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

##### PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Special Education Agency: Stevens Children's Home

Program Review Onsite Year: 2018-2019

**Programs under review for the agency:**

A - Stevens Residential Program

B - Stevens Day 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 05/21/2019.

**Mandatory One-Year Compliance Date:** **05/21/2020**

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

| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
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| PS 8.8 | IEP - Progress Reports | A,B | Partially Implemented |
| PS 9.1 | Policies 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,B | Implementation In Progress |
| PS 11.5 | Related Services Staff | A,B | Partially Implemented |
| PS 11.6 | Master Staff Roster | A,B | Partially Implemented |
| 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 |
| PS 15.5 | Parent Consent and Required Notification | A,B | Partially Implemented |
| PS 19 | Anti-Hazing | A,B | Partially Implemented |
| PS 20 | Bullying Prevention and Intervention | A,B | Partially Implemented |

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| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  PS 8.8 IEP - Progress Reports | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of documentation and student records indicated that not all Progress Reports corresponded to the most recently approved and consented to IEP. Therefore, Progress Reports did not always include written information on the student's progress toward meeting the annual goals in the IEP that the program should be implementing. A review of student records also indicated that all progress reports were not dated so te Department was unable to verify when they were issued. | | |
| **Description of Corrective Action:**  The program will ensure that all progress reports are written on the most recently approved and consented IEP with the correct dates. | | |
| **Title/Role(s) of Responsible Persons:**  Robin Passerello, Education Director | | **Expected Date of Completion:**  08/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Dated progress reports will be put into student records.  Documentation of IEPs going out with correct date.  Training sign in sheet to verify staff received training covering elements needed. | | |
| **Description of Internal Monitoring Procedures:**  Education Director to oversee completion of progress reports and verify that they conform to requirements. Education Director to train appropriate staff and have staff complete sign-in sheet. Staff list will be entered into Stevens database for tracking. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 8.8 IEP - Progress Reports | **Corrective Action Plan Status:** Approved  **Status Date:** 07/26/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program must provide evidence of training regarding the requirement to write all progress reports based on the most recently approved and consented to IEP and to use the current date on all progress reports, for all teaching staff by submitting the following documentation:  1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; 5) a copy of the training materials shared with staff; and 6) for any staff who did not receive the training, the reason why and when their training is scheduled. | | |
| **Progress Report Due Date(s):**  08/30/2019 | | |

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| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  PS 9.1 Policies and Procedure for Behavior Support | | **PR Rating:**  Implementation In Progress |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of documentation indicated that the Behavior Support policy and procedures submitted did not include all of the required elements and were not written in the required format. | | |
| **Description of Corrective Action:**  Stevens will ensure that all policies and procedures comply with DESE requirements for behavioral support practices and will ensure that all staff know and follow the policies. | | |
| **Title/Role(s) of Responsible Persons:**  Will Clawson, Director of Residential Services and Program Development | | **Expected Date of Completion:**  08/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Written policy and procedure for 9.1 will be compliant with DESE regulations. Training sign-in sheets will show evidence of training on edited policy. | | |
| **Description of Internal Monitoring Procedures:**  Will Clawson will edit current policy, and Will and Ivy Medeiros will collaborate to finalize policy. Will Clawson and the Training Coordinator will schedule to train all shifts of program staff. Training sign-in sheet will be utilized to show evidence of training. Stevens' annual test on behavioral support policies will be edited to reflect new policies. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 9.1 Policies and Procedure for Behavior Support | **Corrective Action Plan Status:** Approved  **Status Date:** 07/26/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 08/30/2019 progress report, Stevens Children's Home must submit a copy of the policy and procedures for criterion 9.1 specific to Behavior Support that includes all required elements and is in the correct format.  Once the Department has approved the Behavior Support Policy and Procedures, the program must provide evidence of training for all staff by submitting 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; 5) a copy of the training materials shared with staff; and 6) for any staff who did not receive the training, the reason why and when their training is scheduled. | | |
| **Progress Report Due Date(s):**  08/30/2019  09/30/2019  10/30/2019 | | |

