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

##### PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Special Education Agency: The Home for Little Wanderers

Program Review Onsite Year: 2019-2020

**Programs under review for the agency:**

C - Southeast Campus Day Program

D - Southeast Campus 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 12/20/2019.

**Mandatory One-Year Compliance Date:** **12/20/2020**

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

| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
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| PS 4.2 | Public Information and Postings | C,D | Partially Implemented |
| PS 4.4 | Advance Notice of Proposed Program/Facility Change | D | Partially Implemented |
| PS 4.5 | Immediate Notification | C,D | Partially Implemented |
| PS 5.1 | Student Admissions | C,D | Partially Implemented |
| PS 6.1 | Daily Instructional Hours/6.4 School Days Per Year | C,D | Partially Implemented |
| PS 8.5 | Current IEP & Student Roster | C,D | Partially Implemented |
| PS 8.8 | IEP - Progress Reports | C,D | Partially Implemented |
| PS 9.1 | Policies and Procedure for Behavior Support | C,D | Partially Implemented |
| PS 9.1(a) | Student Separation Resulting from Behavior Support | C,D | Partially Implemented |
| PS 9.4 | Physical Restraint | C,D | Partially Implemented |
| PS 11.1 | Staff Policies and Procedures Manual | C,D | Partially Implemented |
| PS 12.1 | New Staff Orientation and Training | C,D | Partially Implemented |
| PS 12.2 | In-Service Training Plan and Calendar | C,D | Partially Implemented |
| PS 13.2 | Description of Physical Space | C,D | Partially Implemented |
| PS 15.1 | Parental Involvement and Parents' Advisory Group | C,D | Partially Implemented |
| PS 15.5 | Parent Consent and Required Notification | C,D | Partially Implemented |
| PS 16.11 | Student Allergies | C,D | Partially Implemented |
| PS 20 | Bullying Prevention and Intervention | C,D | Partially Implemented |

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| PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:** PS 4.2 Public Information and Postings | **PR Rating:** Partially Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** Observations and interviews indicated that first aid procedures, emergency procedures and emergency telephone numbers are not publicly posted in all areas as required. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Create a list of all required postings and all locations they are to be posted on campus. \*Create a shared folder on the common drive storing re-printable copies of all posted materials\*Assign monthly check/updating of postings to identified employees\*Create a checklist of completed updates, to be reviewed monthly at program leadership meetings. |
| **Title/Role(s) of Responsible Persons:**Office Coordinator (M. Herrera) Nurse (P. Mauss)VP of Performance Outcomes (H. Ferreira) | **Expected Date of Completion:**03/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Postings are available for inspection at all identified areas\*Shared folder reviewable\*Program will submit a copy of the monthly check calendar with all identified employees. \*Program will submit 2 months of evidence completed checklist that were reviewed in monthly program leadership meetings |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*checklist of completed updates, to be reviewed monthly at program leadership meetings.\*Checklists reviewed at bi-annual compliance review |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 4.2 Public Information and Postings | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**   |
| **Department Order of Corrective Action:**  |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit a copy of the calendar ou lining who will be responsible for completing routine checks of required postings. By 4/6/2020 the Program must submit 2 months of evidence completed checklist that were reviewed in monthly program leadership meetings. |
| **Progress Report Due Date(s):** 03/06/202004/06/2020  |

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| **Criterion & Topic:** PS 4.4 Advance Notice of Proposed Program/Facility Change | **PR Rating:** Partially Implemented |
| **Applies To:**D - Southeast Campus Residential Program |
| **Department Program Review Findings:** A review of documentation indicated that the program did not provide notification to the Department as required through a Form 1 for a 20% decrease in the enrollment of students based on the most recently approved DESE staffing plan. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Scheduled review of census changes and anticipated changes will occur in monthly School Leadership meetings.\*Written internal procedure that principal will initiate Form 1 process within 3 days of census review with enrollment increases or decreases by 20%, in order to ensure the notification is prepared with required signatures within 15 days of enrollment change for decreases and prior approval for increases. |
| **Title/Role(s) of Responsible Persons:**Principal (S. Clark)Program Director (E. Iraola) | **Expected Date of Completion:**03/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will provide a copy of February Form 1 that was submitted for the residential program \*Program will submit internal procedure that will be followed for all Form 1s \*Program will submit one month?s notes from monthly School Leadership Meeting ? highlighting the census review |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Scheduled review of census changes and anticipated changes will occur in monthly School Leadership meetings. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 4.4 Advance Notice of Proposed Program/Facility Change | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**   |
| **Department Order of Corrective Action:**  |
| **Required Elements of Progress Report(s):** By 3/6/2020 the program must submit internal procedures that will be followed for timely reporting of all Form 1s to DESE. By 4/6/2020 the program must submit two monthes of notes from monthly School Leadership Meetings highlighting the census review occured. |
| **Progress Report Due Date(s):** 03/06/202004/06/2020  |

