MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

Program Quality Assurance Services

PROGRAM REVIEW

CORRECTIVE ACTION PLAN

Special Education Agency: Cutchins Programs for Children and Families, Inc.

Program Review Onsite Year: 2021-2022

**Programs under review for the agency: New Directions 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 08/01/2022.*

Mandatory One-Year Compliance Date: 08/01/2023

Summary of Required Corrective Action Plans in this Report

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| **Criterion** | **Criterion Title** | **PR Rating** |
| PS 9.1(a) | Student Separation Resulting from Behavior Support | Partially Implemented |
| 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

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| **Criterion & Topic:**  PS 9.1(a) Student Separation Resulting from Behavior Support | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  A review of documentation and staff interviews indicated that some required elements of the Student Separation Policy were not being implemented appropriately since times of more than 30 minutes out of the classroom were not being consistently documented or receiving administrative approval as required. Furthermore, a review of documentation and interviews indicated that not all staff were aware of the required elements of Student Separation Policy previously approved during the last Mid-cycle review. | | |
| **Description of Corrective Action:**  All staff have been trained on the required elements of the student separation policy and staff will receive administrative approval when students are separated for more than 30 minutes. | | |
| **Title/Role(s) of Responsible Persons:**  John Robert, Director of Education Bob McCullum, Milieu Coordinator | | **Expected Date of Completion:** 11/01/2022 |
| **Evidence of Completion of the Corrective Action:**  Training materials, attendance sheets, copies of the separation logs. | | |
| **Description of Internal Monitoring Procedures:**  The Director of Education or their designee will review the separation log on a daily basis to ensure all required elements are adhered to. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 9.1(a) Student Separation Resulting from Behavior Support | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/14/2022  **Correction Status:** Not  Corrected | |
| **Basis for Decision:**  Program did not include training materials for approval first and then detailed plans of training all staff on the approved Student Separation as a Result of Behavior information. Program did not include submitting a current staff roster as part of evidence. The program did not include who will complete training for all staff and update staff records. | | |
| **Department Order of Corrective Action:**  The program must develop and implement a detailed plan to train staff on all components of the approved Student Separation as a Result of Behavior policy and procedures. The plan must include a description of how the program will document and track staff training and follow-up regarding missed training as well as examples of updated separation logs. The program must include the position title and name of the person(s) completing the training and implementing/reviewing the plan as well as person(s) adding training documentation into staff records. | | |
| **Required Elements of Progress Report(s):**  By the 11/18/2022 progress report, the program must provide evidence of 1) the updated Student Separation as a Result of Behavior training materials showing all required elements, and 2) a blank updated separation data tracking log shared with staff.  For the 01/13/2023 progress report, the program must provide 1) the staff name(s) and position title(s) conducting the training; 2) the dates and times when this training was | | |

**Progress Report Due Date(s):**

11/18/2022

01/13/2023

held; 3) the length of time allotted for the training; 4) a list of all staff in attendance with their position title; 5) a current staff roster; 6) for any staff who did not receive the training, the reason why and when their training is scheduled; 7) the staff name(s) and position title(s) responsible for updating staff records; 8) the updated separation data tracking log showing current data collected; and 9) a narrative of the plan to review the collected student separation data including timeframes and staff positions involved.

