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| ESE Logo |  | Office of ApprovedSpecial Education Schools (OASES)Approved Private Day and Residential Special Education School Programs Program Review and  Mid-cycle Review  Procedures |
|  |  | 2017-2018 School Year |
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**MASSACHUSETTS DEPARTMENT OF**

**ELEMENTARY AND SECONDARY EDUCATION**

**Approved Private Day and Residential Special Education School Programs**

**Program and Mid-cycle Review Procedures**

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**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

**APPROVED PRIVATE DAY AND RESIDENTIAL**

**MONITORING REVIEW PROCEDURES**

As one part of its Accountability System, the Department of Elementary and Secondary Education oversees compliance with education requirements in private day and residential special education programs through the Massachusetts Private Special Education School Program Review System. This program oversight system addresses selected monitoring requirements of 603 CMR 28.09, “Approval of Public and Private Day and Residential Special Education School Programs,” 603 CMR 18.00, “Program and Safety Standards for Approved Public or Private Day and Residential Special Education School Programs” and 603 CMR 46.00 “Prevention of Physical Restraint and Requirements If Used.” The Program Review System additionally encompasses selected requirements contained in 603 CMR 28.00, “Massachusetts Special Education Regulations,” as well as IDEA-2004, M.G.L. c. 71B, M.G.L. c. 71B, Title VI and civil rights provisions that are pertinent to Approved Private School Programs.

The Department’s approved private school schedule of Program and Mid-cycle Reviews will be posted on the Department’s website at <http://www.doe.mass.edu/pqa/review/psr/6yrcycle.html>.

**Web-based Approach to Monitoring**

The Department uses a web-based monitoring system (WBMS) approach to comprehensive monitoring for all Program Review and Mid-cycle Reviews. WBMS allows both programs and the Office of Approved Special Education Schools to submit, review and exchange documents and information through the Department’s security portal. This approach combines familiar elements from the standard Program Review and Mid-cycle Review procedures in combination with new features that strengthen accountability and oversight on a continuous basis.

**Criteria:** The selection of program review criteria for each WBMS Program Review begins with the agency conducting a self-assessment for each approved program across all monitoring criteria. For Mid-cycle Reviews a subset of the monitoring criteria are self-assessed by private school programs, along with any criteria that resulted in a prior finding of noncompliance as well as any new monitoring criteria. The Office of Approved Special Education Schools, through its desk review procedures, then examines the self-assessment submissions and determines which criteria will be followed up on through onsite verification activities.

**Team:** Depending upon the scope of onsite activities that have been identified based on the Department’s desk review of the agency’s self-assessment, the size of the agency and the locations of the programs, a 2-3 member Department team will conduct a 3-5 day onsite Program Review while Mid-cycle Review teams consist of 1-2 members and the onsite is

1-4 days.

**WBMS Methods:** Self-Assessment Phase: This is a requirement for all agencies participating in the web-based monitoring system and is completed in the year prior to the onsite review.

* Agency review by each private school program of documentation for required elements including document uploads.
* Agency review by private school program of a sample of student records selected.
* Agency review by private school program of a sample of staff records selected.
* Upon completion of these portions of the self-assessment, it is submitted to the Department for review.

**Desk Review Phase:** The chairperson assigned to each agency reviews the responses by the private school program to questions regarding the critical elements for appropriate policies, procedures, and practices, as well as actual documents and data submissions by criteria. The student record review data, staff record review data, and explanatory comments are examined. The outcome of this review, along with 3-year trend data from the Problem Resolution System, Incident Reports, Restraint database and Form 1 Notifications is used to determine the scope and nature of the Department’s onsite activities.

**Onsite Verification Phase:** This includes activities selected from the following:

* Interviews of administrative, instructional, and other staff consistent with those criteria selected for onsite verification.
* Interviews of parent representatives and other telephone interviews as requested by other parents or members of the general public.
* Review of student records and staff records: The Department selects a sample of student and staff records from those the agency reviewed by the private school program as part of its self-assessment to verify the accuracy of the data. The Department also conducts an independent review of a sample of student and staff records that reflect activities conducted since the beginning of the school year. The onsite team will conduct this review, using standard Department procedures, to determine whether procedural and programmatic requirements have been implemented.
* Surveys of parents of students with disabilities: Parents of students with disabilities whose files are selected for the student record review, as well as the parents of an equal number of other publicly-funded students with disabilities, are sent a survey that solicits information regarding their experiences with the agency’s implementation of special education, related services, and procedural requirements.
* Observation of classrooms and other facilities: The onsite team visits a sample of classrooms and other school facilities used in the delivery of programs and services to determine general levels of compliance with program requirements.

**Exit Meeting:** An informal Exit Meeting will be held with the Executive Director of the private school program and anyone else of his/her choosing to summarize general impressions of the visit.

**Program Review Report:** The report will be based on a review of the written documentation regarding the operation of the school's programs and the information gathered from the Onsite Verification Phase. A Draft Report of Comments will be issued via the WBMS. Agencies may respond to the factual accuracy of the report within 10 business days.

A Final Report and an updated Approval Certificate(s) will then be issued via the WBMS and in hard copy. Detailed findings for each program area describe determinations of the Department about the implementation status of each requirement (criterion) reviewed. The Department’s Approved Private School Program Review Final Reports are posted on the Department’s website at <http://www.doe.mass.edu/pqa/review/psr/reports/default.html> and the Mid-cycle Review Reports are posted at <http://www.doe.mass.edu/pqa/review/psr/reports/followup.html>.

**Response to Program Review Final Report findings:** Where criteria are found to be not fully implemented, the private school program is required to propose corrective actions, within 20 business days of receipt of the final report, to bring those areas into compliance with the respective statutes or regulations. Additionally, a program is encouraged to incorporate any required corrective action as approved by the Office of Approved Special Education Schools into its internal improvement plans, including the program’s professional development plans.

**Mid-cycle Review Report**: In Mid-cycle Reviews, the report will be based on a review of the written documentation regarding the operation of the school's programs and the information gathered from the Onsite Verification Phase and is issued as a Final Report with an updated Approval Certificate(s). After the Mid-cycle Review Report is issued, the program enters progress report information directly into the WBMS for any criteria found to be not fully implemented and for this reason no corrective action plan is created.

**Program Approval:** Upon issuance of the Final Report, the program will receive an updated approval status. For programs receiving a “Full Approval,” this approval will remain in effect for three (3) years expiring on August 31st of the third year of approval. This approval will be contingent upon continued compliance with all regulations contained within 603 CMR 18.00, 28.00, 46.00, IDEA-2004, M.G.L. c. 71A, M.G.L. c. 71AB, Title VI, civil rights provisions as well as the Department’s approval of all required corrective action plans. The Department may change this approval status at any point during the three-year period if circumstances arise that warrant such a change. For Approved Private School Programs receiving a “Provisional Approval” or “Probationary Approval,” the Department will clearly indicate the reasons for the reduced approval, along with timelines for compliance and an expiration date of the approval status. The Department will review all required Corrective Action Plans and issue written determinations regarding approval or disapproval of each corrective action plan activity.

**NOTE:** For programs undergoing Program Reconstruction, Special Circumstances or Extraordinary Relief, even if the program has substantially met all of the requirements for a Full Approval, the program will remain on Provisional Approval until the completion of the Program Reconstruction, Special Circumstances or Extraordinary Relief process.

