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

##### PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Special Education Agency: Merrimac Heights Academy, Inc.

Program Review Onsite Year: 2018-2019

**Programs under review for the agency:**

Merrimac Heights Academy 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 07/27/2019.

**Mandatory One-Year Compliance Date:** **07/27/2020**

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

| **Criterion** | **Criterion Title** | **PR Rating** |
| --- | --- | --- |
| PS 9.1 | Policies and Procedure for Behavior Support | Implementation In Progress |
| PS 9.4 | Physical Restraint | Implementation In Progress |
| PS 12.1 | New Staff Orientation and Training | Partially Implemented |
| PS 12.2 | In-Service Training Plan and Calendar | Partially Implemented |

|  |
| --- |
| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 9.1 Policies and Procedure for Behavior Support | | **PR Rating:**  Implementation In Progress |
| **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. | | |
| **Description of Corrective Action:**  Merrimac Heights Academy will revise the Policies and Procedures for Behavior Support and remove all the extraneous items | | |
| **Title/Role(s) of Responsible Persons:**  Lygia Soares, Ph.D.  Executive Director | | **Expected Date of Completion:**  09/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Revised policy will be submitted and upon departmental approval, the staff will be trained on the new policy | | |
| **Description of Internal Monitoring Procedures:**  Policies and Procedures for Behavior support will be reviewed annually and staff will be trained annually. New staff will be trained on the policy within a month of hire. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 9.1 Policies and Procedure for Behavior Support | **Corrective Action Plan Status:** Approved  **Status Date:** 09/05/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The Program must submit updated Behavior Support Policy and Procedures that include all required elements of this criterion in the required format. Once the Department has approved the Behavior Support Policy and Procedures, the program must provided 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):**  11/08/2019  02/07/2020 | | |

|  |
| --- |
| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 9.4 Physical Restraint | | **PR Rating:**  Implementation In Progress |
| **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. | | |
| **Description of Corrective Action:**  Merrimac Heights Academy will revise the Physical Restraint Policy to include all the required elements. In addition to the current trained staff member, a second person will receive Restraint Training. | | |
| **Title/Role(s) of Responsible Persons:**  Lygia Soares, Ph.D. - Executive Director  Lisa Schwartz - Special Education Teacher | | **Expected Date of Completion:**  10/30/2019 |
| **Evidence of Completion of the Corrective Action:**  Revised Physical Restraint policy will be submitted and upon departmental approval, all staff will be trained on the new policy. Staff undergoing the Safety Care Restraint Training will provide evidence of completion of training. | | |
| **Description of Internal Monitoring Procedures:**  Restraint Policy will be reviewed annually and staff will be trained annually within the first month of the school year. New staff will be trained on the policy within a month of hire. No staff will be involved in a restraint until training is completed. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 9.4 Physical Restraint | **Corrective Action Plan Status:** Approved  **Status Date:** 09/05/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The Program must submit updated Physical Restraint Policy that include all required elements of this criterion in the required format. Once the Department has approved the Restraint Policy, the program must provide evidence of training for all staff my 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 lis to all staff in alphabetical order by last name with their position and 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):**  11/08/2019  02/07/2020 | | |

|  |
| --- |
| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 12.1 New Staff Orientation and Training | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  A review of staff records revealed that not all staff received all mandated trainings for new staff orientation and training. | | |
| **Description of Corrective Action:**  Merrimac Heights Academy will develop and implement a written plan for new staff orientation and training. This training will include all the mandatory elements including, but not limited to: MHA Philosophy, Organization, Program practices and Goals, Reporting Abuse and Neglect, Student Discipline and Behavior Support, Physical Restraint, Runaway Policy, Emergency Procedures, and Civil Rights Responsibilities. | | |
| **Title/Role(s) of Responsible Persons:**  Lygia Soares, Ph.D. - Executive Director  Lisa McManus - Education Director | | **Expected Date of Completion:**  09/30/2019 |
| **Evidence of Completion of the Corrective Action:**  The written plan for new staff Orientation and Training will be submitted and upon departmental approval, all staff will all receive the mandated trainings and a signed record of the trainings will be documented in the personnel files. | | |
| **Description of Internal Monitoring Procedures:**  New Staff (including volunteers and interns) will receive all the mandatory trainings as approved by the DESE within a month of hire. Staff will not have direct care duties until all training have been completed and documented as such. | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 12.1 New Staff Orientation and Training | **Corrective Action Plan Status:** Approved  **Status Date:** 09/05/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  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 12.2a.-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):**  11/08/2019 | | |

|  |
| --- |
| PROGRAM REVIEW  **CORRECTIVE ACTION PLAN** |

|  |  |  |
| --- | --- | --- |
| **Criterion & Topic:**  PS 12.2 In-Service Training Plan and Calendar | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  A review of staff records indicated that not all staff received all mandated annual in-service trainings. | | |
| **Description of Corrective Action:**  All Staff (including volunteers and interns) will participate in annual inservice trainings as approved by the DESE at least 2 hours a month through the school year. The trainings will include (but not be limited to) Reporting Abuse and Neglect, Student Discipline and Behavior Support, Physical Restraints, Runaway Policy, Emergency Procedures, Civil Rights Responsibilities, Bullying Prevention and Intervention, Medication Administration and Side Effects, Transportation Safety, Student Records and Confidentiality, MCAS Inclusion, Learning Standards of The Massachusetts Curriculum Frameworks. | | |
| **Title/Role(s) of Responsible Persons:**  Lygia Soares, Ph.D. - Executive Director  Lisa McManus - Education Director | | **Expected Date of Completion:**  09/30/2019 |
| **Evidence of Completion of the Corrective Action:**  The written In-Service Training Plan and Calendar will be submitted and upon departmental approval, all staff will all receive the inservice trainings at least 2 hours a month, and a signed record of the trainings will be documented in the personnel files. | | |
| **Description of Internal Monitoring Procedures:**  All Staff (including new hires, volunteers and interns) will receive all the mandatory trainings as approved by the DESE annually. Documentation of trainings shall be filed in each personnel file annually | | |
| CORRECTIVE ACTION PLAN APPROVAL SECTION | | |
| **Criterion:**  PS 12.2 In-Service Training Plan and Calendar | **Corrective Action Plan Status:** Approved  **Status Date:** 09/05/2019  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  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 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):**  11/08/2019 | | |