**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

Program Quality Assurance Services

**PROGRAM REVIEW**

**CORRECTIVE ACTION PLAN**

Special Education Agency: McAuley Nazareth Home for Boys, Inc.

Program Review Onsite Year: 2022-2023

**Programs under review for the agency:**

**A - Day Program**

**B - 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 01/09/2023.*

Mandatory One-Year Compliance Date: 01/09/2024

Summary of Required Corrective Action Plans in this Report

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| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
| PS 3.1(d) | Evacuation and Emergency Procedures | A,B | Partially Implemented |
| PS 8.8 | IEP - Progress Reports | A,B | Not Implemented |
| PS 11.1 | Staff Policies and Procedures Manual | A,B | Partially Implemented |
| PS 11.4 | Teachers (Special Education Teachers and General Education Teachers) | A,B | Not Implemented |
| PS 12.2 | In-Service Training Plan and Calendar | A,B | Not Implemented |
| PS 15.1 | Parental Involvement and Parents' Advisory Group | A,B | Not Implemented |

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| **Criterion** | **Criterion Title** | **Applies To** | **PR Rating** |
| PS 15.5 | Parent Consent and Required Notification | A,B | Partially Implemented |
| PS 15.8 | Registering Complaints and Grievances-Parents, Students and Employees | A,B | Partially Implemented |
| PS 16.7 | Preventive Health Care | A,B | Partially Implemented |

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| **PROGRAM REVIEW CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  PS 3.1(d) Evacuation and Emergency Procedures | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of documentation indicated that the program policy and procedures for evacuations and emergency procedures did not include all required elements. | | |
| **Description of Corrective Action:**  Evacuations and Emergency Drills  Policy and Procedures for Evacuations and Emergency Procedures to be revised to include all required elements.  Staff to be trained in the updated emergency evacuation policy and procedures Emergency and Evacuation Drills will be run at the program by the Exec/Ed Director and/or Designee and documented on the proper Emergency and Evacuation Log Form(s). Recording of all fire and evacuation drills forms will then be inputted into the running Fire Drill and Evacuation log (Tracking System) by the Program Assistant | | |
| **Title/Role(s) of Responsible Persons:**  Exec/Ed Director (ED/D): Kim Pare Prog. Dir: Kanika Gregoire  Prog Asst Julie Connelly | | **Expected Date of Completion:** 02/01/2023 |
| **Evidence of Completion of the Corrective Action:**  Nazareth will submit an updated Program Policy and Procedures for Evacuations and Emergency Procedures that includes all required elements.  Nazareth will provide proof of attendance of all appropriate staff in the updated evacuations and emergency procedures.  Nazareth will provide copies of the Emergency and Evacuation Log Form confirming that evacuations have been conducted as required. | | |
| **Description of Internal Monitoring Procedures:**  Annually and any time upon receipt of any new DESE and/or DEEC regulations the Executive/Ed Director in conjunction with the Program Directors and any other appropriate personnel will review Nazareth's policies and update them as necessary to ensure the policy remains in continued compliance with the regulatory requirements.  The Program Assistant will provide the Executive/Ed Director the current running fire drill log (Tracking System) each quarter. The Executive/Ed Director will review the log with the Program Director(s) to ensure that fire and evacuation drills are being run as necessary for each shift and/or to improve the process if appropriate. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 3.1(d) Evacuation and Emergency Procedures | **Corrective Action Plan Status:** Approved  **Status Date:** 01/18/2023  **Correction Status:** Not | |

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|  | Corrected |
| **Basis for Decision:** | |
| **Department Order of Corrective Action:** | |
| **Required Elements of Progress Report(s):**  For the 3/15/2023 progress report the program must submit updated policy and procedures that include all required elements.  For the 4/5/2023 progress report, and once the Department has approved the updated policy and procedures, the program must provide evidence of training for all staff by submitting: a copy of the tracking tool that indicates the name of the training, training date, training times, trainer's name and position; a list of staff who completed training; and the plan to train any staff who missed the training.  Additionally, for the 4/5/2023 progress report, the program must submit copies of documentation of emergency and evacuation drills conducted for the day and residential programs since January 2023 that include all required elements. | |
| **Progress Report Due Date(s):**  03/15/2023  04/05/2023 | |