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

**Office of Approved Special Education Schools**

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| **Program Review Criteria**  **School Year 2017-2018** |

**AREA 1: DEMONSTRATION OF NEED AND CAPACITY**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 1.1 | Reserved |  |
| 1.2 Program & Student Description, Program Capacity  28.09(2)(a)(2);  28.09(2)(b)(2, 3, 7) | A narrative is provided that describes:   * Identified population of students to be served; * Ages of students; * Educational characteristics; and * Behavioral characteristics. | Documentation:   * Written narrative addressing these requirements individually. |

**AREA 2: ADMINISTRATION – APPROVALS, LICENSES AND CERTIFICATES DOCUMENTATION**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 2.1 | Reserved |  |
| 2.2 Approvals, Licenses, Certificates of Inspection 18.04(1); 28.09(2)(b)(5); 28.09(5) (b); 28.09(6) (b, c) | The program has current licenses, approvals, and certificates of inspection by state and local agencies.   * Safety Inspection. The program shall have an appropriate certificate of inspection from the Department of Public Safety or the local building inspector for each building to which students have access; * Fire Inspection. The program shall obtain a written report of an annual fire inspection from the local fire department; and * Local Board of Health permit (certificate to be obtained at least twice a year.) | **Documentation:**   * Current copies of licenses, approvals, and certificates of inspection.   **Observation:**   * Posted certificates |
| 2.3 EEC Licensure  102 CMR 3.00  **(Residential Programs only)** | The residential program has a current, full license from the Department of Early Education and Care (EEC) (per 102 CMR 3.00). | **Documentation:**   * Current copy of EEC license   **Observation:**   * Posted EEC license |

**AREA 4: DISCLOSURE OF INFORMATION**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 4.1 | Reserved |  |
| 4.2 Public Information and Postings  28.09(2)(b)(4);  28.09(6)(a, b, c, d, e) | The following information must be publicly posted:   * Current ESE approval certificate; and * Current EEC License, if applicable.   The following information must be readily available:   * First Aid procedures; * Emergency procedures; and * Emergency telephone numbers. | **Observation:**   * Current ESE approval certificate; and * Current EEC License, if applicable. |
| 4.3 | Reserved |  |
| 4.4 Advance Notice of Proposed Program/Facility Change  18.00  28.09(5)(c) | The program notifies the Department using the Department’s Form 1 (<http://www.doe.mass.edu/pqa/sa_nr>) and also notifies school districts and parents of any new policies and procedures and/or changes in current policies and procedures.  Prior to any substantial change to the program or physical plant, the program provides written notification of intent to change to the Department. Notice shall be given with sufficient time to allow the Department to assess the need for the proposed change and the effects of such change on the educational program. The program must also provide written notification to the Department of any sudden and/or unexpected changes that may impact the overall health or safety of students and/or the delivery of services required by IEPs.  **NOTE: While typically a Form 1 is required for “changes made to ESE required policies and procedures that result in continued adherence to regulatory requirements,” for any policy changes resulting from the changes in 603 CMR 46.00 Regulations on Restraint and Seclusion, such policy changes will be reviewed as part of the Program Review/Mid-cycle Review process; therefore Form 1’s should not be submitted. Changes to ANY other policies and procedures require the program to submit a Form 1 and obtain approval from ESE prior to implementation.** | **Onsite Verification:**  **Form 1 Submissions:**   * Have Form 1 submissions available onsite. |
| 4.5 Immediate Notification    18.03(10);  18.05(7);  28.09(12) (a, b) | Pursuant to applicable regulations and agency policy this school is hereby providing immediate electronic notification to ESE for ANY student enrolled in its program (Massachusetts Student, Out-of-State Student or Privately Funded Student) concerning incidents that occur during **SCHOOL HOURS** **ONLY, except for EMERGENCY TERMINATIONS, which is for both school and residential hours**.   1. The death of any student (Immediate verbal and written notification to the student’s parents/guardians and school district); 2. The filing of a 51-A report with Department of Children and Families (DCF) OR a complaint filed with the Disabled Persons Protection Commission (DPPC), against the school or a school staff member, for alleged abuse or neglect of any student; 3. Any action taken by a federal, state, or local agency that might jeopardize the school’s approval with ESE (i.e. federal or state investigation; closure of intake); 4. Any legal proceeding brought against the school or its employee(s) arising out of circumstances related to the care or education of any of its students; 5. The hospitalization of a student (including out-patient emergency room visits) due to physical injury at school or previously unidentified illness, accident or disorder which occurs while the student is in the program; 6. A student run from the program; and 7. Any other incident of a serious nature that occurs to a student or staff in the program. (Some examples include: any police involvement, any media involvement, weapons, fire setting, alcohol or drug possession or use while in the program).   **FOR BOTH SCHOOL AND RESIDENTIAL HOURS:**   1. The emergency termination of a student pursuant to 28.09(12(b). | **Documentation:**   * Copy of the program’s written policy and procedures for notifying all appropriate parties of serious incidents, including the contact person responsible for providing such notification.   **Student Record Reviews:**   * All Form 2 incident reports maintained in student records. |

**AREA 5: ADMINISTRATION AND ADMISSION PROCEDURES**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 5.1 Student Admissions  18.05(1)(b)(3); 18.05(2-3);  28.09(11);  46.04(1);  MGL Ch. 71B, Sec. 2 | The program develops and implements a written admissions policy  that includes the following:   * A statement that the program maintains a copy of its policies and procedures manual onsite; * A statement that the program provides written notice to the parents of the enrolled students that copies of its policies and procedures manual are available upon request; * A statement that the Physical Restraint Policy and Procedures are made available to parents of enrolled students; * A statement that all newly enrolled students must be found eligible for special education and on an approved Individualized Education Program; and * Admission criteria. | **Documentation:**   * Copy of written admissions criteria from policies and procedures manual. |

**AREA 6: EDUCATIONAL PROGRAM REQUIREMENTS - STUDENT LEARNING TIME**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 6.1 Daily Instructional Hours/  6.4 School Days Per Year  27.04;  27.05(2);  28.09(9)(a) | The program ensures that each student is scheduled to receive a minimum of the following instructional hours unless otherwise approved by ESE or a student’s IEP provides otherwise:   * Elementary – A total of:   10 month program – 900 hours  11 month program – 990 hours  12 month program – 1080 hours   * Secondary – A total of:   10 month program – 990 hours  11 month program –1089 hours  12 month program – 1188 hours  The program ensures that, unless a student’s IEP provides otherwise, each elementary school student is scheduled for at least 900 hours of structured learning time a year and each secondary school student is scheduled for at least 990 hours of structured learning time a year (including physical education for all students, required by M.G.L. c. 71, § 3), within the required school year schedule. Where the private special education program operates separate middle schools, at the beginning of the school year it designates each one as either elementary or secondary.  **NOTE:** The program ensures that its structured learning time is time during which students are engaged in regularly scheduled instruction, learning or assessments within the curriculum of core subjects and other subjects as defined in 603 CMR 27.02. The program’s structured learning time may include directed study (activities directly related to a program of studies, with a teacher available to assist students); independent study (a rigorous, individually designed program under the direction of a teacher, assigned a grade and credit); technology-assisted learning; presentations by persons other than teachers; school-to-work programs; and statewide student performance assessments.  All programs are run for the following minimum number of days (exclusive of weekends, holidays and vacations):   * 10 month program – 180 days * 11 month program – 198 days * 12 month program – 216 days   Before the beginning of each school year, the program sets a school year schedule for each program. This schedule must contain the number of school days per year ESE approved the school to operate and include at least five additional school days to account for unforeseen circumstances (i.e., snowstorms, flood, etc.). | Documentation:   * Learning Time Worksheet * Block schedule that includes: * Beginning and ending time for each instructional block; * Subject area for each block; * All non-instructional time (e.g. lunch, recess, transitions between classes, etc.); and * If non-instructional time activities are counted as instructional hours, they must be specified in student’s IEPs. |

