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

##### PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Special Education Agency: Springdale Education Center, Inc.

Program Review Onsite Year: 2018-2019

**Programs under review for the agency:**

Springdale Education Center

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 06/06/2019.

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

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

| **Criterion** | **Criterion Title** | **PR Rating** |
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| PS 1.2 | Program & Student Descriptions, Program Capacity | Implementation In Progress |
| PS 9.1(a) | Student Separation Resulting from Behavior Support | Implementation In Progress |
| PS 15.5 | Parent Consent and Required Notification | Partially Implemented |

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| PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:** PS 1.2 Program & Student Descriptions, Program Capacity | **PR Rating:** Implementation In Progress |
| **Department Program Review Findings:** While documentation addressed the program's description and student population, interviews indicated that the program accepts students whose primary diagnoses do not include serious mental health issues engagement in aggressive or anti-social behaviors and significant challenge to caregivers, which is the identified population the program is approved to serve. While most students continue to have a diagnosis consistent with the approved program description, the program self-identified that it has a "no rejection" policy. |
| **Description of Corrective Action:** SEC will re-train all staff working at SEC regarding the program and student description, student population and referral process. Students at SEC are referred ONLY by the Local Education Authority based on their level of severity of emotional, clinical, and behavioral issues and that they pose a significant challenge to their caregivers. SEC accepts students with co-morbid conditions including but not limited to : inappropriate sexual behavior, fire-setting behavior, animal abuse behavior, communication impairment, health impairment, sensory impairment, Autism , physical impairment, developmental delay, intellectual impairment and/or other disabilities. Students with these co-morbid conditions are referred to SEC because of their high level of behavioral, emotional or clinical difficulties they may pose, not because of the co-morbid condition. Because of the high level of behavioral emotional or clinical difficulties, they do pose a significant challenge for their caregivers and they need a highly structured program. Self identifying as ?no-reject? means that a student that meets the criteria for the identified population, regardless of the severity of an emotional, clinical or behavioral difficulty with or without co-morbidity, SEC will accept referred students as long as their LEAS, parent and any other service provider involved in the referral process agrees with this placement.The Annual Mandatory DESE Training Handbook will be amended to include this statement. Annual training for all staff will occur during the week of August 19 ? 23, 2019. The Handbook begins with 1.2. All staff need to sign off and date that they have participated in the training and understand each of the sections of the Handbook . These signature documents are maintained in individual staff personnel files and the Master training book. For staff hired after our August, 2019 training, they meet with a direct supervisor and review, sign and date the Annual Mandatory DESE Training Handbook within their first week of work. |
| **Title/Role(s) of Responsible Persons:**Patti Cutler, DirectorSEC Administrators | **Expected Date of Completion:**08/30/2019 |
| **Evidence of Completion of the Corrective Action:**A dated signature page from all SEC stating that staff participated in Criterion # 1.2 training and understand the referral and student population. |
| **Description of Internal Monitoring Procedures:** The principal or designee will maintain a checklist of all SEC staff with date of training and who has participated in the training and have signed the document. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 1.2 Program & Student Descriptions, Program Capacity | **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 Program and Student Description by submitting the following documentation:1) A copy of the materials shared with the staff for the training 2) The name and job title of the person conducting the training; 3) the dates and times when this training was held; 4) a list of all staff in alphabetical order by last name with their position title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. |
| **Progress Report Due Date(s):** 08/16/201909/16/2019 |

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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 |
| **Department Program Review Findings:** A review of documentation indicated the program's written policy on Student Separation Resulting from Behavior Support did not include all required elements, and was not in the required format. |
| **Description of Corrective Action:** SEC?s original submission of 9.1(a) on 5/18/18 was not in the required format (template) as listed in the Document library on the WMBS. After attending a DESE webinar regarding the ?9?s?, SEC re-submitted 9.1(a) on 10/22/18 using the required template. However, the original submission was included as well as a possible reference.SEC will resubmit 9.1(a) on any template or form designated by the Department and will exclude extraneous information that is not relevant and includes all required elements.SEC insures that students will return to their class when they have calmed, (followed up with staff and demonstrate that they can engage in safe behaviors in their classroom and follow directions).The Annual Mandatory DESE Training Handbook will be amended to include this statement. Annual training for all staff will occur during the week of August 19 ? 23, 2019. All staff need to sign off and date that they have participated in the training and understand each of the sections of the Handbook . These signature documents are maintained in individual staff personnel files and the Master training book. For staff hired after our August, 2019 training, they meet with a direct supervisor and review, sign and date the Annual Mandatory DESE Training Handbook within their first week of work. |
| **Title/Role(s) of Responsible Persons:**Patti Cutler, DirectorSEC Admininstrators | **Expected Date of Completion:**08/30/2019 |
| **Evidence of Completion of the Corrective Action:**A dated signature page from all SEC staff stating that staff participated in Criterion # 9.1(a) training and understand the referral and student population. |
| **Description of Internal Monitoring Procedures:** The principal or designee will maintain a checklist of all SEC staff and who has participated in the training and have signed the document. |
| 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 08/16/2019 progress report, the program 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; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. |
| **Progress Report Due Date(s):** 08/16/201909/16/2019 |

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| **Criterion & Topic:** PS 15.5 Parent Consent and Required Notification | **PR Rating:** Partially Implemented |
| **Department Program Review Findings:** A review of student records indicated that the program has not obtained all required consents from parents/guardians annually. |
| **Description of Corrective Action:** SEC will obtain all required consents from parents/guardians annually. Initial consents are obtained during intake meetings when a student starts at SEC. The Nurse will maintain a spreadsheet denoting student, date of birth, date of entry into the program, date of discharge when applicable, and dates of consents for emergency medical treatment and medication administration when applicable.Forms will be sent to all parents/guardians of SEC students on July 19, 2019 for the 2019-2020 year and annually thereafter. The nurse will follow through to insure SEC has received all signed consents.Principal or designee will maintain a spreadsheet denoting student, date of birth, date of entry into the program, date of discharge when applicable, and dates of notification of the updated annual SEC behavior support policies and procedures and SEC bullying and intervention plan posted on our website. Parents/guardians will be informed that the they may request a paper copy at any time. |
| **Title/Role(s) of Responsible Persons:**Roni Glyn, RNPatti Cutler, Director | **Expected Date of Completion:**09/30/2019 |
| **Evidence of Completion of the Corrective Action:**Completed spreadsheet denoting dates of consents for all SEC enrolled students. Completed annual consent forms will be maintained in student medical charts and the student charts where applicable. |
| **Description of Internal Monitoring Procedures:** The Nurse and the principal or designee will review the spreadsheets monthly during SEC administrative meeting. Any missing consents will be identified and parents/guardians will be notified and re-sent a new form. |
| 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):** The program 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 form that is provided to parents/guardians. |
| **Progress Report Due Date(s):** 08/16/2019 |