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

##### PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Special Education Agency: Center for School Crisis Intervention and Assessment, Inc.

Program Review Onsite Year: 2018-2019

**Programs under review for the agency:**

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 06/27/2019.

**Mandatory One-Year Compliance Date:** **06/27/2020**

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

| **Criterion** | **Criterion Title** | **PR Rating** |
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| PS 11.4 | Teachers (Special Education Teachers and General Education Teachers) | Partially Implemented |
| PS 11.6 | Master Staff Roster | Partially Implemented |
| PS 12.1 | New Staff Orientation and Training | Partially Implemented |
| PS 12.2 | In-Service Training Plan and Calendar | Partially Implemented |

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| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  PS 11.4 Teachers (Special Education Teachers and General Education Teachers) | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  A review of documentation and interviews indicated that at the time of the program review not all teachers were appropriately licensed or on an approved waiver for the current school year. | | |
| **Description of Corrective Action:**  Since our DESE on site visit we have applied for and secured all waiver approvals for teachers who were not appropriately licensed. | | |
| **Title/Role(s) of Responsible Persons:**  Education Administrator | | **Expected Date of Completion:**  08/01/2019 |
| **Evidence of Completion of the Corrective Action:**  All teachers licensed or on waiver | | |
| **Description of Internal Monitoring Procedures:**  The Center School administrative team is committed to ensuring we get this important detail right for the students and districts we serve. As we move through our school year and navigate referrals and intakes we will be adding "teacher waivers" as a rolling agenda item once per month at our weekly admin meeting. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 11.4 Teachers (Special Education Teachers and General Education Teachers) | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/31/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The program included monitoring for waivers, but they did not include monitoring for expiring teaching licenses. | | |
| **Department Order of Corrective Action:**  The program must ensure all teachers have current, appropriate licenses or waivers. | | |
| **Required Elements of Progress Report(s):**  For the 09/03/2019 progress report, the program must submit 1) a current Teacher Roster using the template found in the Document Library and 2) a current license or most recent ELAR activity sheet for each person listed on the Teacher Roster. The license must show that each person is appropriately licensed or working under a current certification waiver in their content area. The program must submit a detailed plan for ensuring all teaching staff are appropriately licensed or on waivers, including which staff member will be responsible for monitoring teacher licenses. | | |
| **Progress Report Due Date(s):**  09/03/2019  10/04/2019 | | |

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| **Criterion & Topic:**  PS 11.6 Master Staff Roster | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  A review of documentation indicated that at the time of the program review the Master Staff Roster did not correspond to the most recently approved DESE staffing plan. For positions that were not previously approved by DESE, a justification was not provided as required. | | |
| **Description of Corrective Action:**  We have reviewed this criterion with our DESE representative and have a more clear understanding of what is required. We have gone through the Master Staff Roster and made edits and will submit this new Master Staff Roster for your review and approval. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Operations | | **Expected Date of Completion:**  08/01/2019 |
| **Evidence of Completion of the Corrective Action:**  New staff roster submitted | | |
| **Description of Internal Monitoring Procedures:**  Similar to other areas that we are addressing Center School is committed to getting this exactly right. We will be adding this as a rolling agenda item once per month at our admin meeting. We will review whether or not there is a need to file a form 1 for any potential new position and review our floor plan and staffing roster as it relates to our DESE approved master staff roster. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 11.6 Master Staff Roster | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/31/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  While the program noted they will review this item once a month, they did not specify that they will ensure the Master Staff Roster aligns with the most recently approved DESE staffing plan. | | |
| **Department Order of Corrective Action:**  The program must submit an updated Master Staff Roster that aligns with the most recently approved DESE staffing plan. | | |
| **Required Elements of Progress Report(s):**  For the 09/03/2019 progress report, the program 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. The program must include a detailed plan for monitoring, including the name of the staff responsible for ensuring the Master Staff Roster aligns with the most recently approved DESE staffing plan. | | |
| **Progress Report Due Date(s):**  09/03/2019  10/04/2019 | | |

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| **Criterion & Topic:**  PS 12.1 New Staff Orientation and Training | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  Although staff interviews indicated new staff orientation and training were provided at the time of hire, a review of records indicated training documentation for the required orientation topics was not found in all staff records. | | |
| **Description of Corrective Action:**  Amend current practices that will allow for an additional layer of review to ensure each individual coming through the hiring process has participated in all required training and orientation topics | | |
| **Title/Role(s) of Responsible Persons:**  Director of Administrative Operations | | **Expected Date of Completion:**  08/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Will submit the outline of our new protocol for tracking orientation training for DESE review. | | |
| **Description of Internal Monitoring Procedures:**  This topic will be added to our administrative meeting as a recurring monthly agenda item. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 12.1 New Staff Orientation and Training | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/31/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  Evidence of completion does not include the list of required trainings that will be provided for all new staff. | | |
| **Department Order of Corrective Action:**  The program must submit an Orientation plan with a list of trainings provided for all new staff in addition to the protocol for tracking orientation trainings of new staff. | | |
| **Required Elements of Progress Report(s):**  For the 09/03/2019 progress report, the program 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.-g. (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) A plan of 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):**  09/03/2019  10/04/2019 | | |

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| **Criterion & Topic:**  PS 12.2 In-Service Training Plan and Calendar | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  While staff interviews indicated that in-service training occurs, a review of staff records indicated that staff in-service trainings were not documented consistently; therefore, the Department was not able to verify staff receive all mandated trainings annually. A review of staff records and interviews indicated that the revised policy and procedures specific to Physical Restraint included all required elements; however, not all staff had been trained on the revised policy. | | |
| **Description of Corrective Action:**  Amend current practices that will allow for an additional layer of review to ensure each individual working in our school has participated in all required training | | |
| **Title/Role(s) of Responsible Persons:**  Program Administrator | | **Expected Date of Completion:**  08/01/2019 |
| **Evidence of Completion of the Corrective Action:**  Will send an outline of these new practices to DESE for review | | |
| **Description of Internal Monitoring Procedures:**  Along with orientation training this item will be added as a recurring agenda item in our administrative meeting to review progress. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 12.2 In-Service Training Plan and Calendar | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 07/31/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  While the program plans to submit an outline of their updated monitoring practice for ensuring all staff receive required trainings, they did not include a list of the required trainings that all staff will receive. | | |
| **Department Order of Corrective Action:**  The program must submit a list of required trainings for all staff annually and an outline of their monitoring method to ensure all staff receive these trainings. | | |
| **Required Elements of Progress Report(s):**  For the 09/03/2019 progress report, the program 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):**  09/03/2019  10/04/2019 | | |