**AREA 8: EDUCATIONAL PROGRAM REQUIREMENTS - INDIVIDUALIZED EDUCATION PROGRAMS**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 8.1 | Reserved |  |
| 8.2 | Reserved |  |
| 8.3 | Reserved |  |
| 8.4 Program Modifications and Support Services for English language learners (ELLs)  M.G.L. c. 71A;  Title VI | The program shall develop a written plan to implement necessary program modifications and support services to identify and effectively serve English language learners (ELLs). Such program modifications and support services comply with applicable state law (M.G.L. c. 71A) and federal law (Title VI).  The program must acknowledge it is responsible to serve ELLs.   * The program must affirm its willingness to accept ELL students into its program; * The student must be afforded the same opportunity to access and participate in the program’s services, activities and other benefits as all other students; and * Unless the student’s IEP specifies otherwise, the student must receive: * sheltered content instruction from a trained and qualified teacher; and * additional instruction in English as a Second Language by a certified ESL teacher. | **Documentation:**   * Copy of written plan addressing how to effectively serve English language learners (ELLs). |
| 8.5 Current IEP & Student Roster  28.09(5)(a) | The program has on file a current IEP for each enrolled Massachusetts student that has been issued by the responsible public school district and consented to and dated by the student’s parent(s)/guardian(s) or student, when applicable.  The program has on file a current student roster for ALL enrolled students including out-of-state and privately funded students. | **Documentation:**   * Student Roster template for criterion that can be found in Appendix that includes all required information necessary for Massachusetts students, out-of state students and privately funded students.   **Student Record Reviews:**   * Current IEPs of students. |
| 8.6 | Reserved |  |
| 8.8 IEP – Progress Reports  28.07(3);  34 CFR 300.320(a)(3)(i, ii) | Progress Reports and Content   * Parents receive reports on the student’s progress towards reaching the goals set in the IEP; * Progress Report information sent to parents includes written information on the student’s progress toward the annual goals in the IEP; * The program shall send copies of progress reports to the parents/guardians, public school(s) and state agencies as applicable; and * Progress reports must reflect the IEP most recently issued by the responsible school district and consented to by the parent/student/guardian. | **Student Record Reviews:**   * Completed, dated progress reports that includes the required narrative and * Evidence of when and to whom the school sent copies of progress reports. |

**AREA 9: EDUCATIONAL PROGRAM REQUIREMENTS - STUDENT DISCIPLINE AND BEHAVIOR SUPPORT**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 9.1 Policies and Procedures for Behavior Support  18.03(7)(b)(2); 18.05(5);  28.09(11);  46.00 | The program develops and implements written behavior support policies and procedures consistent with new regulations under 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention.    Behavior support policies shall be reviewed annually and be provided to program staff and made available to parents of enrolled students.  The behavior support policies shall include:  1. Methods for preventing student violence;  2. Methods for preventing self-injurious behavior and suicide;  3. A description and explanation of the program’s alternatives to physical restraint;  4. A description of the program’s training requirements for staff;  5. A description of the program’s reporting requirements and follow-up procedures;  6. A description including timelines of the program’s procedure for receiving and investigating complaints regarding behavior support policies;  7. A description of the procedures to be followed for implementing the behavior support reporting requirements;  8. A description of the program’s procedure for making both oral and written notification to the parent; and  9. A procedure for the use of time-out.    **NOTE:**  Meals shall not be withheld as a form of punishment or behavior management. No student shall be denied or unreasonably delayed a meal for any reason other than medical prescriptions.  **NOTE:** Behavior support training must be provided to all program staff within the first month of the school year regarding the behavior support policies and the requirements when such procedures are implemented.  OR  For employees hired after the school year begins, behavior support training must be provided and completed within one month of the date of hire of the employee. | **Documentation:**   * Copy of written policies and procedures on Behavior Support that address items 1-9 in this criterion. |
| 9.1(a) Student Separation Resulting from Behavior Support  18.05(6)(i)  46.04(1)(j) | If the program’s behavior support policies and procedures result in a student separating from the group or program activities, it shall include:  If the program’s behavior support policies and procedures result in a student separating from the group or program activities, it shall include:  1. A requirement that students shall be continuously observed by a staff member and staff shall be with the student or immediately available to the student at all times;  2. A procedure for obtaining principal approval of time-out for more than 30 minutes based upon the individual student’s continuing agitation; and  3. A requirement that time out shall cease as soon as the student has calmed. | **Documentation:**   * + - Copy of written policy and procedures on Student Separation Resulting from Behavior Support that address items 1-3 in this criterion.   **Student Record Reviews:**   * + - Documentation related to Criterion 9.1(a) maintained in student records or time out log of all students. |
| 9.2 | Reserved |  |
| 9.3 | Reserved |  |
| 9.4 Physical Restraint  18.05(5);  46.00 | The program shall have a written policy on the use of physical restraint and administer physical restraint in accordance with the requirements of 603 CMR 46.00.    The program administers physical restraint only in emergency situations of last resort when needed to protect a student and/or member of the school community from assault or imminent, serious, physical harm and with extreme caution in order to prevent or minimize any harm to the student as a result of the use of physical restraint.  Physical restraint policy and procedures must include the following:  1. Methods for engaging parents and students in discussions about restraint prevention and use;  2. A description and explanation of the method of physical restraint used by the program in an emergency situation;  3. A statement prohibiting seclusion, medication restraint, mechanical restraint and prone restraint unless permitted under 603 CMR 46.03(1)(b);  4. Physical restraint shall be used only in emergency situations of last resort, after other lawful and less intrusive alternatives have failed or been deemed inappropriate;  5. A description of the program’s procedure for conducting periodic review of data and documentation on the program’s use of restraint;  6. A description of the program's training requirements for all staff;  7. A description of the intensive training for staff who serve as restraint resources for the program;  8. Reporting requirements and follow-up procedures for reports to parents/guardians and to the Department;  9. A procedure for receiving and investigating complaints regarding restraint practices; and  10. The director or his/her designee shall maintain an on-going record of all instances of physical restraint, which shall be made available for review by the Department upon request.  **NOTE:**  A residential educational program must comply with ESE restraint requirements under 603 CMR 46.00 during school hours and EEC restraint requirements under 102 CMR 3.00 during residential hours.    **NOTE:** A program within a program or facility subject to M.G.L. c. 123 or Department of Mental Health Regulations must comply with the restraint requirements of M.G.L. c. 123, 104 CMR 27.12 or 104 CMR 28.05, where applicable.  **NOTE:** Physical restraint training must be provided to all program staff within the first month of the school year regarding restraint prevention and the requirements when restraint is used.  OR  For employees hired after the school year begins, physical restraint training must be provided and completed within one month of the date of hire of the employee. | **Documentation:**   * + - Copy of written policy and procedures on Physical Restraint that address items 1-10 in this criterion.   **Onsite Verification:**   * + - Record of restraints for the current school year; and * Principal’s log of individual student reviews for students who were restrained multiple times in the same week.   **Student Record Reviews:**   * Associated restraint reports filed with the Department of Elementary and Secondary Education when a restraint results in the injury of a student requiring medical attention.   **Staff Record Reviews**   * Associated restraint reports filed with the Department of Elementary and Secondary Education when a restraint results in the injury of a staff requiring medical attention. |
| 9.5 | Reserved |  |
| 9.6 | Reserved |  |
| 9.7 Terminations  18.05(7);  28.09(12)(b) | The program develops and implements a written termination policy that includes provisions regarding both Planned Terminations and Emergency Terminations.  The policy must include the following:   * **Planned Terminations**: The program shall notify the public school district of the need for an IEP review meeting and provides notice of this meeting to all appropriate parties ten (10) days in advance of the intended date of the meeting. The purpose of the meeting will be to develop a clear and specific termination plan for the student that shall be implemented in no less than thirty (30) days unless all parties agree to an earlier termination date. * **Emergency Terminations**: In circumstances where the student presents a clear and present threat to the health and safety of him/herself or others, the program shall follow the procedures required under 603 CMR 28.09(12)(b) and immediately notify the Department of Elementary and Secondary Education.   The program shall not terminate the enrollment of any student, even in emergency circumstances, until the enrolling public school district is informed and assumes responsibility for the student. At the request of the public school district, the program shall delay termination of the student for up to two calendar weeks to allow the public school district the opportunity to convene an emergency Team meeting or to conduct other appropriate planning discussions prior to the student's termination from the special education school program. With the mutual agreement of the program and the public school district, termination of enrollment may be delayed for longer than two calendar weeks. | **Documentation:**   * + - Copy of written termination policy that clearly delineates between planned and emergency terminations.   **Student Record Reviews:**   * + - Evidence of notice to school districts prior to termination;     - Evidence of notification to parents and the Department regarding any emergency termination; and     - Meeting minutes or documentation from the Team meeting regarding the termination. |

