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

##### PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Special Education Agency: Hillcrest Educational Centers, Inc.

Program Review Onsite Year: 2017-2018

**Programs under review for the agency:**

A - Hillcrest Autism Spectrum Disorder Residential Program

B - Housatonic Academy Program

C - Intensive Residential Treatment Program

D - 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 07/16/2018.

**Mandatory One-Year Compliance Date:** **07/16/2019**

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

| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
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| PS 4.5 | Immediate Notification | A,B,C,D | Implementation In Progress |
| PS 9.1(a) | Student Separation Resulting from Behavior Support | A,B,C,D | Implementation In Progress |
| PS 9.4 | Physical Restraint | A,B,C,D | Implementation In Progress |

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| PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:** PS 4.5 Immediate Notification | **PR Rating:** Implementation In Progress |
| **Applies To:**All |
| **Department Program Review Findings:** A review of documentation indicated that the Immediate Notification Policy did not include all required and updated information. |
| **Description of Corrective Action:** An updated policy will be submitted to DESE by 10/15/18 for approval.Training/review/explanation of updated policy will be conducted and completed by 12/17/18. Those included in this training are: President/CEO, Executive Director, Senior Vice President, Director of Quality Assurance, Program Directors, Assistant program directors, Director of Education, Assistant Director of Education, Nursing Director, Clinical Director and all program Supervisors and Assistant Supervisors. |
| **Title/Role(s) of Responsible Persons:**Tresa Devereaux, Education Compliance Administrator | **Expected Date of Completion:**01/10/2019 |
| **Evidence of Completion of the Corrective Action:**A copy of the training materials, training attendance sheet/records and copy of master staff roster will be submitted to DESE. |
| **Description of Internal Monitoring Procedures:** The edited/updated/corrected policy will be reflected in Hillcrest's policy and procedure manual. Hillcrest will ensure that all staff members required to support or implement this policy, will have the correct, up-to-date information. All subsequent training on this subject (new staff orientation/annual) will include the updated information. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 4.5 Immediate Notification | **Corrective Action Plan Status:** Partially Approved **Status Date:** 10/03/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:** The program stated that it will submit a revised Immediate Notification Policy to the Department by October 15, 2018, and evidence of training, review and explanation of updated policy will be completed by December 17, 2018; the training will include the President/CEO, Executive Director, Senior Vice President, Director of Quality Assurance, Program Directors, Assistant Program Directors, Director of Education, Assistant Director of Education, Nursing Director, Clinical Director and all program Supervisors and Assistant Supervisors. The program will monitor internally by including the policy in its policy and procedure manual, and by ensuring subsequent training includes the updated information. |
| **Department Order of Corrective Action:**Training evidence must be submitted by December 3, 2018. |
| **Required Elements of Progress Report(s):** Hillcrest must submit its revised Immediate Notification Policy by October 15, 2018. Following approval by DESE, and by December 3, 2018, Hillcrest must submit evidence of training of all noted staff that includes (1) a list of all trained staff in alphabetical order by last name and their position/role; (2) the agenda and training materials provided to all staff specific to the Immediate Notification Policy; (3) the date of the training; (4) the time of the training; (5) the name and position of the presenter; and (6) the signed attendance sheets for training. For any staff who did not participate in the training, please explain the reason why, when the training will occur, and who will train that staff. |
| **Progress Report Due Date(s):** 10/15/201812/21/2018 |