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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 Student Separation Resulting from Behavior policy and procedures submitted did not include all of the required elements and were not written in the required format. | | |
| **Description of Corrective Action:**  Stevens will ensure that all policies and procedures comply with DESE requirements for student separation and behavioral support practices and will ensure that all staff know and follow the policies. | | |
| **Title/Role(s) of Responsible Persons:**  Will Clawson, Director of Residential Services and Program Development | | **Expected Date of Completion:**  08/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Written policy and procedure for 9.1(a) will be compliant with DESE regulations. Training sign-in sheets will show evidence of training on edited policy. | | |
| **Description of Internal Monitoring Procedures:**  Will Clawson will edit current policy, and Will and Ivy Medeiros will collaborate to finalize policy. Will Clawson and the Training Coordinator will schedule to train all shifts of program staff. Training sign-in sheet will be utilized to show evidence of training. Stevens' annual test on behavioral support policies will be edited to reflect new policies. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 9.1(a) Student Separation Resulting from Behavior Support | **Corrective Action Plan Status:** Approved  **Status Date:** 07/26/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 08/30/2019 progress report, Stevens Children's Home must submit a copy of 9.1(a) Student Separation Resulting from Behavior Support policy with all required elements and in the correct format.  Once the Department has approved the Student Separation as a result of Behavior Policy and Procedures, the program must provide evidence of training for all staff by submitting 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; 5) a copy of the training materials shared with staff; and 6) for any staff who did not receive the training, the reason why and when their training is scheduled. | | |
| **Progress Report Due Date(s):**  08/30/2019  10/30/2019 | | |

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| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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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 indicated that the Physical Restraint policy and procedures submitted did not include all of the required elements and were not written in the required format. | | |
| **Description of Corrective Action:**  Stevens will ensure that all policies and procedures comply with DESE requirements for restraint and will ensure that all staff know and follow the policies. | | |
| **Title/Role(s) of Responsible Persons:**  Will Clawson, Director of Residential Services and Program Development | | **Expected Date of Completion:**  08/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Written policy and procedure for 9.4 will be compliant with DESE regulations. Training sign-in sheets will show evidence of training on edited policy. | | |
| **Description of Internal Monitoring Procedures:**  Will Clawson will edit current policy, and Will and Ivy Medeiros will collaborate to finalize policy. Will Clawson and the Training Coordinator will schedule to train all shifts of program staff. Training sign-in sheet will be utilized to show evidence of training. Stevens' annual test on behavioral support policies will be edited to reflect new policies. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 9.4 Physical Restraint | **Corrective Action Plan Status:** Approved  **Status Date:** 07/26/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 08/30/2019 progress report, Stevens Children's Home must submit a copy of 9.4 Physical Restraint policy with all required elements and in the correct format.  Once the Department has approved the Student Restraint Policy and Procedures, the program must provide evidence of training for all staff by submitting 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; 5) a copy of the training materials shared with staff; and 6) for any staff who did not receive the training, the reason why and when their training is scheduled. | | |
| **Progress Report Due Date(s):**  08/30/2019  09/30/2019  10/30/2019 | | |

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| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  PS 11.5 Related Services Staff | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of documentation indicated that not all appropriate staff were included on the Related Services Staff Roster and not all staff credentials were provided as required; therefore, the Department was unable to verify all related services staff are appropriately certified. | | |
| **Description of Corrective Action:**  Stevens will ensure that the Related Staff Roster is complete with all staff credentials. | | |
| **Title/Role(s) of Responsible Persons:**  Will Clawson, Director of Residential Services and Program Development | | **Expected Date of Completion:**  08/30/2019 |
| **Evidence of Completion of the Corrective Action:**  New Related Staff Roster will be provided, as well as all licenses. | | |
| **Description of Internal Monitoring Procedures:**  Will Clawson will collaborate with Director of Administration and Finance to develop new Related Staff Roster. Will Clawson will gather all up-to-date licenses. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 11.5 Related Services Staff | **Corrective Action Plan Status:** Approved  **Status Date:** 07/26/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 08/30/2019 progress report, Stevens Children's Home must submit 1) a current Related Services Roster using the template found in the Document Library and 2) a current license or state board of registration for each person listed on the Related Services Roster. The license must show that each person is appropriately certified, licensed or registered in their professional area. | | |
| **Progress Report Due Date(s):**  08/30/2019  09/30/2019 | | |