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| **Criterion & Topic:** PS 4.5 Immediate Notification | **PR Rating:** Partially Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** While the program submitted a policy for Immediate Notification that meets requirements, a review of student records and documentation indicated that the program does not consistently provide notification to appropriate parties of serious incidents. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Training of Form 2 thresholds and procedures to be held with all school hours staff\*Review of all incidents at weekly School Planning Team meetings\*Bi-weekly restraint review will include evaluation for incidents requiring submission of form 2\*Internal form 2 procedures will be updated to specify the narrative submitted with a form 2 will include specific elements, including the time, date, and parties of all relevant notifications. \*Upon submission to DESE, copies of form 2 will be placed immediately in student files and in a yearly form 2 file |
| **Title/Role(s) of Responsible Persons:**Principal (S. Clark)Clinical Coordinator (M. Thompson)Lead Teacher (P. Deardorff) | **Expected Date of Completion:**04/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will submit the Internal policy and procedure that will be followed to ensure timely completion of form 2 \*Program will submit evidence of the training with school staff that review the Form 2 procedure. \*Program will submit 2 month evidence of the bi-weekly review meeting highlighting the area of the meeting reviewing evaluation of incidents for form 2 \*Program will complete a record review of 20% of students to confirm all Form 2 have been filed into the students records. Program will submit evidence of these record reviews |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Bi-weekly review of all school hour incident reports by Principal and Clinical Coordinator to review for reporting necessity and timely notifications are made and documented. \*Weekly School Planning Team meetings to include check for filing of incidents in students records on agenda. \*Ongoing record reviews to ensure Form 2s are filed timely in student records |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 4.5 Immediate Notification | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit the internal policy and procedure that will be followed to ensure timely notification and completion of Form 2's. By 3/6/2020 the Program must submit evidence of the training completed with school staff reviewing the Form 2 procedures. Please include: name and position of trainer, date, time, names of staff and their positions in attendance, & plan to train staff that missed the training. By 4/6/2020 the Program must submit 2 months of evidence of the bi-weekly review meetings highlighting the teams review form all incidents that require Form 2's. By 5/6/2020 the Program must complete a record review of 20% of total number of students enrolled in the program to confirm all Form 2 have been filed in the students records. Program must submit evidence of these record reviews. |
| **Progress Report Due Date(s):** 03/06/202004/06/202007/24/2020 |

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| **Criterion & Topic:** PS 5.1 Student Admissions | **PR Rating:** Partially Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** While the program submitted a policy for Student Admissions that meets requirements, a review of student records indicated that the program does not provide parents/guardians with a copy of the bullying prevention and intervention policy. Additionally, the program still includes consent for physical restraints from parents/guardians for students prior to admission, which was eliminated with regulation changes in 2016. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Consent to restrain removed from all intake materials\*Legacy consents removed from student files and shredded\*Program has updated Bullying Prevention and Intervention Policy, Anti-Hazing Policy, Behavior Support Policy, and Allergy Policy documents included with intake materials for all new students with dated acknowledgement of receipt (no consent)\*Program will submit a sample of a Mailing sent to all guardians of current students includes Bullying Prevention and Intervention Policy, Anti-Hazing Policy, Behavior Support Policy, and Allergy Policy documents\*Date stamped copies of these mailings added to student files. \*Program will submit a copy of Delivery of policy documentation included to required intake protocol checklist (internal)\*Program will submit a copy of Internal policy written for yearly review and re-mailing of intake materials by School Admissions Team |
| **Title/Role(s) of Responsible Persons:**Principal (Sean Clark)Clinical Coordinator (Morgan Thompson) | **Expected Date of Completion:**03/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Review of student files\*Date stamped mailings added to student files. \*Updated intake materials |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Yearly review and re-mailing of intake materials by School Admissions Team |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 5.1 Student Admissions | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit a copy of the updated Bullying Prevention and Intervention Policy, Anti-Hazing Policy, Behavior Support Policy, and Allergy Policy documents included with intake materials for all new students showing dated acknowledgement of receipt.By 3/6/2020 the Program must submit a sample of admissions policies sent to guardians of current students that includes Bullying Prevention and Intervention Policy, Anti-Hazing Policy, Behavior Support Policy, and Allergy Policy documents.By 3/6/2020 the Program must submit a copy of "Delivery of Policies" document included in the intake protocol checklist.By 4/6/2020 the Program must submit a copy of the internal policy written for yearly review and re-mailing of student admission intake materials by the school admissions team. |
| **Progress Report Due Date(s):** 03/06/202004/06/202007/24/2020 |