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| **PROGRAM REVIEW CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  PS 8.8 IEP - Progress Reports | | **PR Rating:**  Not Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of student records and staff interviews indicated the program had not reported on student progress toward meeting the quarterly goals set in the most recently consented to IEP since March 2021. | | |
| **Description of Corrective Action:**  Progress notes will be written by the SPED teachers and sent out to the parents/guardians and local school districts as required. | | |
| **Title/Role(s) of Responsible Persons:**  Ex/Ed Director: Kim Pare SP Teach: Bethany Puleo SP Teach: Ricky Honore Prog Asst Julie Connelly | | **Expected Date of Completion:** 02/01/2023 |
| **Evidence of Completion of the Corrective Action:**  Copies of Completed Progress Notes and Letter's to Parents/Guardians; School Districts in student files.  Copy of Tracking System Documenting Progress Report Completion & Mailing | | |
| **Description of Internal Monitoring Procedures:**  ED/EdD meets with teachers bi-weekly to discuss school activities, IEP development, review progress notes, report cards and all required written documentation; Deadlines are clearly outlined with the teachers verbally in discussion and on school calendar.  At the end of each quarter the teachers provide the written progress notes to the ED/Ed for review. The completed progress reports are then prepared for mailing with an appropriate cover letter by the Prog Asst who records completion and mailing of the reports on the internal tracking system. Prog Asst also files copies in student record as required. The ED/EdD reviews the tracking system quarterly. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 8.8 IEP - Progress Reports | **Corrective Action Plan Status:** Approved  **Status Date:** 01/18/2023  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 02/13/2023 progress report, the program must submit a plan to ensure compliance with progress reporting requirements to include: 1) the position of the person responsible for oversight of the process; 2) a detailed plan that includes the plan to track all required elements and timelines; 3) a copy of the tracking tool that includes data for the most recently issued progress reports. | | |

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| For the 06/30/2023 progress report, the program must submit 1) a copy of the completed tracking tool that includes data for the 2022-2023 school year, and 2) a summary of any changes made to improve the progress reporting plan. |
| **Progress Report Due Date(s):**  02/13/2023  04/05/2023  06/30/2023 |

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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 staff records and interviews indicated the program did not include all required elements of the policy and procedures and it did not follow its policy and procedures regarding annual staff evaluations and had not completed staff evaluations during the past year. | | |
| **Description of Corrective Action:**  Evaluations  Evaluations for all staff to be written, reviewed, signed and dated by appropriate director for all employees annually. | | |
| **Title/Role(s) of Responsible Persons:**  Executive/Ed Director: Kim Pare Program Director: Kanika Gregoire Prog Asst: Julie Connelly | | **Expected Date of Completion:** 04/01/2023 |
| **Evidence of Completion of the Corrective Action:**  Copies of current annual signed and dated evaluations in personnel files for all staff Current Tracking System available for review. | | |
| **Description of Internal Monitoring Procedures:**  Tracking system inclusive all all employees has been developed to verify that evaluations have been delivered and properly filed in the personnel files. The prog asst records the date that each completed evaluation is put into the employee file in the tracking system. Tracking system is prepared for and reviewed by the ED/EdD on a monthly basis. ED/EdD also reviews the tracking system with the Program Directors monthly to ensure that they are completing evaluations as required. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 11.1 Staff Policies and Procedures Manual | **Corrective Action Plan Status:** Approved  **Status Date:** 01/18/2023  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 04/05/2023 progress report, the program must submit a plan to ensure staff evaluations are issued according to the approved policy and procedures. The plan should include: 1) name of person responsible for oversight; 2) detailed description of the timelines for completing the evaluation process; 3) copy of the tracking tool to be used that should include at a minimum: name of staff, date staff evaluation is due; name of individual responsible for completing staff evaluation; title of position of person responsible for completing evaluation; and the date the staff evaluation was completed and signed by the employee and his/her supervisor. | | |

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| For the 06/30/2023 progress report, the program must submit a completed copy of the tracking tool that indicates status of most recent staff evaluation. |
| **Progress Report Due Date(s):**  04/05/2023  06/30/2023 |

