?s approval of the proposal CAP to ensure compliance with Criterion 9.1. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 9.1 Polices and Procedure for Behavior Support | **Corrective Action Plan Status:** Approved  **Status Date:** 09/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Doctor Franklin Perkins must submit its written policy and procedure for Behavior Support in the required format, that includes all elements and is aligned with January 1, 2016 regulatory changes. Training of all staff will take place after the Department has approved the written Policies and Procedures for Behavior Support. | | |
| **Progress Report Due Date(s):**  10/04/2016 | | |

|  |
| --- |
| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 9.1(a) Student Separation Resulting from Behavior Support | | **PR Rating:**  Implementation In Progress |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of documentation and interviews indicated that the policy and procedures specific to Student Separation Resulting from Behavior Support do not include all elements of this criterion. As a result, staffs have not received training on the appropriate procedures to be followed. | | |
| **Description of Corrective Action:**  Once the CAP is approved by DESE, the Doctor Franklin Perkins School will have a behavior support policy and procedure that supports student’s if/when they are separated from any school activity. The policies and procedures will reflect that students shall be continuously observed by a staff member and staff shall be with the student or immediately available to the student at all times. The procedure will outline the process for obtaining principal approval of time-out for more than 30 minutes, which is based upon the individual student's continuing agitation. The procedure will outline that all time outs shall cease as soon as the student has calmed. | | |
| **Title/Role(s) of Responsible Persons:**  Cindy Wing, DOE; Sharon Lowry, ADOE; Debbie Rivera, DCI; Jessica Roy, DSS | | **Expected Date of Completion:**  10/31/2016 |
| **Evidence of Completion of the Corrective Action:**  Once the CAP is approved by DESE, the Director of Education, Cindy Wing, Assistant Director of Education, Sharon Lowry, and Director of Student Services, Jessica Roy, will implement the process of publishing the updated policies and procedure manuals that outline Criterion 9.1 (a) to ensure our procedures comply with 603 CMR 46.01. The policy and procedures manual will be available to all staff, parents and families, and related agencies and districts. The manuals and trainings, under the direction of Sharon and Jessica will clearly state that students are to be monitored at all times and have access to a staff at all times. The manual and trainings will also state that the time-out will cease as soon as the student has calmed. Sharon Lowry, Jessica Roy and Cindy wing will ensure policies and procedure and trainings state prior approval from the Director of Education, or designee, is required for a time-out lasting longer than 30 minutes.  All staff will be trained in all points related to this Criterion within one month of the approved CAP. The staff will be trained by Sharon Lowry and Jessica Roy to ensure awareness and implementation of the outlined policies and procedures. Training will be outlined and published in a training calendar available to all staff. Trainings for each staff will be documented in the school’s Training Tracker to ensure all staffs have the appropriate training.  By updating the policies and procedures, conducting trainings, working with families to ensure their understanding, the school will more effectively monitor and maintain behavioral practices to support student success as outlined in this criterion. The school is committed to reducing each student’s need for behavioral supports and increasing time on learning. In an effort to build an exceptional support system, the School has also adopted the Attachment, Regulation and Competency (ARC) philosophy to support a more successful behavioral support program within the agency. By adopting this philosophy, our goal is to build on relationships, staff and student regulation, and competency. The Doctor Franklin Perkins School is committed to providing students with the skills to navigate their environment successfully and reduce their need for continued behavioral supports related to time-outs. | | |