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| **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 indicated that the policies and procedures for Student Separation Resulting from Behavior Support as reflected policies and procedures do not meet all requirements. |
| **Description of Corrective Action:** 1) An updated policy will be submitted to DESE by 10/15/18 for approval.2) Once approved by DESE, training will be provided to all staff to ensure their receipt and understanding of the revised policy. |
| **Title/Role(s) of Responsible Persons:**Tresa Devereaux, Education Compliance Administrator | **Expected Date of Completion:**01/10/2019 |
| **Evidence of Completion of the Corrective Action:**A copy of training materials, attendance/training records and master staff roster will be submitted to DESE. |
| **Description of Internal Monitoring Procedures:** The edited/updated/corrected policy will be reflected in Hillcrest's policy and procedure manual. All subsequent training on this subject (new staff orientation/annual) will include the updated information. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 9.1(a) Student Separation Resulting from Behavior Support | **Corrective Action Plan Status:** Partially Approved **Status Date:** 10/03/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:** The programs stated that an updated policy on Student Separation Resulting from Behavior Support will be submitted to DESE by 10/15/18 for approval. The programs further stated that, once approved by DESE, training will be provided to all staff to ensure their understanding of the revised policy, and that attendance/training records and a master staff roster will be submitted to DESE. In order to ensure that the implementation is internally monitored, the agency stated that the edited/updated/corrected policy will be reflected in Hillcrest's policy and procedure manual and that all subsequent training on this subject (new staff orientation/annual) will include the updated information. |
| **Department Order of Corrective Action:**The programs must ensure that the progress report evidence includes a list of all trained staff submitted in a manner that indicates that the programs have determined that all staff on the master staff roster have been trained. The programs did not propose a means of providing evidence that the revised policy has been included in Hillcrest's policy and procedures manual and that subsequent training will include the revised policy. |
| **Required Elements of Progress Report(s):** Hillcrest must submit revised Policies and Procedures on Student Separation Resulting from Behavior Support by October 15, 2018. Following approval by DESE, and by December 3, 2018, Hillcrest must submit evidence of training of all staff on these procedures, that includes: (1) a list of all trained staff in alphabetical order by last name and position/role; (2) the agenda and training materials provided to all staff specific to the Policies and Procedures on Student Separation Resulting from Behavior Support; (3) the date of the training; (4) the time of the training; (5) the name and position of the presenter; and (6) the signed attendance sheets for training. For any staff who did not participate in the training, please explain the reason(s) why, when training will occur, and who will train that staff. Also by December 3, 2018, Hillcrest must submit a written statement of assurance that the edited/updated/corrected policy has been incorporated into in Hillcrest's policy and procedure manual and that all subsequent training on this subject (new staff orientation/annual) will include the updated information. |
| **Progress Report Due Date(s):** 10/15/201812/21/201801/25/2019 |

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| **Criterion & Topic:** PS 9.4 Physical Restraint | **PR Rating:** Implementation In Progress |
| **Applies To:**All |
| **Department Program Review Findings:** A review of documentation and interviews indicated that the revised policy and procedures specific to Physical Restraint include all required elements, however, not all staff were trained on physical restraints as required. |
| **Description of Corrective Action:** 1) An updated policy will be submitted to DESE by 10/15/18 for approval.2) Once approved by DESE, training will be provided to all staff to ensure their receipt and understanding of the revised policy. |
| **Title/Role(s) of Responsible Persons:**Tresa Devereaux, Education Compliance Administrator | **Expected Date of Completion:**01/10/2019 |
| **Evidence of Completion of the Corrective Action:**A copy of training materials, attendance/training records and master staff roster will be submitted to DESE. |
| **Description of Internal Monitoring Procedures:** The edited/updated/corrected policy will be reflected in Hillcrest's policy and procedure manual. Hillcrest will ensure that all staff members required to support or implement this policy, will have the correct, up-to-date information. All subsequent training on this subject (new staff orientation/annual) will contain the revised policy. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 9.4 Physical Restraint | **Corrective Action Plan Status:** Partially Approved **Status Date:** 10/03/2018 **Correction Status:** Not Corrected |
| **Basis for Decision:** The programs stated that an updated policy will be submitted to DESE by 10/15/18 for approval. The programs further stated that, once approved by DESE, training will be provided to all staff to ensure their receipt and understanding of the revised policy, and that attendance/training records and a master staff roster will be submitted to DESE. In order to ensure that the implementation is internally monitored, the programs stated that the edited/updated/corrected policy will be reflected in Hillcrest's policy and procedure manual and that all subsequent training on this subject (new staff orientation/annual) will include the updated information. |
| **Department Order of Corrective Action:**The programs must ensure that the progress report evidence includes a list of all trained staff submitted in a manner that indicates that the programs have determined that all staff on the master staff roster have been trained. The programs did not propose a means of providing evidence that the revised policy has been included in Hillcrest's policy and procedures manual and that subsequent training will include the revised policy. Revisions must address the related Criterion 9.1 as well as Criterion 9.4. |
| **Required Elements of Progress Report(s):** Hillcrest must submit revised Policies and Procedures or Behavior Support (Criterion 9.1) and Physical Restraint (Criterion 9.4) by October 15, 2018. Following approval by DESE, and by December 3, 2018, Hillcrest must submit evidence of training of all staff on all of these procedures, including (1) a list of all trained staff in alphabetical order by last name and position/role; (2) the agenda and training materials provided to all staff specific to the Policies and Procedures on Student Separation Resulting from Behavior Support; (3) the date of the training; (4) the time of the training; (5) the name and position of the presenter; and (6) the signed attendance sheets for training. For any staff who did not participate in the training, please explain the reason why, when training will occur, and who will train that staff. Also submit a written statement of assurance that the revised policy has been included in Hillcrest's policy and procedures manual. Also submit a written statement of assurance that the revised policies and procedures for Behavior Support (9.1) and Physical Restraint (9.4) have been included in Hillcrest's policy and procedures manual. |
| **Progress Report Due Date(s):** 10/15/201812/21/201801/25/2019 |