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| **PROGRAM REVIEW CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  PS 11.4 Teachers (Special Education Teachers and General Education Teachers) | | **PR Rating:**  Not Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of documentation, staff records, and interviews indicated that at the time of the Program Review, teachers were not appropriately licensed or on an approved waiver for the current school year. | | |
| **Description of Corrective Action:**  At the time of the review the teachers did not have proper licensure.  Ricky Honore requested a temporary License for Moderate Disabilities on 12/14/22; received Temporary Licensure for Moderate Disabilities, PreK-8, Emergency License valid through 12/26/23  Bethany Puleo requested a Temporary License for Moderate Disabilities, PreK-8, on 12/22/22; Professional License for Moderate Disabilities , Pre-K-8) has been issued 1/6/23 (valid until 1/5/28) | | |
| **Title/Role(s) of Responsible Persons:**  Executive Director/Education Director (ED/EdD):  SPED Teachers: (Bethany Puleo, Ricky Honore) | | **Expected Date of Completion:** 02/01/2023 |
| **Evidence of Completion of the Corrective Action:**  Copies of current active licenses in teacher personnel files  Tracking System developed to include the dates of current licenses along with expiration dates for ongoing review and follow up as necessary. | | |
| **Description of Internal Monitoring Procedures:**  ED/EdD Kim Pare meets with teachers bi-weekly; and at least 3 months prior to any licensure expiring to discuss with teacher next steps to complete for licensure and any immediate follow through to ensure that they are keeping their teacher licenses current each year.  Tracking system has been developed for all licensed personnel to be reviewed annually by the ED/EdD at the start of the school year and quarterly throughout the year.  Notifications to be sent out to licensed personnel to provide current license to program by the Prog Asst. when renewal is necessary. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 11.4 Teachers (Special Education Teachers and General Education Teachers) | **Corrective Action Plan Status:** Approved  **Status Date:** 01/18/2023  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |

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| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):**  For the 02/13/2023 progress report, the program must submit a current Teacher Roster that includes all teachers and copies of teacher licenses or approved waivers. The program must indicate on the Teacher Roster the percentage of time any teacher teaches outside of their license. |
| **Progress Report Due Date(s):**  02/13/2023 |

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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:**  Not Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  While the program policy and procedures included all required elements, review of staff records and interviews that required DESE mandated annual trainings had not occurred within the past year. | | |
| **Description of Corrective Action:**  The Annual In Service Training Calendar to be Reviewed and Updated as Necessary Trainings for all DESE mandated annual trainings to be scheduled for all staff Training for CPR/First Aid to be scheduled immediately for all staff as necessary CPI Instructors to be scheduled for in depth training and/or trainer renewal Training for CPI to be scheduled for all staff immediately as necessary  Training Attendance Sheets for all trainings and Certificates for all staff attending trainings to be Provided to the Prog Assistant for recording on the training tracker and placement into personnel files.  All training attended by staff to be recorded on the staff annual training checklist following completion of each training.  Any staff not attending any required training to be scheduled for make up training as necessary | | |
| **Title/Role(s) of Responsible Persons:**  Ex Dir/Ed Director:(Kim Pare)  Prog Dir (J Bujnowski, Kanika Gregoire) Prog Asst Julie Connelly | | **Expected Date of Completion:** 07/01/2023 |
| **Evidence of Completion of the Corrective Action:**  Calendar of all annual required in service training developed Copies of CPI Blue cards in personnel files  Copies of CPR/First Aid Cards in files Copies of training attendance sheets Copies of Staff Training Checklist  Copy of List of Staff Still in Need of Training and When the training will be completed | | |
| **Description of Internal Monitoring Procedures:**  Tracking system will be updated with training attendance for each staff as the trainings take place  Personnel file review bi-annually (Feb and July) to check that trainings and certifications are in file and match tracker information by the Prog Asst.  The tracker system will be reviewed by the Exec/EdD on a quarterly basis to ensure that training is ongoing, documented into tracker system and that certificates are in file as required.  The Exec/Ed D will review the training tracker with the Program Directors quarterly to ensure that they are getting their staff the training required and any certificates as needed. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 12.2 In-Service Training Plan and | **Corrective Action Plan Status:** Approved  **Status Date:** 01/18/2023 | |

