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

##### PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Special Education Agency: Amego, Inc.

Program Review Onsite Year: 2018-2019

**Programs under review for the agency:**

A - Amego Day Program

B - Amego 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 03/14/2019.

**Mandatory One-Year Compliance Date:** **03/14/2020**

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

| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
| --- | --- | --- | --- |
| PS 9.1(a) | Student Separation Resulting from Behavior Support | A,B | Implementation In Progress |
| PS 12.1 | New Staff Orientation and Training | A,B | Partially Implemented |
| PS 12.2 | In-Service Training Plan and Calendar | A,B | Partially Implemented |

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| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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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 elements of the written Student Separation Resulting from Behavior Support policy met the requirements, however, observations, interviews and a review of student records revealed that the program documents some, but not all, incidents of student separation. | | |
| **Description of Corrective Action:**  Although our Separation from Group policy was approved and met requirements, it became apparent during the Program Review site visit that we were not documenting all instances in which students were separated from their classmates. We were only documenting time spent in a time-out room. We also needed to be documenting any other time a student is separated from a group for other reasons, such as a classroom being cleared due to unsafe behavior or a student being redirected to another area away from his classmates to calm down. Before the end of the Program Review, the individualized data sheets for those students who experience any form of separation from group were revised to include an area to document time separated from group. | | |
| **Title/Role(s) of Responsible Persons:**  Jeff Proos, VP  Sarah Costa, Director of Clinical Services  Jen Nunez, BCBA  Sara St Peter, BCBA | | **Expected Date of Completion:**  04/10/2019 |
| **Evidence of Completion of the Corrective Action:**  Submitting data sheets of 3 students who currently experience separation from group with a place to document this separation.  Submitting Clinical Review checklist that prompts clinical coordinators to review and discuss any time separated from group. | | |
| **Description of Internal Monitoring Procedures:**  If a student is separated from group for any reason, this will be documented on their individualized data sheet.  Monthly Clinical Review Checklist now has section prompting clinical coordinators to review and discuss any separation from group.  The Director of Clinical Services in supervision with the clinical coordinators will ensure that separation from group documentation is occurring. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 9.1(a) Student Separation Resulting from Behavior Support | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit data sheets for three students for each program who have recently experienced separation from their groups highlighting the updated section where staff documented such student separations.  Additionally, submit a sample of a completed monthly Clinical Review checklist for each program, showing that a clinical coordinator has reviewed and discussed any times students were separated from groups. | | |
| **Progress Report Due Date(s):**  05/24/2019 | | |

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| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  PS 12.1 New Staff Orientation and Training | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  Although staff interviews indicated new staff orientation and training were provided at the time of hire, a review of staff records revealed that all required trainings were not consistently documented in staff records. In addition, changes to elements of the Behavior Support, Student Separation Resulting from Behavior Support, and Physical Restraint policies and procedures were submitted to the Department and approved; however, staff were not trained on the revised elements of these policies and procedures. | | |
| **Description of Corrective Action:**  During the self-assessment phase of our Program Review, it became apparent that we did not have consistent documentation of all DESE required trainings for new staff orientation and training. Not all DESE required topics were explicitly trained in the Agency?s general orientation. Prior to the Program Review site visit, our New Staff Orientation and Training Policy was updated to ensure that all required topics were covered. There is now specific training with sign-off for a Children?s Services specific Orientation and classroom specific training with sign-offs that happen after the general agency orientation and before new staff are working in classrooms. | | |
| **Title/Role(s) of Responsible Persons:**  Jeff Proos, VP  Adam Brodeur, Ed Director  Sarah Hawes, Ed Director | | **Expected Date of Completion:**  04/10/2019 |
| **Evidence of Completion of the Corrective Action:**  Submitting updated New Staff Orientation and Training policy.  Submitting examples of Children?s Services specific Orientation sign-off sheets.  Submitting examples of classroom specific training sign-offs. | | |
| **Description of Internal Monitoring Procedures:**  Educational Directors are responsible for ensuring that all new staff complete Children?s Services specific Orientation as well as classroom specific training.  Educational Directors are responsible for ensuring that all new staff have signed-off on all required Orientation training. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 12.1 New Staff Orientation and Training | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit the updated New Staff Orientation and Training Policy and highlight the changes that have been made. Additionally, submit four examples of Children's Services-specific Orientation sign-off sheets and four examples of classroom-specific training sign-off sheets for staff hired for the day and residential programs. As to these trainings, include the name and job title of the person(s) conducting the training; the dates and times when training was held; the length of time allotted for training; the date and time each staff received training; training materials; and, for any staff who did not receive required training, the reason why and when their training is scheduled.  Additionally, submit the written procedure the Educational Directors will use to ensure that all New Staff Orientation and classroom-specific training occurs as outlined, and that all newly hired staff have signed off on all required training. | | |
| **Progress Report Due Date(s):**  05/24/2019 | | |

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| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  PS 12.2 In-Service Training Plan and Calendar | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of documentation and staff interviews indicated Amego recently updated elements of their Behavior Support, Student Separation and Physical Restraint policies and procedures. While the elements of the policies and procedures now meet the requirements of this criterion, staff have not been trained on the revised elements. | | |
| **Description of Corrective Action:**  During the self-assessment phase of our Program Review, our In-Service Training Plan and Calendar was updated to ensure that all required topics were covered and a make-up plan established. However, during the Review site visit it became apparent that we had not trained staff on the revised elements of our recently approved Behavior Support, Separation from Group, and Restraint policies. Behavior Support, including separation from group was re-trained in February 2019, and Restraint policy was retrained in March 2019. | | |
| **Title/Role(s) of Responsible Persons:**  Jeff Proos, VP  Adam Brodeur, Ed Director  Sarah Hawes, Ed Director | | **Expected Date of Completion:**  04/10/2019 |
| **Evidence of Completion of the Corrective Action:**  Submitting February and March 2019 sign-off sheets. | | |
| **Description of Internal Monitoring Procedures:**  Educational Directors are responsible for ensuring that monthly required trainings occur as outlined in our In-service training plan and calendar.  Educational Directors are responsible for ensuring that all staff has signed-off on all required In-service trainings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 12.2 In-Service Training Plan and Calendar | **Corrective Action Plan Status:** Approved  **Status Date:** 04/25/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  Submit February's Behavior Support, Separation from Group and Physical Restraint training sign-in sheets from February and the Restraint Policy training sign-in sheets from March 2019 re-training. Include the following information: the name and job title of the person conducting the trainings; the dates and times when the trainings was held; the length of time allotted for the trainings; a list of all staff in alphabetical order by last name with their position title; evidence of the date and time each staff received this training; training materials; and for any staff who did not receive the training, the reason(s) why and when training is scheduled.  Additionally, submit the procedure the Educational Directors will use to ensure that all monthly required training occurs as outlined in the In-Service training plan and calendar, and to ensure that all staff have signed off on all required in-service training. Include in this document the working procedures for how make up trainings occur and are tracked when staff are absent. | | |
| **Progress Report Due Date(s):**  05/24/2019 | | |