**AREA 10: EDUCATIONAL PROGRAM REQUIREMENTS - RATIOS**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 10.1 Staffing for Instructional Groupings  28.06(6)(d);  28 09(7)(e) | The program shall have instructional groupings that do not exceed  1) the approved ESE Student: Licensed Educator Ratio and  2) the approved ESE Student: Licensed Educator and Aide Ratio.  Student: Licensed Educator Ratio is defined as the number of licensed special education teachers, licensed regular education teachers or licensed related service providers to the number of students within an instructional group.  Student: Licensed Educator and Aide Ratio is defined as the number of licensed special education teachers, licensed regular education teachers or licensed related service providers, and the number of aides (teacher aide, paraprofessional, direct care staff, behaviorist) to the number of students within an instructional group. | **Documentation:**   * Block schedules that clearly display the numbers and names of students, and the numbers and names of licensed educators and aides in all classrooms for all periods throughout the school day. Indicate on the schedule if staff are licensed educators or aides.   **Observations:**   * Classroom observation of student: licensed educator ratios and student: licensed educator and aide ratios. |
| 10.2 Age Range  28.06(6)(f, g) | The program shall ensure that the ages of the youngest and oldest child in any instructional grouping shall not differ by more than forty-eight months (4 years).  Prior to exceeding the forty-eight month timeframe, an Alternative Compliance Waiver (<http://www.doe.mass.edu/pqa/sa_nr>) must be requested and approved by the Department. | **Documentation:**   * Block schedules for every classroom and every period indicating the name of all students with their corresponding dates of birth. |

**AREA 11: EDUCATIONAL STAFFING REQUIREMENTS - STAFF POLICIES**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 11.1 Staff Policies and Procedures Manual  18.05(11);  18.05(11)(c)(1);  28.09(7);  28.09(11)(a);  M.G.L. c. 71, § 38R;  42 U.S. Code § 16962;  ESE Advisory on CORI revised 5/7/07;  603 CMR 26.00 as amended by Chapter 199 of the Acts of 2011 | The program shall develop and implement a written personnel policies and procedures manual that describes:   * Criteria and procedures for hiring. This should include the school’s Criminal Offender Record Information (CORI) policy regarding CORI checks on employees, volunteers, interns and transportation providers whose responsibilities bring them into direct and unmonitored contact with students (upon initial hire and every three years thereafter). [**NOTE**: A residential program licensed by EEC does not need to conduct independent CORI checks where those checks have been done through EEC]; * Procedures for Criminal History Record Information (CHRI); * Procedures for evaluation of staff; and * A statement of equal employment/educational opportunities in regard to race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness. | **Staff Records Reviews:**   * Staff performance evaluations are scheduled and written copies maintained in the staff records for all staff as outlined in the program’s staff policy and procedures manual; * Evidence of completed CORI checks prior to initial hire and every three years thereafter; and * Evidence of CHRI’s completed. |
| 11.2 Administrative Responsibility  18.05(11)(a,b) | The program shall designate one person who will have administrative responsibility over the operation of the program.  The administrator or designee shall at all times be on the premises of the school during school hours while the program is in operation. All staff on duty shall know who is responsible for administration of the program at any given time. | **Documentation:**   * Name of designated administrator. |
| 11.3 Educational Administrator Qualifications  28.09(5)(a);  28.09(7)(a);  44.00 | At least one staff member shall be designated as the educational administrator for the program. Such person shall be assigned to supervise the provision of special education services in the program and to ensure that the services specified in each student’s IEP are delivered.  The educational administrator shall either possess licensure as a special education administrator or possess all of the following:   * License as a special educator; * A minimum of a master's degree in special education or a related field; and * A minimum of one year of administrative experience. | **Documentation:**   * Name of educational administrator(s) * Verification of qualifications: * Copy of licensure as a special education administrator   **OR ALL of the following:**   * Copy of ESE license as a special educator or copy of ELAR activity sheet; and * Evidence of Master’s Degree in special education or a related field; and * Evidence of a minimum of one year of administrative experience (acceptable documentation includes a current resume.) |
| 11.4 Teachers (Special Education Teachers and General Education Teachers)  18.05(11)(f); 28.09(5)(a); 28.09(7)(b, c); 34 CFR 300.321 | The program must ensure that all teaching staff have teaching licenses appropriate to meet the needs of the population being served pursuant to the requirements of 603 CMR 7.00 and, additionally, must adhere to the following requirements:   * To the extent that unlicensed staff is providing special education services, such services shall be designed, or supervised by a special educator; and * To the extent that general education teachers are providing special education services, they shall do so in coordination with the special education teacher.   The number of special education teachers and the number of the general education teachers must correspond with the most recently approved ESE staffing plan. | **Documentation:**   * Teacher Roster Form template that can be found in the Appendix that includes all required information; * Copy of license or most current ELAR activity sheet for each teacher; * In instances where teachers do not hold Massachusetts licensure for the area in which they are employed, a copy of a current certification waiver is provided or ELAR activity sheet; and * In instances when general education teachers are providing special education services, the name and license of the special educator providing supervision. |
| 11.5 Related Services Staff  28.09(7)(d) | All staff providing or supervising the provision of related services (including medical personnel identified in criterion 16.2 Physician Consultation, 16.3 Nursing, as well as all consultants) shall be appropriately certified, licensed or registered in their professional areas. | **Documentation:**   * Related Services template that can be found in the Appendix that includes all required information; and a * Copy of each provider’s License and/or Massachusetts State Board of Registration. |
| 11.6 Master Staff Roster  28.09(7) | The program maintains a master list of ALL staff for every position within the program. The staff positions shall correspond to the most recently approved ESE Staffing plan.  This list must include job titles along with their corresponding Uniform Financial Report (UFR) titles, UFR numbers and full-time equivalents (FTE’s). This list may include, but is not limited to:   * Administrators * Special education teachers * General education teachers * Related service providers * Registered Nurses * Direct care workers * Direct care supervisors * Clerical and maintenance staff * Psychologists * Social workers * Program support * Consultants   In addition, identify any other positions not included in the most recently approved ESE Staffing plan (ex. 1:1 paid for by school district or additional positions funded by the agency).  Any changes/discrepancies from the most recently approved ESE Staffing plan (through Initial Application, Extraordinary Relief, Special Circumstances or Program Reconstruction) must be documented on the Master Staff Roster. | **Documentation:**   * Master Staff Roster Form template that can be found in the Appendix that includes all required information; and a * Copy of the most recently approved ESE staffing plan. |
| 11.7 | Reserved |  |
| 11.8 | Reserved |  |
| 11.9 | Reserved |  |
| 11.10 | Reserved |  |
| 11.11 | Reserved |  |
| 11.12 Equal Access  Mass. Const. amend. Art. 114;  M.G.L. c. 76, § 5;  603 CMR 26.00 as amended by Chapter 199 of the Acts of 2011;  Title VI: 42 U.S.C. 2000d;  34 CFR 100.3(a), (b); Title IX: 20 U.S.C. 1681;  34 CFR 106;  Section 504: 29 U.S.C. 794;  34 CFR 104;  Title II: 42 U.S.C.12132;  28 CFR 35.130; NCLB: Title X, Part C, § 721. | The program provides all students with equal access to services, facilities, activities and benefits regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness. | **Documentation:**   * Equal Access policy. |