| **Description of Internal Monitoring Procedures:**  Once the CAP is approved by DESE, the Doctor Franklin Perkins School will use a system of tracking that monitors each student’s time-out daily, weekly and monthly. Each time-out is entered into our behavioral tracking system and the daily reporting system. Staff will report daily on each time-out and report details about the start-time, end-time, and who monitored each occurrence. Yearly and upon hiring any new staff, there will be a full-staff training related to all aspects of behavioral supports for students, which incorporates the practices outlined within this criterion. The Educational Leadership Team, Cindy Wing, Director of Education; Sharon Lowry, Assistant Director of Education; Jessica Roy, Director of Student Services; and Debbie Rivera, Director of Student Services, will review time-out data daily, weekly, and monthly to ensure proper protocols are followed according to Criterion 9.1(a). Once this CAP is reviewed and approved by DESE, steps will be taken to ensure compliance. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 9.1(a) Student Separation Resulting from Behavior Support | **Corrective Action Plan Status:** Approved  **Status Date:** 09/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Doctor Franklin Perkins must submit its written policy and procedure for Student Separation Resulting from Behavior Support in the required format, that includes all elements and is aligned with January 1, 2016 regulatory changes. Training of all staff will take place after the Department has approved the written Policies and Procedures for Student Separation Resulting from Behavior Support. | | |
| **Progress Report Due Date(s):**  10/04/2016 | | |

|  |
| --- |
| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 9.4 Physical Restraint | | **PR Rating:**  Implementation In Progress |
| **Applies To:**  A - Doctor Franklin Perkins Residential Program | | |
| **Department Program Review Findings:**  A review of documentation and interviews indicated that the policy and procedures specific to Physical Restraint do not include all elements of this criteria. As a result, staffs have not received training on the appropriate procedures to be followed. | | |
| **Description of Corrective Action:**  Once the CAP is approved by DESE, the Doctor Franklin Perkins School will review all physical restraint policies and procedures to ensure the following is included:  1. Methods for engaging parents and students in discussions about restraint prevention and use  2. A description and explanation of the method of physical restraint used by the program in an emergency situation  3. A statement prohibiting seclusion, medication restraint, mechanical restraint and prone restraint unless permitted under 603 CMR 46.03(1)(b)  4. Physical restraint shall be used only in emergency situations of last resort, after other lawful and less intrusive alternatives have failed or been deemed inappropriate  5. A description of the program's procedure for conducting periodic review of data and documentation on the program's use of restraint  6. A description of the program's training requirements for all staff  7. A description of the intensive training for staff who serve as restraint resources for the program  8. Reporting requirements and follow-up procedures for reports to parents/guardians and to the Department  9. A procedure for receiving and investigating complaints regarding restraint practices  10. The director or his/her designee shall maintain an on-going record of all instances of physical restraint, which shall be made available for review by the Department upon request.  Once the proposed CAP has been approved by DESE, Doctor Franklin Perkins School will update all documented policies and procedures, staff will be trained, and policies and practices will be incorporated into our daily routines to ensure all criteria of 18.05(5) and 603 CMR 46.00 are met accordingly. | | |
| **Title/Role(s) of Responsible Persons:**  Cindy Wing, DOE; Sharon Lowry, ADOE; Debbie Rivera, DCI; Jessica Roy, DSS; Tammy S-A, DQPI | | **Expected Date of Completion:**  10/31/2016 |
| **Evidence of Completion of the Corrective Action:**  Once the proposed CAP is approved by DESE, the School Leadership team; Cindy Wing, Director of Education; Sharon Lowry, Assistant Director of Education; Jessica Roy, Director of Student Services; Debbie Rivera, Director of Curriculum and Instruction, will review all policies and procedures manuals as well as training modules to ensure all staff understand the methods of physical restraint that can be used by in an emergency situation, that restraints are a last resort and only used if clear and imminent danger is detected, and that no seclusions, mechanical or prone restraints can be engaged. Training modules will document the contents of each training and be completed at the beginning of each year as well as when any new staff begin working at the school.  The School Leadership will implement a procedure that reviews restraint data weekly, monthly and quarterly to review documentation related to all restraints, outlining the details of each. Upon review of data, reports will be constructed to report as mandated to DESE. That report will outline the criteria specified by DESE.  Sharon Lowry will train clinical staff in policies and protocols for verbal and written contact with families or guardians within required timeframes. This training will be completed yearly as a part of the back to school orientation process. Through Sharon’s leadership, as well as Cindy Wing, Director of Education, clinicians will work with families to make connections and have conversations in restraint and time-out reduction initiatives. This connection will provide a more comprehensive home to school connection and create a more consistent structure for student supports. In addition to the home connection with families, Jessica Roy, Director of Student Services will lead the initiative of engaging student’s in being a part of developing strategies to support their individual needs in reducing behavioral supports. Jessica Roy will also follow-up with protocols, procedures, training and monitoring responses to any complaints regarding any restraint. It is the Doctor Franklin Perkins goal to be in complete compliance with Criterion 9.4. | | |