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| **Criterion & Topic:** PS 6.1 Daily Instructional Hours/6.4 School Days Per Year | **PR Rating:** Partially Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** While the appropriate number of instructional hours is offered to all students, through observations and interviews, students often refuse to participate in academic lessons and the staff does not consistently interact to re-engage them in the lesson. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Hire permanent School Behavior Counselor (DCC) to work with students outside the classroom on IEP regulation goals in order to re-engage in learning and return to classroom activities promptly\*Monthly trainings for all school hour staff on SEL and strategies to engage struggling students, so time out of class is both utilized as effective instruction toward their SEL IEP goals, as well as reduced over time with quicker returns to classrooms environments.\*Update student ICMPs to document strategies to re-engage students with patterns of class refusal behavior |
| **Title/Role(s) of Responsible Persons:**Principal (S. Clark)Clinical Coordinator (M. Thompson)Program Director (E. Iraola) | **Expected Date of Completion:**03/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will submit the name of the Name, Date of Hire and job description of the School Behavior Counselor\*Hired position to be included in faculty meetings and trainings\*Program will submit 2 months of Documentation of trainings (agendas and attendance)\*Program will provide 2 examples of Updates to ICMPs of students who are frequently out of class. |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Weekly review of observations of student engagement in weekly School Planning Team meetings.\*Monthly planning for SEL trainings at monthly School Admin meeting. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 6.1 Daily Instructional Hours/6.4 School Days Per Year | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit the name, date of hire and job description of the School Behavior Counselor.By 4/6/2020 the Program must submit 2 months of evidence of training to school staff on Social/Emotional Learning and strategies to engage students who are struggling. By 4/6/2020 the Program must provide 2 examples of updates to Individual Crisis Management Plans of students who are frequently out of class. |
| **Progress Report Due Date(s):** 03/06/202004/06/202007/24/2020 |

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| **Criterion & Topic:** PS 8.5 Current IEP & Student Roster | **PR Rating:** Partially Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** While all IEPs were found to be current and consented to, staff interviews indicated that there are times when IEP goals are implemented before the IEP is accepted and consented to by the parent/guardian. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Overview of IEP processes included in yearly all-staff training schedule\*Quarterly review of IEP and Progress notes policy with teachers and school staff\*Monthly review of student IEP roster by SPED Coordinator\*Monthly review of IEP implementation by School Planning Team. |
| **Title/Role(s) of Responsible Persons:**Special Education Coordinator (S. Clark)Lead Teacher (P. Deardorff) | **Expected Date of Completion:**03/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will submit a training calendar highlighting the IEP Trainings \*Program will submit the policy and procedure for Quarterly Review of IEP and Progress notes for teachers and school staff. \*Program will submit evidence of trainings that have occurred thus far this school year - Training signatures\*Program will complete a record review of 20% of students to confirm all active IEPs are properly identified, and all progress reporting corresponds to active IEP implementation. Program will submit evidence of these record reviews |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Overview of IEP processes included in yearly all-staff training schedule\*Quarterly review of IEP and Progress notes policy with teachers and school staff\*Quarterly review of IEP and Progress notes to ensure implementation of the IEP that is currently accepted and consented to by the parent/guardian.\*Monthly review of student IEP roster by SPED Coordinator\*Monthly review of IEP implementation by School Planning Team. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 8.5 Current IEP & Student Roster | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit a training calendar highlighting the IEP Trainings for required school staff.and an updated policy and procedure for "Quarterly Review of IEP and Progress Notes" for teachers and school staff. By 4/6/2020 the Program must submit evidence of IEP & Progress Reports trainings that have occurred this school year that includes the name and position of the trainer, the date, time and names and positions of all staff wo attended the training. For any staff who were not in attendance, please indicate when they will receive the training. By 5/6/2020 the Program must submit an updated and complete 8.5 Student Roster (use the current template from the document library). |
| **Progress Report Due Date(s):** 03/06/202004/06/202007/24/2020 |