**AREA 12: EDUCATIONAL STAFFING REQUIREMENTS – STAFF TRAINING**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 12.1 New Staff Orientation and Training  18.05(11)(g, i); 28.09(7)(f) | The program shall develop and implement a written plan for new staff orientation and training that is consistent with the needs of the student population and includes an orientation and training program which includes the following:   * Program’s philosophy * Organization * Program * Practices * Goals * ESE required topics (12.2 a-f) * Provisions for orientation of interns or volunteers must be made, if applicable. If not applicable, please indicate so.   **NOTE:** New staff must receive restraint training within one month of hire and shall not use restraint until training has been completed. New staff may not have direct care duties with students until all mandated training topics have been covered. | **Documentation:**   * Name of person responsible for coordination and implementation of orientation training; and * Copy of written orientation and training program for new staff.   **Staff Record Reviews:**   * Staff orientation verification. |
| 12.2 In-Service Training Plan and Calendar  18.03(3);  18.03(10);  18.05(9)(e)(1);  18.05(9)(f)(3)(c);  18.05(9)(f)(9)(d);  18.05(9)(i);  18.05(10); 18.05(11)(h);  28.09(7)(f); 28.09(9)(b); 28.09(10);  Title VI: 42 U.S.C. 2000d;  34 CFR 100.3;  EEOA: 20 U.S.C. 1703(f);  Title IX: 20 U.S.C. 1681;  34 CFR 106.31-106.42;  M.G.L. c. 76, § 5; 603 CMR 26.00 as amended by Chapter 199 of the Acts of 2011;  M.G.L. c. 71, §§ 37O (e)(2) | All staff, including new employees, must participate in annual in-service training on average at least two hours per month. Provisions for annual in-service training of interns and volunteers must be made, if applicable. If not applicable, please indicate so.  The following topics are required in-service training topics and must be provided annually to all staff:   1. Reporting abuse and neglect of students to the Department of Children and Families and/or the Disabled Persons Protection Commission; 2. Student discipline and behavior support procedures; 3. Program’s use of physical restraints; 4. Runaway policy; 5. Emergency procedures including, but not limited to, evacuation drills, emergency drills, utilization of the alarm system and evacuations in instances of fire or natural disaster; 6. Civil rights responsibilities (discrimination and harassment) regarding race, color, sex, gender identity, religion, national origin, sexual orientation, disability and homelessness; 7. Bullying Prevention and Intervention; 8. Medication administration, if applicable; 9. Discussion of medications students are currently taking and their possible side effects; 10. Transportation safety (for staff with transportation-related job responsibilities; and 11. Student record policies and confidentiality issues.   The following additional topics are required in-service training topics and must be provided annually to all teaching staff:   * How the learning standards of Common Core Standards are incorporated into the program’s instruction; and * Procedures for inclusion of all students in Massachusetts Comprehensive Assessment System (MCAS) and/or Partnership for Assessment of Readiness for College and Careers (PARCC) testing and/or alternate assessments. | **Documentation:**   * The name and job description for the staff person responsible for the development and implementation of the in-service training program/calendar; * Annual detailed in-service training plan. This plan must reflect a minimum of: * 20 training hours for a 10 month program, or * 22 training hours for an 11 month program, or * 24 training hours for a 12 month program,   **and**   * All training topics provided; * The name and job title of the person conducting the individual training sessions; * The audiences to whom the training will be offered (i.e., special education teachers, direct care staff, social workers and volunteers/interns); * The dates and times when the various training topics will be offered; * The length of time allotted for each topic (i.e., two hours, ½ day); and * Plans for outside training opportunities (i.e., MAAPS Conference, conferences on autism, etc.); and a * Description of how the program tracks and records individual staff attendance at trainings.   **Onsite Verification:**   * Evidence of attendance at required trainings for the staff record review (Documentation of staff training may include staff attendance sign-in sheet, data base chart or individual employee record.) |

**AREA 13: PHYSICAL FACILITY AND EQUIPMENT REQUIREMENTS**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 13.1 | Reserved |  |
| 13.2 Description of Physical Facility  18.04;  28.09(8) | Classroom Space:   * Each room or area that is utilized for the instruction of students shall be adequate with respect to the number of students, size and age of students and students’ specific educational needs, physical capabilities and educational/vocational activities.   Other facilities used by students:   * All areas, including but not limited to, floors, ceilings and walls, are clean, well maintained and free from safety hazards; and * Approved special education schools shall provide the facilities, textbooks, equipment, technology, materials, and supplies needed to provide the special education and related services specified on the IEPs of enrolled students. | Observation:   * + Observation of all facilities used by students. |
| 13.3 | Reserved |  |
| 13.4  Physical Facility/Architectural Barriers  18.04(8);  Mass. Const. amend. art. 114;  Section 504:  29 U.S.C. 794;  34 CFR 104.21, 104.22;  Title II: 42 U.S.C. 12132;  28 CFR 35.149, 35.150 | The program shall assure that students with limited mobility have access, free from barriers to their mobility, to those areas of the buildings and grounds to which such access is necessary for the implementation of the IEPs for such students. All programs receiving federal funds shall meet the requirements of Section 504 of the Rehabilitation Act of 1973.  A program which enrolls students requiring wheelchairs shall have at least one entrance without steps and wide enough for a wheelchair, for each building utilized in carrying out the IEPs for such students.  If any part of the program is not accessible to students with limited physical mobility, a plan and timetable shall be provided that describes how the program will make all programs and appropriate buildings accessible. | Documentation:   * Any program which is not accessible must submit the following documentation:   + A plan that details steps to be taken to comply with Section 504 of the Rehabilitation Act of 1973;   + The name of the person responsible for implementation of the plan; and   + A timetable for completion of the above plan including periodic written progress reporting to the Department of Elementary and Secondary Education.   Observation:   * + Observations of physical facilities to ensure students with limited mobility have access, free from barriers to their mobility, to those areas of   the school buildings and grounds to which such access is necessary for the implementation of the IEP’s for such students |
| 13.5 | Reserved |  |
| 13.6 | Reserved |  |
| 13.7 Library/Resources  18.04(6)(b) | In addition to the regular instruction, the program shall have a variety of materials appropriate to the age and abilities of the students enrolled, and available to all enrolled students. | **Documentation:**  Description of library or resource area including types of materials available for student use.  **Observation:**  Observation to ensure the program has a variety of materials appropriate to the age and abilities of the students enrolled, and are available to all enrolled students. |