PROGRAM REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**  PS 12.1 New Staff Orientation and Training | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  Staff interviews and a review of staff records indicated that documentation was not consistently evident to show that all new hire staff received all of the DESE mandated training topics within the expected timeframe before direct care duties with students. | | |
| **Description of Corrective Action:**  All required DESE mandated training topics will be including in new staff orientation and training. Training will be documented by attendance sheets. Once completed all attendance sheets are sent to human resources and recorded in each individual personnel file In addition, the dates of the initial training will be tracked on a shared spreadsheet | | |
| **Title/Role(s) of Responsible Persons:**  John Robert, Director of Education Bob McCullum, Milieu Coordinator | | **Expected Date of Completion:** 11/01/2022 |
| **Evidence of Completion of the Corrective Action:**  Copies of training materials, attendance sheets, and documentation from human resources | | |
| **Description of Internal Monitoring Procedures:**  The agency will annually audit random personnel files to endure all DESE requirements are being met. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 12.1 New Staff Orientation and Training | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/14/2022  **Correction Status:** Not  Corrected | |
| **Basis for Decision:**  The program is missing specific information of how DESE mandated trainings for new hires hired after the beginning of the year will be completed as well as additional information about continual administrative review of process for all staff. Missing staff names/positions who will complete trainings, review process, and update staff records. | | |
| **Department Order of Corrective Action:**  The program will create a new procedure for tracking/reviewing/ensuring that all new hire staff received all mandated DESE trainings before direct care duties with students, designating positions for staff responsible for each step, and having a plan of how trainings will be completed for mid-year hires. | | |
| **Required Elements of Progress Report(s):**  For the 11/18/2022 progress report, the program must provide evidence that all newly hired staff who provide direct care services received all the DESE mandated new hire/orientation trainings within the required timeframes by submitting 1) a roster of all staff who were hired since 8/1/2022 that includes staff names, position title, date of hire, and start date for working with students; 2) documentation that all new staff attended all DESE required orientation trainings including training title, date, time, length, and trainer listed; 3) a description of the program's plan to ensure all trainings are completed for new staff hired at any time in the school year; 4) the staff name(s) and position title(s) responsible for updating staff records and 5) the staff name(s) and position title(s) of staff | | |

**Progress Report Due Date(s):**

11/18/2022

who will have administrative review of process.

PROGRAM REVIEW CORRECTIVE ACTION PLAN

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| **Criterion & Topic:**  PS 12.2 In-Service Training Plan and Calendar | | **PR Rating:**  Partially Implemented |
| **Department Program Review Findings:**  Staff interviews and a review of staff records indicated that documentation was not consistently evident to show that all staff received all of the DESE mandated annual trainings as required. | | |
| **Description of Corrective Action:**  A training calendar for the current school year will be developed which will include dates for all DESE mandated trainings as well as dates for make up training. Training will be documented through attendance sheets with completion dates tracked on a shared spreadsheet. | | |
| **Title/Role(s) of Responsible Persons:**  Director of Education, John Robert | | **Expected Date of Completion:** 11/01/2022 |
| **Evidence of Completion of the Corrective Action:**  Evidence will include a training calendar, attendance sheets for both both trainings and make up trainings and a tracking sheet. | | |
| **Description of Internal Monitoring Procedures:**  Once all DESE mandated training is completed, the tracking sheet will be shared with the CEO and personnel office and all trainings will be documented in each person's personnel file. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 12.2 In-Service Training Plan and Calendar | **Corrective Action Plan Status:** Partially Approved  **Status Date:** 09/14/2022  **Correction Status:** Not  Corrected | |
| **Basis for Decision:**  The program is missing some specific information on the review process such as set, regular timeframes for review and who will complete the reviews as well as who will update staff records. | | |
| **Department Order of Corrective Action:**  The program will create a new procedure for annually tracking/reviewing that all staff received all mandated DESE training, designating staff positions for each step, and having a plan of how missed trainings will be made up. | | |
| **Required Elements of Progress Report(s):**  For the 11/18/2022 progress report, the program must submit 1) a narrative to describe the new documentation procedure and review process for tracking annual mandated DESE trainings for all staff and how trainings will be made up when missed; 2) the staff position(s) and current staff name(s) of who will follow up with staff to schedule missed trainings, who will update staff records, and who will complete administrative review of the overall process for completion; 3) a copy of the 2022-2023 Training calendar; 4) a copy of the tracking document filled out for the 2022-2023 school year with the list of all annual mandated DESE trainings completed with the date, time, and trainer listed; and 4) a copy of the program's current staff roster. | | |
| **Progress Report Due Date(s):** | | |

11/18/2022