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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 student records and interviews indicated there is not a consistent process for documenting that all appropriate parties have been issued progress reports. As a result the Department was unable to confirm all appropriate parties were issued copies of progress reports since documentation was incomplete or missing from student records. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Written internal procedure for creating, reviewing, sending, and tracking progress notes\*All sent notes added to student files and date-stamped\*Overview of IEP processes included in yearly all-staff training schedule\*Quarterly review of IEP and Progress notes policy with teachers and school staff\*Monthly review of student records by SPED Coordinator\*Bi-annual review of student records by agency compliance team |
| **Title/Role(s) of Responsible Persons:**SPED Coord. (S. Clark)Clinical Coord. (M. Thompson)VP of Performance Outcomes (H. Ferreira) | **Expected Date of Completion:**03/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will submit evidence of trainings that have occurred thus far- Training signatures\*Program will submit procedure for monthly review of student files\*Program will submit a training calendar highlighting IEP Progress Report Trainings |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Monthly review of student records by SPED Coordinator\*Bi-annual review of student records by agency compliance team. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 8.8 IEP - Progress Reports | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit the updated internal procedure for creating, reviewing, sending, and tracking IEP - Progress Reports notes and the updated procedure for monthly review of student files to ensure all required documents are present & progress reports have been sent to all required parties. By 4/6/2020 the Program must submit evidence of IEP - Progress Reports trainings that have occurred this school year. This documentation must include the name and position of the trainer, the date time and names and positions of the staff who attended the training. For any staff not in attendance, please include the date and time when they will be trained.By 5/6/2020 the Program must provide evidence of the bi-annual reviews of student records by agency compliance team for 2 residential students and 2 day students. |
| **Progress Report Due Date(s):** 03/06/202004/06/202007/24/2020 |

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| **Criterion & Topic:** PS 9.1 Policies and Procedure for Behavior Support | **PR Rating:** Partially Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** A review of documentation indicated that while the program's written Behavior Support policies and procedures contain all elements of this criterion, observations and staff interviews indicated inconsistencies in the implementation of the behavior support policy for all students. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Updated SOP for behavior policy \*ICMPs reviewed and updated for students of individualized risks\*Bi-weekly restraint/incident review meting\*Additional trainings (all staff and school faculty)\*Scheduled administrative observation of staff interactions\*Share updated policy with all state agencies prior to implementation to ensure consensus. |
| **Title/Role(s) of Responsible Persons:**PD (E.Iraola)Principal (S.Clark)Clinical Coord. (M.Thompson)VP of Treatment Pr. (M.McCall) | **Expected Date of Completion:**04/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will submit Updated SOP for behavior policy\*Program will provide 2 examples of Updates to ICMPs \*Program will submit training schedule highlighting Behavior Support trainings\*Program will submit evidence of trainings including agendas and attendance signatures\*Program will submit procedure for observing staff interactions with students \*Program will submit evidence from supervisory review of observed staff interactions with students |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Weekly admin meeting\*Bi-weekly restraint review\*Admin team conducting observations of staff interactions with students (reviewed in supervision) |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 9.1 Policies and Procedure for Behavior Support | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit an updated SOP documented and a sample of two updated Individual Crisis Management Plans for two students of individualized risk.By 4/6/2020 the Program must submit the training schedule highlighting required and any additional Behavior Support trainings including the name and position of the trainer, the date, time, names and position for the staff who participated. For any Staff who did not participate, please provide the date and time they will receive the training. By 5/6/2020 the program must submit the procedure for observing and coaching staff interactions with students in the moment on the Behavior Support Policy and evidence of 3 observations completed by leadership staff on Behavior Support Policy, including follow-up with staff. |
| **Progress Report Due Date(s):** 03/06/202004/06/202007/24/2020 |