**AREA 15: PARENT AND STUDENT INVOLVEMENT**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 15.1 Parental Involvement and Parents’ Advisory Group  18.05(4)(a) | The program shall have a written plan for involving parents and shall have a Parents’ Advisory Group that shall advise the program on matters that pertain to the education, health and safety of the students in the program.  The program shall designate a staff person to support the Parents’ Advisory Group. | Documentation:   * Parent involvement plan that describes outreach to parents and steps the school has taken to seek parental input on matters pertaining to the health, education and safety of the students enrolled and * Position title and job description of the staff person assigned to work with Parents’ Advisory Group.   Onsite Verification:   * Copies of schedules and agendas for the Parent Advisory Group meetings. |
| 15.2 | Reserved |  |
| 15.3 Information to be Translated into Languages Other Than English  46.06(3)  M.G.L. c. 76, § 5;  603 CMR 26.02(2)  Title VI; EEOA: 20 U.S.C. 1703(f) | When students have parents or guardians with limited English language skills, the program ensures that important school information is sent to them in a timely manner and provided to them in a language that they understand, either through written translations of documents or through oral interpreters. | Documentation:   * Copies of important program announcements and notices published in languages other than English and * Description of how program will respond promptly to parent/guardian requests to have other important school information translated on demand, either orally or in writing.   **Student Record Reviews:**   * + Copies of written translations of documents (consent letters, progress reports, incident reports), as applicable |
| 15.4 | Reserved |  |
| 15.5 Parent Consent and Required Notification  18.05(8); 18.05(9)(f)(1);  18.05 (9)(j);  M.G.L. c. 71, § 32A | The program shall develop and implement policy and procedures to work with school districts to obtain the following consents:  **Annual:**   * Emergency medical treatment * Medication Administration (when applicable)   **When applicable:**   * Notification to parents/guardians pursuant to Parental Notification Law M.G.L. c. 71, § 32A concerning curriculum that primarily involves human sexual education or human sexuality issues | **Student Record Reviews:**   * Current required consents and notification and * Efforts made by the school to obtain required parental consents and documentation of written notification to parents/guardians. |
| 15.6 | Reserved |  |
| 15.7 | Reserved |  |
| 15.8 Registering Complaints and Grievances –Parents, Students and Employees  18.05(1)(b)(16);  603 CMR 26.00 as amended by Chapter 199 of the Acts of 2011  Title IX: 20 U.S.C. 1681;  34 CFR 106.8; Section 504: 29 U.S.C. 794;  34 CFR 104.7;  Title II: 42 U.S.C. 12132;  28 CFR 35.107 | * The private special education program shall develop, implement and make available to parents and, when applicable, students a set of written procedures that may be used to register complaints regarding the student’s education and care at the school that includes specific timelines and the appeals process. * The private special education program must also adopt and publish grievance procedures for studentsproviding for prompt and equitable resolution of complaints alleging discrimination based on legally protected categories (race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness) that includes specific timelines and the appeals process. * The private special education program must also adopt and publish grievance procedures foremployees providing for prompt and equitable resolution of complaints alleging discrimination based on legally protected categories (race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness) that includes specific timelines and the appeals process. | Documentation:   * Name, position and title of person(s) responsible for investigating and resolving complaints regarding students’ education and care; * Copy of complaint procedures from manual; * Name, position and title of person(s) responsible for investigating and resolving discrimination complaints made on behalf of employees and students; * Copy of grievance policy and procedure for students; * Copy of grievance policy and procedure for employees; and * Copy of written procedures that are made available to students, parents and/or employees for the purpose of registering such complaints.   **Staff Record Reviews:**   * + Copies of employee grievances and resolutions, as applicable.   **Student Record Reviews:**   * + Copies of parent/guardian/student complaints and grievances and resolutions, as applicable. |

**AREA 16: HEALTH AND MEDICAL SERVICES**

| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| --- | --- | --- |
| 16.1 | Reserved |  |
| 16.2 Physician Consultation  18.05(9)(a)  M.G.L c. 71, §§ 53, 53A, and 53B | The program shall have a licensed physician available for consultation.  **NOTE:** School Physician means a physician appointed by a School Committee or Board of Health in accordance with M.G.L c. 71, §§ 53, 53A, and 53B or, in the case of a private program, by the Board of Trustees. | **Documentation:**   * Name and address of licensed physician employed/contracted by the program; and * Description of services provided to the program. |
| 16.3 Nursing  18.05(9)(b)  M.G.L c. 112  M.G.L. c. 71, §§ 53,53A,and 53B | The program shall have a Registered Nurse available depending upon the health care needs of the program’s population. | **Documentation:**   * Name(s) of school’s Registered Nurse; and * Shift schedule. |
| 16.4 | Reserved |  |
| 16.5 | Reserved |  |
| 16.6 | Reserved |  |
| 16.7 Preventive Health Care  18.05(9)(g)(1, 3-6);  105 CMR 200.100(B)(1);  105 CMR 200.400(B);  105 CMR 200.400(C);  G.L. c. 71, § 57; and  G.L. c. 111, § 111. | The program shall describe in writing a plan for the preventive health care of students:   * 603 CMR 18.05(9)(g)(1) Dental   The program, in cooperation with the student's parents and/or human service agency, which is responsible for payment, shall make provision for each student to receive an annual comprehensive dental examination.   * 105 CMR 200.100(B)(1) Physical   The program shall ensure that every student be separately and carefully examined by a duly licensed physician, nurse practitioner or physician assistant upon admission **(within one year prior to entrance to program or within 30 days after program entry)** and every 3-4 years afterwards. The program shall require a written report from the physician(s) of the results of the examination and any recommendation and/or modification of the student's activity.   * The program shall provide a locked, secure cabinet to keep all toxic substances, medications, sharp objects and matches out of the reach of students. Toxic substances must be labeled with contents and antidote. Medications and medical supplies should not be locked in the same cabinet as other toxic substances.   **NOTE:** A newly enrolled student must have a documented physical within one year prior to their entrance to the program or the program must coordinate with the parents/guardians for the student to obtain a physical examination within 30 days of admission. | **Documentation:**   * Copy of written plan for preventive health care from health care manual.   **Student Record Reviews:**   * Evidence of dental and physical examinations and dated documentation of calls/emails/letters sent to parents/guardians requesting such documentation.   **Observation:**   * Locked cabinet where toxic substances, sharps and matches are kept; and * Locked cabinet where medications are stored. |
| 16.8 | Reserved |  |
| 16.9 | Reserved |  |
| 16.10 | Reserved |  |
| 16.11 Student Allergies  18.05(9)(h) | The program shall develop and implement written policy and procedures for protecting a student from exposure to foods, chemicals, or other materials to which they are allergic, as stated by their physician/medical assessment. | **Documentation:**   * Copy of written student allergies policy and procedures.   **Student Record Reviews:**   * Notations of all individual student allergies and plans for protection, as applicable. |