| **Description of Internal Monitoring Procedures:**  Once the proposed CAP is approved by DESE, Sharon Lowry, Assistant Director of Education, will lead the clinical communication network with families yearly to ensure there is regular on-going dialogue.  Sharon Lowry will also be conducting all behavioral support training series over the course of the school year. In addition to Sharon’s training, all staff will attend a training run by certified agency staff under the guidance of Tammy Sege-Adede, Director of Quality Performance and Improvement. The training incorporates an understanding of each type of behavioral support technique allowed and in what circumstances it can be used as well as authorized emergency physical restraint procedures and how to engage in each technique. During the certification process and the behavioral support training series, all staff will review the practice that physical restraints are only used as a last resort when clear imminent danger is present. At each training a sign-in sheet will be completed outlining the name, date and trainer along with the staff’s signature verifying attendance. The descriptions and training dates will be maintained in the Training Tracker system to ensure all employees are current with each required training.  Cindy Wing, Director of Education, Jessica Roy, Director of Student Services, and Sharon Lowry will review policies and procedure manuals to ensure statements clearly outline no seclusions, medications, mechanical or prone restraints will be use. This review will be conducted yearly to ensure compliance with regulations. Tammy Sege-Adede, Director of Quality Performance and Improvement, will ensure that a review of the same points, during the staff certification process, will not be an acceptable method of behavioral support in any situation within the agency.  Cindy Wing, Director of Education, Jessica Roy, Director of Student Services, and Sharon Lowry will review with the Education Leadership Team restraint data weekly, monthly and quarterly as a regular practice to ensure data analysis and monitoring is on-going. Forms with documented student information, restraint details, analysis of the information and next steps to support the student with successful strategies will be documented. This will be an on-going process.  Cindy Wing, Director of Education, and Sharon Lowry, Assistant Director of Education, will review policies and procedures to ensure communication with families is outlined as immediate protocol. Parents will be verbally notified within 24 hours of a restraint and will receive a written notification within 3 days of that restraint with explanation of the restraint. Jessica Roy, Director of Student Services, and Sharon Lowry will maintain a data base of all restraints. This data base will contain all required fields of information, as outlined by DESE. The compiled reports will be uploaded to the DESE website yearly. All restraint and behavioral support data will be maintained for review at any time by the DESE.  Jessica Roy, Director of Student Services, will be the contact person for any complaints related to a restraint. Jessica will follow-up with each complaint, investigates the situation and responds back to the individual in a timely manner. The complaint and the response will be documented and kept on file.  Once the proposed CAP is approved by DESE, all above criteria will be implemented to ensure compliance with DESE regulations. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 9.4 Physical Restraint | **Corrective Action Plan Status:** Approved  **Status Date:** 09/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Doctor Franklin Perkins must submit its written policy and procedure for Physical Restraint in the required format, that includes all elements and is aligned with January 1, 2016 regulatory changes. Training of all staff will take place after the Department has approved the written Policies and Procedures for Physical Restraint. | | |
| **Progress Report Due Date(s):**  10/04/2016 | | |

|  |
| --- |
| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 11.4 Teachers (Special Education Teachers and Regular Education Teachers) | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  Based on a review of documentation and interviews, not all teachers were appropriately licensed or on an approved waiver for the current school year. | | |