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| **Criterion & Topic:** PS 9.1(a) Student Separation Resulting from Behavior Support | **PR Rating:** Partially Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** A review of documentation indicated that the Policies and Procedures regarding Student Separation Resulting from Behavior Support included requirements that a student must be continuously observed by a staff member at all times, that staff shall be with the student or immediately available to the student at all times, that procedures are in place for obtaining principal approval for a student separation lasting more than 30 minutes, based upon the student's continuing agitation, and that student separation shall cease as soon as the student has calmed. However, student record review, observation and staff interviews indicated that not all students are continuously observed and staff are not aware they need to obtain principal approval for a student separation lasting more than 30 minutes. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Hire permanent School Behavior Counselor (DCC)to work with students outside the classroom on IEP regulation goals in order to re-engage in learning and return to classroom activities promptly\*Scheduled administrative observation of staff interactions\*Monthly trainings for all school hour staff on SEL and strategies to engage struggling students, so time out of class is both utilized as effective instruction toward their SEL IEP goals, as well as reduced over time with quicker returns to classrooms environments.\*Training for all staff on the requirement for administrative approval >30 mins. \*Written internal policy for students out of class 30 minutes or more |
| **Title/Role(s) of Responsible Persons:**Principal (S. Clark)Program Director (E. Iraola) | **Expected Date of Completion:**04/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will submit the name of the Name, Date of Hire and job description of the School Behavior Counselor\*Program will provide evidence that this individual is included in faculty meetings\*Program will submit training schedule highlighting student separation trainings\*Program will submit evidence of trainings- Training signatures\*Program will submit Written policy for students out of class for 30 minutes or more\*Program will submit procedure for observing staff interactions with students \*Program will submit evidence from supervisory review of observed staff interactions with students |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Weekly review of observations of student engagement in weekly School Planning Team meetings.\*Monthly planning for SEL trainings at monthly School Admin meeting. \*Admin team conducting observations of staff interactions with students (reviewed in supervision) |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 9.1(a) Student Separation Resulting from Behavior Support | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit the name, date of hire and job description of the School Behavior Counselor, the procedures staff will follow when students are out of class for 30 minutes or more, and procedures for how the administrative team will observe and provide feedback to staff implementing the Student Separation Resulting from Behavior Support Policy. By 4/6/2020 the Program must submit evidence of the training staff received on Student Separation Resulting from Behavior Support including the name and position of the trainer, the date, time, name and positions of staff in attendance, & plan to train staff that missed the training. By 5/6/2020 the Program must submit evidence of 3 administrative teams staff observations of the implementation of the Student Separation Resulting from Behavior Support policy inlcuding follow up provided to staff. |
| **Progress Report Due Date(s):** 03/06/202004/06/202007/24/202009/30/2020 |

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| **Criterion & Topic:** PS 9.4 Physical Restraint | **PR Rating:** Partially Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** A review of documentation indicated that the policy and procedures specific to Physical Restraints include all elements of this criterion, however staff interviews and a review of student records revealed that these policies are not fully implemented. A review of student records indicated that physical restraint reports do not contain all the required elements, including: antecedent behavior, alternative methods attempted, justifications for restraint use, a description of the restraint method, the name of the principal or designee verbally informed of the restraint, and notifications to parents/guardians and LEAs. Additionally, student records revealed that students are restrained in instances when they are not in an emergency situation of last resort, and in instances that are not needed to protect a student and/or member of the school community from assault or imminent, serious, physical harm. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Updated SOP for behavior policy \*ICMPs reviewed and updated for students of individualized risks\*Share updated policy with all state agencies to ensure consensus.\*Bi weekly restraint reporting review\*Monthly student record review\*Training of formatting and content of restraint IRs |
| **Title/Role(s) of Responsible Persons:**PD (E.Iraola)Principal (S.Clark)Clinical Coord. (M.Thompson)VP of Treatment Pr. (M.McCall) | **Expected Date of Completion:**04/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will submit Updated SOP for behavior policy\*Program will provide 2 examples of Updates to ICMPs \*Program will submit training schedule highlighting restraint trainings and restraint IR trainings\*Program will submit evidence of trainings including attendance with signatures \*Program will submit procedure for monthly review of student records, including record review checklists\*Program will submit procedure for bi-weekly restraint reporting review \*Program will submit evidence of reviewing restraint reports bi-weekly |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Weekly admin meeting\*Bi-weekly restraint review\*Monthly record review |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 9.4 Physical Restraint | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit the training schedule highlighting when training will be provided to school staff on "How to Document Restraint and Incident reports" and a sample of two updated Individual Crisis Management Plans for two students of individualized risk and how these plans align with the 9.4 Policy for Physical Restraint.By 4/6/2020 the Program must submit evidence of the Training on "How to Document Restraint and Incident Reports" that includes the name and position of the trainer, the date, time, names and positions of the staff who participated in the training. For any staff who did not participate, include the date and time wen they wil receive the training. By 4/6/2020 the Program must submit procedures for bi-weekly restraint report reviews.By 5/6/2020 the Program must submit evidence of the administrative team's bi-weekly review of restraint reports and any follow up required. |
| **Progress Report Due Date(s):** 03/06/202004/06/202007/24/2020 |