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| **Criterion & Topic:**  PS 11.6 Master Staff Roster | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of documentation indicated that the Master Staff Roster did not correspond to the most recently approved DESE staffing plan. | | |
| **Description of Corrective Action:**  Stevens will ensure that the Master Staff Roster is comprehensive, up-to-date and aligned with the most recently approved DESE staffing plan and will provide DESE with the new Master Staff Roster. | | |
| **Title/Role(s) of Responsible Persons:**  Will Clawson, Director of Residential Services and Program Development | | **Expected Date of Completion:**  08/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Will Clawson will complete a new Master Staff Roster that corresponds with the most recently approved DESE staffing plan and will provide it to DESE. | | |
| **Description of Internal Monitoring Procedures:**  Will Clawson will collaborate with the Director of Administration and Finance to develop a new Master Staff Roster that corresponds with the most recently approved DESE staffing plan. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 11.6 Master Staff Roster | **Corrective Action Plan Status:** Approved  **Status Date:** 07/26/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 08/30/2019 progress report, Stevens Children's Home must submit a current Master Staff Roster that corresponds to the most recently approved DESE staffing plan, using the template that can be found in the Document Library. Include in the section labeled "positions not included in the most recently approved DESE staffing plan," a list of all staff who are not included in the approved staffing plan but work at the program. | | |
| **Progress Report Due Date(s):**  08/30/2019  09/30/2019  10/30/2019 | | |

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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:**  A review of documentation, interviews and staff records indicated that not all staff received the required orientation trainings and such trainings were not clearly documented in all staff records; therefore, the Department was not able to verify staff received all mandated new staff orientation trainings. | | |
| **Description of Corrective Action:**  Stevens will meet all requirements for orientation for direct care and non direct care staff, and will ensure that orientation training is recorded and demonstrated in personnel records. | | |
| **Title/Role(s) of Responsible Persons:**  Roger St. Martin, Training Coordinator | | **Expected Date of Completion:**  08/30/2019 |
| **Evidence of Completion of the Corrective Action:**  All new staff will receive comprehensive orientation training according to DESE requirements and those orientations are recorded in personnel record. All orientation training will be documented within the Stevens' database and will be provided to DESE as a printed report. | | |
| **Description of Internal Monitoring Procedures:**  Training Coordinator will collaborate with Director of Operations and IT to make enhancements to the Stevens' database to ensure that documentation reflects DESE requirements. Training Coordinator to collaborate with Office Manager to ensure that data is entered into the database accurately. Office Manager to provide bi-weekly reports to Training Coordinator in regards to missing orientation elements for all newly hired staff. Director of Quality Assurance (supervisor of Training Coordinator) to monitor reports to ensure that Training Coordinator is providing all needed orientation trainings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 12.1 New Staff Orientation and Training | **Corrective Action Plan Status:** Approved  **Status Date:** 07/26/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 08/30/2019 progress report, Stevens Children's Home must submit: 1) Its written policy that clearly outlines new staff, including that interns and volunteers require training in all mandated trainings listed under criterion 12.2 a.-h. (list out the topics specifically) through their orientation program; 2) A statement that any new staff may not be assigned direct care duties with students until they have received new staff orientation; 3) How documentation of new staff orientation training will be maintained in each staff's record; and, 4) the position of the person responsible for ensuring that staff receive the training, the documentation is maintained in their record and how this will be monitored internally. | | |
| **Progress Report Due Date(s):**  08/30/2019 | | |