| **Description of Corrective Action:**  Upon review and approval by DESE of the school’s proposed CAP, all teaching staff will be licensed appropriately to comply with the requirements of 603 CMR 44.00. All teachers, along with their supervisor must develop an approved Professional Development Plan to comply with 603 CMR 44.04 as well. The ratio of special education teachers must be in DESE compliance to provide the specialized education and learning environment required for each student and be able to report on related data at IEP meetings for each student. Special education teachers must also be supervised by an individual licensed in special education. The number of special education teachers and the number of general education teachers must correspond with the most recently approved DESE budget. | | |
| **Title/Role(s) of Responsible Persons:**  Cindy Wing, DOE, Debbie Rivera, DCI, and Lisa Harrington, Controller | | **Expected Date of Completion:**  05/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Once the proposed CAP is approved by DESE, Cindy Wing, Director of Education, and Debbie Rivera, Director of Curriculum and Instruction will meet with each teacher requiring special education licensure and identify next steps for properly being licensed. Debbie Rivera will meet with each teacher and develop and Individualized Action Plan. Debbie Rivera will work with each teacher to create a Professional Development Plan for the coming year. Debbie Rivera will participate on the DESE Competency Pilot Program as a member, all teachers will participate in the program. The agency will offer a tuition reimbursement program to support progress. Cindy Wing will apply for a waiver for teachers once the CAP has been approved by DESE. Cindy Wing will set the expectation that teachers must be working towards licensure at a consistent, productive rate with the interim capability of applying for a waiver to promote employment at the school and be in compliance with Criterion 11.4. | | |
| **Description of Internal Monitoring Procedures:**  Once DESE has approved the CAP, the following internal process will begin. Debbie Rivera, Director of Curriculum and Instruction, will supervise teachers through the process of supervision to set an Individualize Action Plan, a Professional Development Plan, take advantage of tuition reimbursement opportunities, prepare to apply for a waiver and be consistently working towards appropriate licensure. Cindy Wing, Director of Education, will apply for a waiver for teachers prepared to participate. The teaching staff will be in compliance as outlined at the completion of this process to ensure compliance with Criterion 11.4. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 11.4 Teachers (Special Education Teachers and Regular Education Teachers) | **Corrective Action Plan Status:** Approved  **Status Date:** 09/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Doctor Franklin Perkins must submit: 1) A Teacher Roster using the revised template found in the WBMS Document Library; 2) A copy of the most recent ELAR activity or license for all Teaching Staff; and, 3) An action plan that identifies who is not licensed or on an approved waiver, actions still needed to be completed for license or waiver approval, expected completion dates, and the supervisor responsible for monitoring teaching staff and licensing. | | |
| **Progress Report Due Date(s):**  10/04/2016 | | |

|  |
| --- |
| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 11.6 Master Staff Roster | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  Based on a review of documentation and interviews, not all staff positions on the Master Staff Roster correspond to the last approved Program Budget. | | |
| **Description of Corrective Action:**  Upon DESE review and approval of the CAP, the staff positions will correspond to the last DESE approved Program Budget as related to their job titles along with their corresponding UFR title to comply with 28.09(7). Any changes or discrepancies from the last DESE?s approved Program Budget must be described in a detailed, written narrative. | | |
| **Title/Role(s) of Responsible Persons:**  Cindy Wing, DOE; Debbie Rivera, DCI, Lisa Harrington, Controller | | **Expected Date of Completion:**  05/31/2017 |
| **Evidence of Completion of the Corrective Action:**  Once the proposed CAP is approved by DESE, Cindy Wing, Director of Education, will review Lisa Harrington, Controller all related positions to ensure compliance with the last approved Program Budget. Debbie Rivera, Director of Curriculum and Instruction, will work with teaching staff to ensure compliance with licensure as outlined in 11.4:  Cindy Wing, Director of Education, and Debbie Rivera, Director of Curriculum and Instruction will meet with each teacher requiring special education licensure and identify next steps for properly being licensed. Debbie Rivera will meet with each teacher and develop and Individualized Action Plan. Debbie Rivera will work with each teacher to create a Professional Development Plan for the coming year. Debbie Rivera will participate on the DESE Competency Pilot Program as a member, all teachers will participate in the program. The agency will offer a tuition reimbursement program to support progress. Cindy Wing will apply for a waiver for teachers once the CAP has been approved by DESE. Cindy Wing will set the expectation that teachers must be working towards licensure at a consistent, productive rate with the interim capability of applying for a waiver to promote employment at the school.  Once DESE has reviewed and approved the CAP for this criterion, action will be taken to ensure compliance with 28.09(7). | | |