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| **Criterion & Topic:** PS 11.1 Staff Policies and Procedures Manual | **PR Rating:** Partially Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** Although staff interviews indicated Criminal Offender Record Information (CORI) and Criminal History Record Information (CHRI) background checks were conducted at the time of hire and every three years, the program does not maintain individual staff records on-site. Therefore, the Department was not able to verify that the program completed these background checks. Similarly, although staff interviews indicated annual performance evaluations were conducted, the Department was unable to verify these occurred. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Written internal procedure for coordinating all required training documentation on site, or indicating verification of all materials stored off-site\*New hire / yearly review training checklists created\*Monthly administrative review of training documentation\*Bi-annual record review by agency compliance team |
| **Title/Role(s) of Responsible Persons:**Program Director (E. Iraola)Principal (S. Clark)VP of Performance Outcomes (H. Ferreira) | **Expected Date of Completion:**03/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will submit the written internal policy\*Program will submit the training schedule highlight hiring policies and procedures and evaluations including Training checklists/attendance \*Program will submit procedure for Record review\*Program will submit evidence of record review |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Monthly administrative review of training documentation\*Bi-annual record review by agency compliance team |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 11.1 Staff Policies and Procedures Manual | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit procedures for coordinating all required training documentation on site, or indicating verification of all materials stored off-site. By 4/6/2020 the program must submit a current Master Staff Roster with evidence indicating that Criminal Offender Record Information (CORI) and Criminal History Record Information (CHRI) background checks were conducted at the time of hire and every three years thereafter. By 5/6/2020 the program must submit a Master Staff Roster with evidence indicating that staff receive evaluations based on the programs procedures. The evaluations must be sigend and dated by both the emplyee and supervisor. |
| **Progress Report Due Date(s):** 03/06/202004/06/202007/24/202009/30/2020 |

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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, the program does not maintain individual staff records. Therefore, the Department was not able to verify that all staff received training on all mandated DESE training topics prior to their direct care duties with students. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Written internal procedure for coordinating all required training documentation on site, or indicating verification of all materials stored off-site\*New hire / yearly review training checklists created\*Monthly administrative review of training documentation\*Bi-annual record review by agency compliance team |
| **Title/Role(s) of Responsible Persons:**PD (E.Iraola)Office Coord.(M.Herrera)Principal (S.Clark)VP of Performance (H.Ferreira) | **Expected Date of Completion:**03/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will submit training schedule for new staff orientation highlighting mandated DESE training topics\*Program will submit internal procedure for coordinating required training documentations on site or identifying where materials are stored off-site\*Program will submit procedure for Record review\*Program will submit evidence of record review \*Program will submit evidence of trainings with Training checklists/attendance |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Monthly administrative review of training documentation\*Bi-annual record review by agency compliance team |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 12.1 New Staff Orientation and Training | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit the training schedule for new staff orientation highlighting mandated DESE training topics and the procedure for coordinating required training documentations on site or identifying where materials are stored off-site.By 4/6/2020 the Program must submit the procedures for monthly administrative review of training documentation and bi-annual record review by agency compliance team. By 5/6/2020 the program must submit acreview staff records for all staff hired between 01/01/2020 and 04/01/2020 showing evidence that staff received all required DESE Training Topics. |
| **Progress Report Due Date(s):** 03/06/202004/06/202007/24/202009/30/2020 |

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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:** While staff interviews indicated that in-service training occurs, the program does not maintain individual staff records on site. Therefore, the Department was not able to verify that staff received all DESE mandated trainings annually. Observations further indicated inconsistencies in the implementation of the behavior support policy and physical restraint policy. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Written internal procedure for coordinating all required training documentation on site, or indicating verification of all materials stored off-site\*New hire / yearly review training checklists created\*Monthly administrative review of training documentation |
| **Title/Role(s) of Responsible Persons:**Program Director (E. Iraola)Principal (S. Clark)VP of Performance Outcomes (H. Ferreira) | **Expected Date of Completion:**03/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will submit in-service training schedule highlighting annual DESE mandated trainings \*Program will submit internal procedure for coordinating required training documentations on site or identifying where materials are stored off-site\*Program will submit procedure for Record review\*Program will submit evidence of record review \*Program will submit evidence of trainings with Training checklists/attendance |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Monthly administrative review of training documentation\*Yearly training calendar reviewed in summer by Program Admin Team to ensure all required trainings are provided. \*Bi-annual record review by agency compliance team |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 12.2 In-Service Training Plan and Calendar | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit an in-service training schedule showing how all staff receive the mandated DESE training topics as well as the procedures for coordinating required training documentations on site or identifying where materials are stored off-site/By 4/6/2020 the Program must submit the procedures for monthly administrative reviews of training documentation and bi-annual record review by agency compliance team. By 5/6/2020 the program must submit the master staff roaster showing evidence of a staff record review of all staff hired before 01/01/2020 and 05/01/2020 showing evidence that staff received trainign on all required DESE required trainings. |
| **Progress Report Due Date(s):** 03/06/202004/06/202007/24/2020 |