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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 records indicated that not all staff in-service trainings were documented; therefore, the Department was not able to verify if staff received all mandated trainings annually. | | |
| **Description of Corrective Action:**  Stevens will ensure that all program staff receive the mandatory DESE training requirements on an annual basis. Stevens will ensure that all trainings are documented in personnel records. | | |
| **Title/Role(s) of Responsible Persons:**  Roger St. Martin, Training Coordinator | | **Expected Date of Completion:**  08/30/2019 |
| **Evidence of Completion of the Corrective Action:**  2019-2020 Training Calendar to be provided to DESE that shows that all required DESE elements have been scheduled, including an average of 2 hours of training per month.  Stevens' database reports will demonstrate that all staff are receiving required training.  Personnel files will show evidence that staff have received the required trainings. | | |
| **Description of Internal Monitoring Procedures:**  A team of individuals, including Training Director, Executive Director, Director of Quality Assurance and Director of Operations and IT, will follow a detailed action plan to ensure all necessary steps are taken to ensure compliance. Steps will include thorough review of all requirements; comparison to current training schedule; review and editing of training descriptions if necessary; review of requirements for each group of staff; revision of training policy (handbook); making enhancements to the Stevens' database to ensure that documentation reflects DESE requirements; use database to develop and print a report of personnels' missing training; develop a policy and procedure for provision of make-up trainings for staff. Training Coordinator to collaborate with Office Manager to ensure that data is entered into the database accurately. Training Coordinator will provide all missed training to staff and this will be documented in personnel files. Director of Quality Assurance (supervisor of Training Coordinator) to monitor reports to ensure that Training Coordinator is providing all needed trainings. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 12.2 In-Service Training Plan and Calendar | **Corrective Action Plan Status:** Approved  **Status Date:** 07/26/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 08/30/2019 progress report, Stevens Children's Home must submit documentation that shows 1) all annual in-service trainings that average to at least 2 hours of training monthly and include all mandated training topics; 2) the name and job title of the person(s) conducting the trainings; 3) a written procedure describing how the program will ensure that all staff records will be consistently updated to show annual trainings with dates of completion; and 4) a written procedure describing how staff make-up missed annual trainings. | | |
| **Progress Report Due Date(s):**  08/30/2019 | | |

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| **Criterion & Topic:**  PS 15.5 Parent Consent and Required Notification | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review 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:**  Stevens will ensure that parents / guardians receive all required notifications annually and sign all required consents. | | |
| **Title/Role(s) of Responsible Persons:**  Clark Lamboy, Director of Quality Assurance and Admissions | | **Expected Date of Completion:**  08/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Case records will contain evidence of all required notifications and consents at time of admission and annually. A copy of the Admissions Packet and Parent Handbook will be provided to DESE as evidence of information provided to guardians. | | |
| **Description of Internal Monitoring Procedures:**  A team of individuals, including Director of Quality Assurance and Admissions, Executive Director and Family and Community Engagement Coordinator, will review all DESE regulations; update information provided to guardians as necessary; and implement new notifications as needed. Program leadership to utilize a Record Review document to review each case record and determine which notifications are missing in each record. A detailed Action Plan will be followed to ensure that all notifications are provided annually. Education Director will ensure ensure annual notification of Bullying Prevention and Intervention, Behavioral Support and Sex Ed curriculum to be provided annually and documented in each record. Family Engagement Coordinator to track and provide all other annual notifications to guardians and ensure their documentation in the case file. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 15.5 Parent Consent and Required Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 07/26/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 08/30/2019 progress report, Stevens Children's Home must submit 1) a written procedure to describe the process for obtaining all required consents and distributing all required annual notifications to parent/guardians; 2) the name and title of staff responsible for adding consents/notifications into student records; and 3) a copy of each consent and annual notification that is provided to parents/guardians. | | |
| **Progress Report Due Date(s):**  08/30/2019  09/30/2019  10/30/2019 | | |