| **Description of Internal Monitoring Procedures:**  Debbie Rivera, Director of Curriculum and Instruction, and Cindy Wing, Director of Education, will yearly each teachers credentials to ensure appropriate licensure. Cindy Wing will ensure that no hires are made unless appropriate licensure is in place. Lisa Harrington, Controller, and Cindy Wing will review the Master Roster yearly to ensure all staffing is correct according to our last approved Master Roster budget and to ensure compliance with Criterion 11.6. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 11.6 Master Staff Roster | **Corrective Action Plan Status:** Approved  **Status Date:** 09/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Doctor Franklin Perkins must submit: 1) A Master Staff Roster listing all positions within the program using the revised template found in the WBMS document library that aligns with the Last Approved ESE Budget, that includes the name, job title, corresponding UFR title number and full-time equivalents of each staff member and, details any changes/discrepancies from the Last Approved ESE Budget; and 2) A copy of the Last Approved ESE Budget. | | |
| **Progress Report Due Date(s):**  10/04/2016 | | |

|  |
| --- |
| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 19 Anti-Hazing | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of student records and interviews indicated that a copy of the anti-hazing legislation was received by all secondary age students. However, a copy of the programs' anti-hazing disciplinary code approved by the Board of Directors was not distributed to all secondary school age students. | | |
| **Description of Corrective Action:**  Upon review and approval of the school’s CAP by DESE, each secondary students will be issued a copy of M.G.L. c. 269 §§ 17 through 19 along with a copy of the school’s anti-hazing disciplinary policy approved by the Board of Directors. The school will file an annual report to DESE certifying compliance with its responsibility to inform student groups, teams, or organizations, and every full-time enrolled student, of the provisions of M.G.L. c. 269 §§ 17 through 19; its adoption of a disciplinary policy with regard to the organizers and participants of hazing; and that the hazing policy has been included in the student handbook or other means of communicating school program policies to students. | | |
| **Title/Role(s) of Responsible Persons:**  Cindy Wing, DOE; Sharon Lowry, ADOE; Jessica Roy, DSS | | **Expected Date of Completion:**  10/31/2016 |
| **Evidence of Completion of the Corrective Action:**  Once the proposed CAP is approved by DESE, Cindy Wing, Director of Education, will correct the format of the student handout to incorporate the M.G.L. c. 269 17-19 along with the school’s anti-hazing disciplinary policy approved by the Board of Directors. Sharon Lowry, Assistant Director of Education, and Jessica Roy, will review the documentation with all students at the beginning of each school year and as new students arrive. Sharon Lowry will oversee the mailing of the documentation outlined in the student handbook to families as well to ensure their understanding of the related laws and school policies.  Once DESE has reviewed and approved the CAP, the action will be taken to correct this criterion to ensure compliance with regulations of Criterion 19. | | |
| **Description of Internal Monitoring Procedures:**  Upon DESE's approval of the proposed CAP, Cindy Wing, Director of Education; Sharon Lowry, Assistant Director of Education; Jessica Roy, Director of Student Services will review all documents, manuals and the student handbook to ensure compliance with criterion 19 and related regulations. Sharon Lowry, Assistant Director of Education; Jessica Roy, Director of Student Services, will correct documentation provided to students to ensure their understanding of the laws and related school anti-hazing disciplinary policy. Sharon and Jessica will meet with each student to ensure their understanding of the laws and school policies. Sharon and Jessica will also ensure documentation is sent home to families as well to ensure understanding of the policies and laws. Each students file will contain the same documentation and signature page that was reviewed with each student. There will be a yearly review by Cindy Wing, Sharon Lowry and Jessica Roy to ensure policies and practices are up-to-date and in compliance with DESE Regulation. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 19 Anti-Hazing | **Corrective Action Plan Status:** Approved  **Status Date:** 09/06/2016  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Doctor Franklin Perkins must submit: 1) A copy of the programs' anti-hazing disciplinary code approved by the Board of Directors; and, 2) Evidence that all secondary aged students received a copy of the programs' anti-hazing disciplinary code approved by the Board of Directors. | | |
| **Progress Report Due Date(s):**  10/04/2016 | | |