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| PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:** PS 13.2 Description of Physical Space | **PR Rating:** Partially Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** Observations on facilities found damaged walls with incomplete repairs such as unpainted plywood and walls containing graffiti. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*A list of all outstanding repair projects will be generated using our facilities software\*A plan with dates for all outstanding repairs will be submitted to program director\*All repairs will be made and documented through facilities software platform\*Track all repairs with date of notification of repair and date the repair was made to ensure timely repairs. |
| **Title/Role(s) of Responsible Persons:**Facilities manager (R. Stowe)Program Director (E. Iraola) | **Expected Date of Completion:**04/02/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*All repairs will be made and documented through facilities software platform\*Program will submit procedure for identifying a need for a repair including inspection by staff/facilities members of premises to ensure facilities are maintained appropriately \*Program will submit evidence that outstanding repairs have been fixed with documentation from facilities |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*Facilities manager deliver will review outstanding facilities workorders on a weekly basis and report to program director |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 13.2 Description of Physical Space | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must provide a list of all outstanding repair projects with a plan and specific dates for all outstanding repairs to be completed and procedures for identifying a need for repair including inspection by staff/facilities members of premises to ensure facilities are maintained appropriately and repairs are completed in a timely manner.By 5/6/2020 the Program must submit evidence that outstanding repairs have been fixed with documentation from the facilities department incuding a list of all completed repairs from 02/11/2020 to 05/05/2020. Please include any future maintenance or repairs that are outstanding with the expected dates of completion. |
| **Progress Report Due Date(s):** 03/06/202005/06/2020 |

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| PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:** PS 15.1 Parental Involvement and Parents' Advisory Group | **PR Rating:** Partially Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** A review of documentation indicated the existence of a Parents' Advisory Group, however it appears the Advisory Group meetings were not held nor were meeting agendas developed. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*SEC will follow the schedule for PAG events as outlined in the 2019-2020 school calendar distributed in June 2019.\*Invitations and minutes from upcoming and completed events kept in a PAG binder in principal office |
| **Title/Role(s) of Responsible Persons:**Principal (S. Clark)Clinical Coordinator (M. Thompson) | **Expected Date of Completion:**02/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Invitations and minutes from upcoming and completed events kept in a PAG binder in principal office\*Letter invites kept in student files\*binder created with archive of agendas and attendances/minutes\*Program will submit PAG schedule \*Program will submit PAG agenda \*Program will submit evidence of PAG occurring by submitting attendance and minutes from meeting |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*PAG events planned quarterly in monthly School Admin meetings |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 15.1 Parental Involvement and Parents' Advisory Group | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 5/6/2020 the program must submit the schedule of the Parent Advisory Group (PAG) meetings along with the dates, agendas, and sign-in sheets for all PAG Meeting for the 2019-2020 school year. |
| **Progress Report Due Date(s):** 05/06/202007/24/2020 |

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| PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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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 and interviews indicated that not all required consents and annual notification to parents/guardians were documented or maintained in student records. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Bullying Prevention and Intervention Policy, Anti-Hazing Policy, and Behavior Support Policy documents included with intake materials for all new students with dated acknowledgement of receipt (no consent)\*Mailing sent to all guardians of current students includes Bullying Prevention and Intervention Policy, Anti-Hazing Policy, and Behavior Support Policy documents\*Date stamped copies of these mailings added to student files. \*Delivery of policy documentation included to required intake protocol checklist (internal)Internal policy written for yearly review and re-mailing of intake materials by School Admissions Team |
| **Title/Role(s) of Responsible Persons:**Principal (S. Clark)Clinical Coordinator (M. Thompson) | **Expected Date of Completion:**02/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will submit procedure for Review of student files.\*Program will submit evidence of Date stamped mailings added to student files. \*Program will submit the internal policy for yearly review and re-mailing of intake materials by School Admissions Team |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*yearly review and re-mailing of intake materials by School Admissions Team |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 15.5 Parent Consent and Required Notification | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit the internal policy for yearly review and re-mailing of intake materials by School Admissions Team specific to consents and required notifications, and procedures that will be followed for how the program will review student files to ensure all annual consents and notifications are received from parents/guardians.By 4/6/2020 the Program must submit a record review of all students showing the dates all parents/guardians provided consent for all required consents and reeceived notification as required annually. |
| **Progress Report Due Date(s):** 03/06/202004/06/202007/24/2020 |