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| Calendar | **Correction Status:** Not  Corrected |
| **Basis for Decision:** | |
| **Department Order of Corrective Action:** | |
| **Required Elements of Progress Report(s):**  For the 02/13/2023 progress report, the program must submit documentation of staff training for the following health and safety topics with all required elements: 1) program's use of physical restraints; reporting abuse and neglect of students; transportation safety; current CPR/First Aid. The program must provide evidence of training for all staff by submitting: a copy of the tracking tool that indicates the name of the training, training date, training times, trainer's name and position; a list of staff who completed training; and the plan to train any staff who missed the training.  For the 4/5/2023 progress report, the program must submit documentation of staff training for the following health and safety topics with all required elements: 1) student discipline and behavior support procedures; 2) runaway policy; 3) emergency procedures;  4) medication side effects. The program must provide evidence of training for all staff by submitting: a copy of the tracking tool that indicates the name of the training, training date, training times, trainer's name and position; a list of staff who completed training; and the plan to train any staff who missed the training.  For the 6/30/2023 progress report the program must submit the In-Service Training Plan and Calendar for the 2023-2024 school year that includes 1) all annual in-service trainings that average to at least 2 hours of training monthly and include all DESE mandated training topics; 2) 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 will make-up missed annual trainings. | |
| **Progress Report Due Date(s):**  02/13/2023  04/05/2023  06/30/2023 | |

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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:**  Not Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  While the program policy and procedures for Parent Involvement included all required elements, a review of student records and interviews indicated that the program had not scheduled Parent Advisory Group meetings during the past year. | | |
| **Description of Corrective Action:**  Parent Advisory Group Meetings had not taken place.  Parent Advisory group meetings have now been scheduled for 1/25/23, 4/25/23, 7/26/23, 10/25/23, 1/24/24, 4/24/24, 7/31/24.  Meetings are scheduled for 5:30pm and parents can attend either in person or via Zoom Invitations have been mailed out to all parents (12/22/2022); zoom invitations will be emailed one week prior to each scheduled meeting | | |
| **Title/Role(s) of Responsible Persons:**  Executive Director/Education Director (ED/EdD): (Kim Pare)  Program Assistant (Julie Connelly) | | **Expected Date of Completion:** 02/01/2023 |
| **Evidence of Completion of the Corrective Action:**  -Copy of PAG schedule  -Copies of letters/invitations mailed to families  -Copy of PAG Meeting Agenda  -Copies of Meeting Minutes | | |
| **Description of Internal Monitoring Procedures:**  PAG schedule and invitations to be mailed out annually in August in conjunction with annual consent forms and notifications to all parents by Ed/D and Program Assistant. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 15.1 Parental Involvement and Parents' Advisory Group | **Corrective Action Plan Status:** Approved  **Status Date:** 01/18/2023  **Correction Status:** Not Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  The program must submit a calendar of Parent Advisory Group meetings for the 2022- 2023 school year, beginning January 2023, agendas for each meeting, sign in sheets for each meeting since January 2023, meeting minutes for each meetings since January 2023, name and position for the person responsible for oversight of the Parent Advisory Group. | | |
| **Progress Report Due Date(s):**  04/05/2023 | | |

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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 all required consents and annual notification to parents/guardians were not evident in all student records. | | |
| **Description of Corrective Action:**  Parent Consents and Notifications were missing from student records.  A review of the student records to determine what consents and notifications are needed will be conducted  A letter of notifications is being prepared for mailing to families/guardians  Upon receipt of the required documents the Prog Asst will file the paperwork as required in the student file. | | |
| **Title/Role(s) of Responsible Persons:** Exec Dir/Ed Director (ED/EdD): (Kim Pare) Prog Asst Julie Connelly  Prog Dir: Kanika Gregoire | | **Expected Date of Completion:** 02/01/2023 |
| **Evidence of Completion of the Corrective Action:**  Copies of letters regarding consent and/ notification sent to parents/guardians. Current updated consent information and notification letter in student record. | | |
| **Description of Internal Monitoring Procedures:**  All required consent forms and notifications will be mailed out to all parents and guardians annually every August prior to the new school year.  Student Records reviewed twice yearly (Aug and Nov) by the Prog Asst. to make sure copies of signed consent forms and notifications are present. Missing information and requests for the information from parents/guardians documented on tracking system by the Program Assistant. Tracking system provided to ED/EdD quarterly for verbal and written follow up with families/guardians until documentation is received and in file as required.  If necessary, the ED/EdD will work in conjunction with DCF and the LEA in order to ensure that all documentation requirements are met. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 15.5 Parent Consent and Required Notification | **Corrective Action Plan Status:** Approved  **Status Date:** 01/18/2023  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 6/30/2023 progress report, Stevens Children's Home must submit 1) a written procedure to describe the process for obtaining all required consents and distributing all required annual notifications to parent/guardians; 2) a copy of each consent and annual notification that is provided to parents/guardians. , and 3) a copy of the completed | | |

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| tracking tool used to ensure compliance. |
| **Progress Report Due Date(s):**  06/30/2023 |