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| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **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 there was not documentation confirming that all secondary age students received the anti-hazing legislation and a copy of the programs' anti-hazing disciplinary code approved by the Board of Directors annually as required. | | |
| **Description of Corrective Action:**  Stevens will ensure that all students receive the anti-hazing prohibition at time of intake and annually. | | |
| **Title/Role(s) of Responsible Persons:**  Robin Passerello, Education Director | | **Expected Date of Completion:**  08/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Stevens will upload to DESE all signed and dated forms, demonstrating that all youth who attend Stevens has signed off of the Anti-Hazing Prohibition. Stevens will edit the policy regarding anti-hazing notification and provide it to DESE, indicating that this will be introduced at time of intake. | | |
| **Description of Internal Monitoring Procedures:**  Education Director to review anti-hazing prohibition with each new student at time of admission. Education Director to continue to provide annual review of the prohibition and ensure each youth signs the document. Education Director and Office Manager to ensure the documents are added to the case file.  - do over summer | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 19 Anti-Hazing | **Corrective Action Plan Status:** Approved  **Status Date:** 07/26/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 08/30/2019 progress report, Stevens Children's Home must submit 1) a copy of the anti-hazing legislation as well as the disciplinary code approved by the program's Board of Directors that is distributed to all secondary age students; 2) a copy of each secondary age student's signed acknowledgment of receipt of the anti-hazing regulations aswell as the disciplinary code approved by the program's Board of Directors that is maintained in each secondary student record; 3) a current list of all secondary aged students in alphabetical order by their last name; and 4) a written procedure describing the program's plan of how they will maintain annual documentation of receipt of the anti-hazing legislation as well as the disciplinary code in the record of each secondary age student. | | |
| **Progress Report Due Date(s):**  08/30/2019 | | |

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| **Criterion & Topic:**  PS 20 Bullying Prevention and Intervention | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of student records and interviews indicated that annual written notice to parents/guardians of the student-related sections of the Bullying Prevention and Intervention Plan was not consistently documented; therefore the Department was unable to verify that the program issues this to parents/guardians annually as required. | | |
| **Description of Corrective Action:**  Stevens will ensure that all guardians receive the student-related sections of the Bullying Prevention and Intervention Plan at time of admission and annually. | | |
| **Title/Role(s) of Responsible Persons:**  Education Director, Robin Passerello | | **Expected Date of Completion:**  08/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Acknowledgement of Notification will be signed by each guardian at time of admission indicating that they received and understand the Bullying Prevention and Intervention Plan, and this notification will be in the case record. A copy of the Bullying Prevention and Intervention Plan with the date sent to guardians will be in each record. | | |
| **Description of Internal Monitoring Procedures:**  Bullying Prevention and Intervention Plan has been added to the Parent Handbook, and the Acknowledgement of Notifications has been developed and implemented. A Record Review document has been developed and will be used to review each record to ensure compliance with requirements. For any record that does not have evidence of notification of the Bullying Plan, the guardian will be sent a copy and the document copy with date will be added to the record. The Bullying Plan will continue to go out annually at the start of the new year. Education Director will ensure that the Office Manager has put copies in each record. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 20 Bullying Prevention and Intervention | **Corrective Action Plan Status:** Approved  **Status Date:** 07/26/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 08/30/2019 progress report, Stevens Children's Home must submit 1) a copy of the Bullying and Intervention Plan that is provided to parents/guardians; 2) a written procedure describing the process for providing the Bullying Prevention and Intervention Plan annually to parents/guardians; and 3) a written procedure describing the program's plan to maintain annual documentation of parent/guardian receipt of the Bullying and Intervention Plan. | | |
| **Progress Report Due Date(s):**  08/30/2019 | | |