**AREA 18: STUDENT RECORDS**

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| 18.1 Confidentiality of Student Records  23.07(1);  28.09(5)(a); 28.09(10);  M.G.L. c. 71, § 34H | Programs shall keep current and complete files for each publicly funded Massachusetts student enrolled and shall manage such files consistent with the Massachusetts Student Record Regulations of 603 CMR 23.00 and M.G.L. c. 71, § 34H.   * A log of access shall be kept as part of each student’s record. If parts of the student record are separately located, a separate log shall be kept with each part. The log shall indicate all persons who have obtained access to the student record, stating: * the name, position and signature of the person releasing the information; the name, position and, if a third party, the affiliation if any, of the person who is to receive the information; * the date of access; * the parts of the record to which access was obtained; and * the purpose of such access. | **Documentation:**   * + Name of person responsible for oversight and maintenance of student records; and a   + Copy of the log of access form.   **Student Record Reviews:**   * Log of access form. |

**AREA 19: ANTI-HAZING**

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| 19 Anti-Hazing  M.G.L. c. 269, §§ 17 through 19 | * + The principal/education director of each school program serving secondary school age students issues a copy of M.G.L. c. 269 §§ 17 through 19, to every student enrolled full-time, and every student group, student team, or student organization, including every unaffiliated student group, student team, or student organization, and a copy of the school program's anti-hazing disciplinary policy approved by the program's Board of Director's.   + Each school program serving secondary school age students files, at least annually, a report with the Department certifying:   a) Its compliance with its responsibility to inform student groups, teams, or organizations, and every full-time enrolled student, of the provisions of M.G.L. c. 269 §§ 17 through 19;  b) Its adoption of a disciplinary policy with regard to the organizers and participants of hazing; and  c) That the hazing policy has been included in the student handbook or other means of communicating school program policies to students. | **Documentation:**   * Report on file with Department on or before October 1st   **Student Record Reviews:**   * Evidence of each secondary school age student’s receipt of the anti-hazing disciplinary policy approved by the program’s Board of Directors. |

**AREA 20: BULLYING PREVENTION AND INTERVENTION**

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| 20 Bullying Prevention and Intervention  M.G.L. c. 71, § 37H, as amended by  Chapter 92 of the Acts of 2010;  M.G.L. c. 71, §§ 37O(d), (e)(1)(2).   (IDEA-97) | * Employee handbooks/policies and procedures must contain relevant sections of the amended Plan relating to the duties of faculty and staff and relevant provisions addressing the bullying of students by a school staff member. * Each year all approved private special education school programs must give parents and guardians annual written notice of the student-related sections of the Plan. * Each year all approved private special education school programs must provide all staff with annual written notice of the Plan. * All approved private special education school programs must implement, for all school staff, professional development that includes developmentally appropriate strategies to prevent bullying incidents; developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment; information on the incidence and nature of cyber-bullying; and internet safety issues as they relate to cyber-bullying. | **Documentation:**   * + A description of how the Bullying Prevention and Intervention Plan information was distributed to parents, students and school staff; and   + A description of any ongoing professional development offered by the program for all staff during the 2016-2017 school year and evidence of its implementation, to include dates and copies of the agendas. |

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

**APPROVED PRIVATE DAY AND RESIDENTIAL**

**MID-CYCLE REVIEW PROCEDURES**

**Mid-cycle Review Introduction**

A Mid-cycle Review for each Approved Private School Program will be scheduled during the third year of the program’s six year monitoring cycle. The Department’s 2017-2018 Approved Private School Programs schedule of Mid-cycle Reviews is posted on the Department’s website at: <http://www.doe.mass.edu/pqa/review/psr/6yrcycle.html>.

The Department conducts Mid-cycle Reviews, including onsite visits, to determine the effectiveness of corrective action it has previously approved or ordered. In addition, the Department also monitors compliance with selected state and federal requirements across all private school programs being reviewed for a Mid-cycle.

All 2017-2018 Mid-cycle Reviews will include a review of all criteria listed in the Selected Mid-cycle Review Criteria, as well as any areas of non-compliance that were identified during the program’s last Program Review that required a written corrective action plan and are currently still part of our monitoring standards; as well as any additional areas that were identified after the review in the form of complaints, trends in restraint data, Form 1’s “Notification/Request for Prior Approval of Substantial Changed Within a Private or Public Special Education School Program” or Form 2’s “Public and Private Day or Residential School Program Incident Report. ” The Mid-cycle Review Onsite Chairperson may also determine that additional areas must be reviewed and will inform the program of any additional criteria.

**Exit Meeting and issuance of the Mid-cycle Review Report:** An informal Exit Meeting will be held with the Executive Director of the private school program and anyone else of his/her choosing to summarize general impressions of the visit. The Department's Mid-cycle Review Report is a public document that is to be made available by the program to its Board of Directors, parents and the general public upon request. The Department of Elementary and Secondary Education also posts all Private School Program Review and Mid-cycle Review Reports on its website at <http://www.doe.mass.edu/pqa/review/psr/reports/followup.html>

Upon issuance of the Mid-cycle Review Report, the program will receive an updated approval status. For

programs receiving a “Full Approval,” this approval will remain in effect for three (3) years expiring on

August 31st of the third year of the approval. This approval will be contingent upon continued compliance with all regulations contained within 603 CMR 28.09, “Approval of Public and Private Day and Residential Special Education School Programs,” 603 CMR 18.00, “Program and Safety Standards for Approved Public or Private Day and Residential Special Education School Programs” and 603 CMR 46.00 “Prevention of Physical Restraint and Requirements If Used,” as well as the Department’s approval of all required corrective action plans and progress reports.

The Department of Elementary and Secondary Education may change this approval status at any point during the three-year period if circumstances arise that warrant such a change. For Approved Private School Programs receiving a “Provisional Approval” or “Probationary Approval,” the Department of Elementary and Secondary Education will clearly indicate the reasons for the reduced approval, along with timelines for compliance and an expiration date of the approval status. The Department will review all required progress reports related to the Mid-cycle Review Report findings and issue written determinations regarding approval or disapproval of these.

**NOTE:** For programs undergoing Program Reconstruction, Special Circumstances or Extraordinary Relief, please note that even if the program has substantially met all of the requirements for a Full Approval, the program will remain on Provisional Approval until the completion of the Program Reconstruction, Special Circumstances or Extraordinary Relief process.

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| **Mid-cycle Review Criteria**  **School Year 2017-2018** |