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| **PROGRAM REVIEW CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  PS 15.8 Registering Complaints and Grievances-Parents, Students and Employees | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of documentation indicated that the policy and procedures for parent and student complaints and grievances did not include all required elements. | | |
| **Description of Corrective Action:**  The grievance policy was updated with revised and clear time frames added for processing and making determinations for any grievances | | |
| **Title/Role(s) of Responsible Persons:**  Executive/Ed Director: Kim Pare Program Director: Kanika Gregoire Prog Assist; Julie Connelly | | **Expected Date of Completion:** 02/01/2023 |
| **Evidence of Completion of the Corrective Action:**  Nazareth will submit an updated Criterion 15.8-Registering Complaints and Grievances- Parents, Students and Employees that includes all of the required elements. | | |
| **Description of Internal Monitoring Procedures:**  Annually, and/or upon receipt of any new DESE/DEEC regulations, the ED/EdD in conjunction with the Program Directors and the Program Assistant will review Nazareth's policies and procedures update as necessary to ensure continued compliance with regulations. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 15.8 Registering Complaints and Grievances-Parents, Students and Employees | **Corrective Action Plan Status:** Approved  **Status Date:** 01/18/2023  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |
| **Department Order of Corrective Action:** | | |
| **Required Elements of Progress Report(s):**  For the 4/5/2023 progress report, the program must submit an updated grievance policy and procedures that include all required elements.  For the 6/302023 progress report, and approval of the policy and procedures by DESE, the program must submit evidence that staff were trained regarding the updated grievance policy that includes: 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) a list of all staff in alphabetical order by last name with their position title that indicates whether staff completed the training; and 6) for any staff who did not receive the training, the reason why and when their training is scheduled. | | |
| **Progress Report Due Date(s):** | | |

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| 04/05/2023  06/30/2023 |

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| **PROGRAM REVIEW CORRECTIVE ACTION PLAN** |

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| **Criterion & Topic:**  PS 16.7 Preventive Health Care | | **PR Rating:**  Partially Implemented |
| **Applies To:**  All | | |
| **Department Program Review Findings:**  A review of student records and interviews indicated that required preventive health documentation or efforts to obtain documentation was not evident in all student records. | | |
| **Description of Corrective Action:**  Student records were missing preventative health documents and/or documentation of any efforts to obtain the preventative health information.  Preventative health documentation and/or efforts to obtain such documentation will be requested from families/guardians annually at the start of the new school year.  A new form has been developed to inform parents/guardians of all necessary preventative health documents that are required. Forms have been mailed to parents/guardians. | | |
| **Title/Role(s) of Responsible Persons:** Executive Director/EdD: Kim Pare Program Assistant: Julie Connelly  School Nurse: Dorothy Kelly | | **Expected Date of Completion:** 04/01/2023 |
| **Evidence of Completion of the Corrective Action:**  Copies of preventative health care documentation received from parent/guardian in student record  Copy of new health documentation form mailed to families/guardians | | |
| **Description of Internal Monitoring Procedures:**  Tracking system for Program Assistant/RN to use to review records and search for necessary documentation is being developed.  Student Records reviewed twice yearly to make sure all required health documentation is present by Julie Connelly (Program Assistant) and tracking system updated at that time. Tracking system information to be provided to the RN and ED/EdD on a quarterly basis. Quarterly the ED/EdD will review the tracking system and as necessary provide written notifications to LEA and/or DCF workers if involved after 3 months of attempts to acquire the necessary documentation, copies of this to be placed in student record. | | |
| **CORRECTIVE ACTION PLAN APPROVAL SECTION** | | |
| **Criterion:**  PS 16.7 Preventive Health Care | **Corrective Action Plan Status:** Approved  **Status Date:** 01/18/2023  **Correction Status:** Not  Corrected | |
| **Basis for Decision:** | | |

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| **Department Order of Corrective Action:** |
| **Required Elements of Progress Report(s):**  For the 6/30/2023 progress report, the program must submit evidence that the detailed plan for maintaining ongoing documentation in students' records of required preventive healthcare information according to required timelines and/or attempts to obtain required documentation has been implemented. The evidence must include: 1) title of individual responsible for oversight, evidence of training for appropriate personnel, copy of completed tracking tool. Summary of any changes made to the process to increase effectiveness. |
| **Progress Report Due Date(s):**  06/30/2023 |