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

##### PROGRAM REVIEW

## CORRECTIVE ACTION PLAN

Special Education Agency: Fall River Deaconess Home

Program Review Onsite Year: 2022-2023

**Programs under review for the agency:**

A - Fall River Deaconess Home Day Program

B - Fall River Deaconess 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 07/12/2023.

**Mandatory One-Year Compliance Date:** **07/12/2024**

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

| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
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| PS 11.1 | Staff Policies and Procedures Manual | A,B | Partially Implemented |
| PS 12.1 | New Staff Orientation and Training | A,B | Partially Implemented |
| PS 12.2 | In-Service Training Plan and Calendar | A,B | Partially Implemented |

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| PROGRAM REVIEW**CORRECTIVE ACTION PLAN** |

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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:** A review of documentation, staff records, and staff interviews indicated that not all staff received their annual performance evaluations according to the program's policy. |
| **Description of Corrective Action:** Per our policy, we will be conducting evaluations annually for all employees completed by the due date. New employee evaluations will also be completed at 3 months, 6 months, and then annually per our policy. Evaluations are completed by department heads. The executive director is responsible for the administrative review. |
| **Title/Role(s) of Responsible Persons:**HR ManagerDepartment HeadsVP of OperationsVP of Residential ServicesExecutive Director | **Expected Date of Completion:**10/31/2023 |
| **Evidence of Completion of the Corrective Action:**Apricot Tracking SystemQuarterly Risk Prevention Review |
| **Description of Internal Monitoring Procedures:** Every Thursday, a review of all employee evaluations and reviews is discussed. A list is presented every other week. The meeting includes the director of residential services, the Vice President of Residential Services, the Vice President of Operations, and the Executive Director. A quarterly risk prevention plan is also reviewed quarterly in the leadership meeting. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 11.1 Staff Policies and Procedures Manual | **Corrective Action Plan Status:** Partially Approved **Status Date:** 08/14/2023 **Correction Status:** Not Corrected |
| **Basis for Decision:** The program did not include a detailed description of how they will ensure all staff records will be updated with the required elements and which staff will maintain those records. |
| **Department Order of Corrective Action:**The program must develop and implement a detailed plan for completing all staff evaluations per their policy and for tracking/reviewing such completion. The plan must include a description of how the program will document staff data including the position title(s) of the people implementing/maintaining the plan and updating staff records. |
| **Required Elements of Progress Report(s):** For the 10/31/2023 progress report, the program must submit 1) a narrative to describe the new plan for completing staff evaluations per program policy; 2) a plan and position titles(s) for tracking, filing, and maintaining this information in program and/or staff records; 3) a plan, frequency, and position titles(s) for conducting administrative review; and 4) a copy of the tracking document with all current staff listed. |
| **Progress Report Due Date(s):** 10/31/2023 |

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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:** A review of documentation, staff records, and staff interviews indicated that not all DESE mandated orientation trainings were clearly documented in all staff records; therefore, the Department was not able to verify that all staff received all mandated orientation trainings. |
| **Description of Corrective Action:** Per our policy, all areas of the orientation checklist will be completed within 30 days which include program specific information and all Department-required training topics. Monthly make-up trainings will be provided as well. A weekly review of all new hires and rehires is held to assess the progress of their training. |
| **Title/Role(s) of Responsible Persons:**HR ManagerVP of OperationsStaff Training CoordinatorRecruitment Coordinator | **Expected Date of Completion:**10/31/2023 |
| **Evidence of Completion of the Corrective Action:**Orientation ChecklistRoster of all staff hired between August 1-October 31Apricot tracking system |
| **Description of Internal Monitoring Procedures:** A monthly report will be run on the Apricot tracking system to monitor all progress. A weekly review is held to review all new hires, rehires, and the progress of their training. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 12.1 New Staff Orientation and Training | **Corrective Action Plan Status:** Partially Approved **Status Date:** 08/14/2023 **Correction Status:** Not Corrected |
| **Basis for Decision:** Program is missing specific information of plan and position title of staff who will update staff records as well as position title of staff completing the administrative review. Unclear how monthly make-up meetings will assist with new hire training and connection to completion before direct care duties with students. |
| **Department Order of Corrective Action:**The program will create a new plan/procedure/system to ensure moving forward that all DESE mandated orientation trainings are completed by all new hire staff within the expected timeframes, that documentation is recorded in staff records, that information is tracked for record keeping, and that administrative review occurs on a regular basis. |
| **Required Elements of Progress Report(s):** For the 10/31/2023 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 new staff who were hired since 08/01/2023 that includes staff names, UFR, position title, date of hire, and start date for working with students; 2) copies of completed orientation checklists for each new staff showing all DESE mandated trainings; 3) a copy of the program's tracking spreadsheet showing that all new staff attended all DESE mandated trainings; 4) a description of the program's plan to ensure all trainings are completed for new or rehired staff at any time in the school year; 5) a plan and position title(s) for tracking, filing, updating, and maintaining this information in program and/or staff records; and 6) a plan, frequency, and position titles(s) for conducting administrative review. |
| **Progress Report Due Date(s):** 10/31/2023 |

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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:** A review of documentation, staff records, and staff interviews indicated that not all DESE mandated annual trainings were clearly documented in all staff records; therefore, the Department was not able to verify that all staff received all mandated annual trainings. |
| **Description of Corrective Action:** Per our policy, we have an annual in-service training plan that includes an average of 2 hours a month of staff training for all staff which includes all DESE mandated annual trainings. A monthly review of all upcoming trainings is conducted and a monthly plan to provide make up dates for any trainings missed by staff. The HR manager updates all staff records and the VP of Operations completes administrative review of the overall process for completion. The Apricot tracking system is used to organize and ensure completion of all trainings. |
| **Title/Role(s) of Responsible Persons:**HR ManagerVP of Operations | **Expected Date of Completion:**10/31/2023 |
| **Evidence of Completion of the Corrective Action:**Training Schedule Training Attendance SheetCurrent Staff RosterApricot Tracking System |
| **Description of Internal Monitoring Procedures:** A monthly report will be run on the Apricot tracking system to monitor progress, completion of trainings, and any staff that missed the training to ensure it is made up. |
| CORRECTIVE ACTION PLAN APPROVAL SECTION |
| **Criterion:** PS 12.2 In-Service Training Plan and Calendar | **Corrective Action Plan Status:** Partially Approved **Status Date:** 08/14/2023 **Correction Status:** Not Corrected |
| **Basis for Decision:** Program is missing specific information of position title(s) completing monthly review of all upcoming trainings and a monthly plan to provide make up dates for any trainings missed by staff. |
| **Department Order of Corrective Action:**The program will create a new plan/procedure/system to ensure moving forward that all DESE mandated annual trainings are completed by all staff, that missed trainings are made up and tracked, that documentation is added into staff records, that information is tracked for record keeping, and that administrative review occurs on a regular basis. |
| **Required Elements of Progress Report(s):** For the 10/31/2023 progress report, the program must submit 1) a narrative to describe the updated documentation procedure and review process for tracking annual mandated DESE trainings for all staff and how trainings will be made up when missed; 2) a plan with position titles(s) of who will follow up with staff to schedule missed annual trainings; 3) a plan and position title(s) for tracking, filing, updating, and maintaining this information in program and/or staff records; 4) a plan, frequency, and position titles(s) for conducting administrative review; 5) a copy of the 2023-2024 training schedule; 6) a sample copy of the Training attendance sheet; 7) the training tracking documentation that shows all annual mandated DESE trainings including titles, dates, times, length of training, training title, and name and position title of trainer. |
| **Progress Report Due Date(s):** 10/31/2023 |