**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

Program Quality Assurance Services

# PROGRAM REVIEW

**CORRECTIVE ACTION PLAN**

Special Education Agency: Landmark School, Inc.

Program Review Onsite Year: 2020-2021

**Programs under review for the agency:**

**A - Landmark Day Program**

**B - Landmark 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 12/22/2021.*

Mandatory One-Year Compliance Date: 12/22/2022

Summary of Required Corrective Action Plans in this Report

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| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
| PS 12.2 | In-Service Training Plan and Calendar | A,B | Partially Implemented |

**PROGRAM REVIEW CORRECTIVE ACTION PLAN**

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| **Criterion & Topic:**  PS 12.2 In-Service Training Plan and Calendar | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of documentation, interviews, and staff records indicated that not all related services staff at the program receive the mandated training topics yearly. | | |
| **Description of Corrective Action:**  Training for related services nursing staff | | |
| **Title/Role(s) of Responsible Persons:**  Dan Ahearn | | **Expected Date of Completion:** 11/01/2021 |
| **Evidence of Completion of the Corrective Action:**  Letter dated November 1, 2021 attesting that training completed with list of nurses attending the training and the training topics. | | |
| **Description of Internal Monitoring Procedures:**  Director of the Health Center supervised and ensured the training occurred | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 12.2 In-Service Training Plan and Calendar | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 02/14/2022  **Correction Status:** Not Corrected | |
| **Basis for Decision:**  The Department has requested additional elements to ensure continued compliance. | | |
| **Department Order of Corrective Action:**  Landmark has shown evidence to the Department that as of November 1, 2021 all related services staff have participated in all mandated training modules. The Department would like the Program to report the systems and structures that will be in place to monitor that ensure that all staff, including new employees, interns and volunteers, participate in annual required in-service trainings. | | |
| **Required Elements of Progress Report(s):**  The Program must submit a copy of the training plan that the Program will follow to ensure that all staff, including new employees, interns and volunteers, participate in annual required in-service trainings. The procedure should include the name and title of the person responsible for the implementation of the training plan including the frequency of the review of the plan and the procedure for documenting that all staff have completed the required in-service training. | | |
| **Progress Report Due Date(s):**  03/14/2022 | | |

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*Landmark School, Inc. Corrective Action Plan*