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| PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:** PS 16.11 Student Allergies | **PR Rating:** Partially Implemented |
| **Applies To:**All |
| **Department Program Review Findings:** Staff interviews indicated that the campus was designated as "nut-free," however there were no posted signs indicating such throughout the campus. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Create a list of all require postings and all locations allergy policy signs are to be posted on campus. \*Create a shared folder on the common drive storing re-printable copies of all posted materials\*Assign monthly check/updating of postings to identified employees\*Create a checklist of completed updates, to be reviewed monthly at program leadership meetings.\*Monthly email sent by nurse to all staff reminding of campus allergy policies and updating the student allergy list\*Lists of student allergies are to be updated monthly/upon census change, and posted confidentially in locations of all emergency procedures postings. \*Notification of campus allergies policies will be added to intake paperwork. |
| **Title/Role(s) of Responsible Persons:**Nurse (P.Mauss)Office Coord. (M.Herrera)VP of Performance Outcomes (H.Ferreira) | **Expected Date of Completion:**03/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Postings are available for inspection at all identified areas\*Program will submit the location of allergy policy signs on campus \*Program will submit procedure for monthly check/updating of postings to identified employees\*Program will submit procedure for monthly email by nursing staff to inform staff of allergy policies/updates\*Program will submit notification of campus allergy policies which are added to intake paperwork\*Program will submit a copy of the monthly check calendar with all identified employees. \*Program will submit 2 months of evidence completed checklist that were reviewed in monthly program leadership meetings |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*checklist of completed updates, to be reviewed monthly at program leadership meetings.\*Monthly check/updating or postings |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 16.11 Student Allergies | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit procedures for how they will ensure all require postings are consistently posted and define all locations where allergy notification signs are to be posted on campus as well as the monthly email by nursing staff to inform staff of allergy policies/updates and notification of campus allergy policies when a new intake arrives and/or changes in allergies.By 4/6/2020 the Program must submit documentaiton of monthly checks to ensure all postings are up to date and available as well as any follow up required. |
| **Progress Report Due Date(s):** 03/06/202004/06/2020 |

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| PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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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 staff interviews indicated that the students and parents/guardians had not been provided written notice of the student-related sections the relevant sections of the program's Bullying Prevention and Intervention Plan. |
| **Description of Corrective Action:** Description of Corrective Action Plan activities\*Bullying Prevention and Intervention Policy, Anti-Hazing Policy, Behavior Support Policy, and Allergy Policy documents included with intake materials for all new students with dated acknowledgement of receipt (no consent)\*Mailing sent to all guardians of current students includes Bullying Prevention and Intervention Policy, Anti-Hazing Policy, Behavior Support Policy, and Allergy Policy documents\*Date stamped copies of these mailings added to student files. \*Delivery of policy documentation included to required intake protocol checklist (internal)\*Internal policy written for yearly review and re-mailing of intake materials by School Admissions Team |
| **Title/Role(s) of Responsible Persons:**Principal (S. Clark)Clinical Coordinator (M. Thompson) | **Expected Date of Completion:**02/01/2020 |
| **Evidence of Completion of the Corrective Action:**Evidence of completion of corrective action\*Program will submit Updated intake materials with Bullying Prevention and Intervention Plan\*Program will submit procedure for Review of student files\*Program will submit evidence of review of student files \*Program will submit evidence of mailing with Date stamped mailings added to student files. |
| **Description of Internal Monitoring Procedures:** Description of internal monitoring process\*yearly review and re-mailing of intake materials by School Admissions Team |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 20 Bullying Prevention and Intervention | **Corrective Action Plan Status:** Approved **Status Date:** 02/06/2020 **Correction Status:** Not Corrected |
| **Basis for Decision:**  |
| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):** By 3/6/2020 the Program must submit the internal policy for yearly review and re-mailing of intake materials by School Admissions Team that includes the Bullying Prevention and Intervention Plan as well as the procedures for how the prpgram ensures annual notifications is provided to parents/guardians that including the Bullying Prevention and Intervention Plan. By 4/6/2020 the Program must submit a record review of all students listing the dates all students and parents/guardians ireceived the Bullying Prevention and Intervention Plan. |
| **Progress Report Due Date(s):** 03/06/202004/06/2020 |