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| 2.1 | Reserved |  |
| 2.2 Approvals, Licenses, Certificates of Inspection 18.04(1);  28.09(2)(b)(5);  28.09(5) (b);  28.09(6) (b, c) | The program has current licenses, approvals, and certificates of inspection by state and local agencies.   * Safety Inspection. The program shall have an appropriate certificate of inspection from the Department of Public Safety or the local building inspector for each building to which students have access; * Fire Inspection. The program shall obtain a written report of an annual fire inspection from the local fire department; and * Local Board of Health permit (certificate to be obtained at least twice a year. | **Documentation:**   * Current copies of licenses, approvals, and certificates of inspection   **Observation:**   * Posted certificates |
| 2.3 EEC Licensure  102 CMR 3.00  **(Residential Programs only** | The residential program has a current, full license from the Department of Early Education and Care (EEC) (per 102 CMR 3.00). | **Documentation:**   * Current copy of EEC license   **Observation:**   * Posted EEC license |
| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| 4.1 | Reserved |  |
| 4.2 | Reserved |  |
| 4.3 | Reserved |  |
| 4.4 | Reserved |  |
| 4.5 Immediate Notification    18.03(10);  18.05(7);  28.09(12) (a, b) | Pursuant to applicable regulations and agency policy this school is hereby providing immediate electronic notification to ESE for ANY student enrolled in its program (Massachusetts Student, Out-of-State Student or Privately Funded Student) concerning incidents that occur during **SCHOOL HOURS** **ONLY, except for EMERGENCY TERMINATIONS, which is for both school and residential hours**.   1. The death of any student; (Immediate verbal and written notification to the student’s partens/guardians and school district) 2. The filing of a 51-A report with Department of Children and Families (DCF) OR a complaint filed with the Disabled Persons Protection Commission (DPPC), against the school or a school staff member, for alleged abuse or neglect of any student; 3. Any action taken by a federal, state, or local agency that might jeopardize the school’s approval with ESE (i.e. federal or state investigation; closure of intake); 4. Any legal proceeding brought against the school or its employee(s) arising out of circumstances related to the care or education of any of its students; 5. The hospitalization of a student (including out-patient emergency room visits) due to physical injury at school or previously unidentified illness, accident or disorder which occurs while the student is in the program; 6. A student run from the program; and | **Documentation:**   * Copy of the program’s written procedures for notifying all appropriate parties of serious incidents, including the contact person responsible for providing such notification   **Student Record Reviews:**   * All Form 2 incident reports maintained in student records |
| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
|  | 1. Any other incident of a serious nature that occurs to a student or staff in the program. (Some examples include: any police involvement, any media involvement, weapons, fire setting, alcohol or drug possession or use while in the program).   **FOR BOTH SCHOOL AND RESIDENTIAL HOURS:**   1. The emergency termination of a student pursuant to 28.09(12(b). |  |
| 6.1 Daily Instructional Hours/  6.4 School Days Per Year  27.04;  27.05(2);  28.09(9)(a) | The program ensures that each student is scheduled to receive a minimum of the following instructional hours unless otherwise approved by ESE or a student’s IEP provides otherwise:   * Elementary – A total of:   10 month program – 900 hours  11 month program – 990 hours  12 month program – 1080 hours   * Secondary – A total of:   10 month program – 990 hours  11 month program –1089 hours  12 month program – 1188 hours  The program ensures that, unless a student’s IEP provides otherwise, each elementary school student is scheduled for at least 900 hours of structured learning time a year and each secondary school student is scheduled for at least 990 hours of structured learning time a year (including physical education for all students, required by M.G.L. c. 71, § 3), within the required school year schedule. Where the private special education program operates separate middle schools, at the beginning of the school year it designates each one as either elementary or secondary. | Documentation:   * Learning Time Worksheet; and * Block schedule that includes: * Beginning and ending time for each instructional block; * Subject area for each block; * All non-instructional time (e.g. lunch, recess, transitions between classes, etc.); and * If non-instructional time activities are counted as instructional hours, they must be specified in student’s IEPs. |
| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
|  | **NOTE:** The program ensures that its structured learning time is time during which students are engaged in regularly scheduled instruction, learning or assessments  within the curriculum of core subjects and other subjects as defined in 603 CMR 27.02. The program’s structured learning time may include directed study (activities directly related to a program of studies, with a teacher available to assist students); independent study (a rigorous, individually designed program under the direction of a teacher, assigned a grade and credit); technology-assisted learning; presentations by persons other than teachers; school-to-work programs; and statewide student performance assessments.  All programs are run for the following minimum number of days (exclusive of weekends, holidays and vacations):   * 10 month program – 180 days * 11 month program – 198 days * 12 month program – 216 days   Before the beginning of each school year, the program sets a school year schedule for each program. This schedule must contain the number of school days per year ESE approved the school to operate and include at least five additional school days to account for unforeseen circumstances (i.e., snowstorms, flood, etc.). |  |
| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| 8.1 | Reserved |  |
| 8.2 | Reserved |  |
| 8.3 | Reserved |  |
| 8.4 | Reserved |  |
| 8.5 Current IEP & Student Roster  28.09(5)(a) | The program has on file a current IEP for each enrolled Massachusetts student that has been issued by the responsible public school district and consented to and dated by the student’s parent(s)/guardian(s) or student, when applicable.  The program has on file a current student roster for ALL enrolled students including out-of-state and privately funded. | **Documentation:**   * Student Roster template that can be found in the WBMS Document Library that includes all required information necessary for Massachusetts students, out-of state students and privately funded students.   **Student Record Reviews:**   * Current IEPs of students |
| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| 9.1 Policies and Procedures for Behavior Support  18.03(7)(b)(2);  18.05(5);  28.09(11);  46.00 | The program develops and implements written behavior support policies and procedures consistent with new regulations under 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention.    Behavior support policies shall be reviewed annually and be provided to program staff and made available to parents of enrolled students.  The behavior support policies shall include:  1. Methods for preventing student violence;  2. Methods for preventing self-injurious behavior and suicide;  3. A description and explanation of the program’ alternatives to physical restraint;  4. A description of the program’s training requirements for staff;  5. A description of the program’s reporting requirements and follow-up procedures;  6. A description including timelines of the program’s procedure for receiving and investigating complaints regarding behavior support policies;  7. A description of the procedures to be followed for implementing the behavior support reporting requirements;  8. A description of the program’s procedure for making both oral and written notification to the parent; and  9. A procedure for the use of time-out.    **NOTE:**  Meals shall not be withheld as a form of punishment or behavior management.  No student shall be denied or unreasonably delayed a meal for any reason other than medical prescriptions.  **NOTE:** Behavior support training must be provided to all program staff within the first month of the school year regarding the behavior support policies and the requirements when such procedures are implemented.  OR  For employees hired after the school year begins, behavior support training must be provided and completed within one month of the date of hire of the employee. | **Documentation:**   * Copy of written policies and procedures on Behavior Support that address items 1-9 in this criterion. |
| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| 9.1(a) Student Separation Resulting from Behavior Support  18.05(6)(i)  46.04(1)(j) | If the program’s behavior support policies and procedures result in a student separating from the group or program activities, it shall include:  1. A requirement that students shall be continuously observed by a staff member and staff shall be with the student or immediately available to the student at all times;  2. A procedure for obtaining principal approval of time-out for more than 30 minutes based upon the individual student’s continuing agitation; and  3. A requirement that time out shall cease as soon as the student has calmed. | **Documentation:**   * + - Copy of written policy and procedures on Student Separation Resulting from Behavior Support that address items 1-3 in this criterion.   **Student Record Reviews:**   * + - Documentation related to Criterion 9.1(a) maintained in student records or time out log of all students. |
| 9.2 | Reserved |  |
| 9.3 | Reserved |  |
| 9.4 Physical Restraint  18.05(5);  46.00 | The program shall have a written policy on the use of physical restraint and administer physical restraint in accordance with the requirements of 603 CMR 46.00.    The program administers physical restraint only in emergency situations of last resort when needed to protect a student and/or member of the school community from assault or imminent, serious, physical harm and with extreme caution in order to prevent or minimize any harm to the student as a result of the use of physical restraint.  Physical restraint policy and procedures must include the following:  1. Methods for engaging parents and students in discussions about restraint prevention and use;  2. A description and explanation of the method of physical restraint used by the program in an emergency situation;  3. A statement prohibiting seclusion, medication restraint, mechanical restraint and prone restraint unless permitted under 603 CMR 46.03(1)(b); | **Documentation:**   * + - Copy of written policy and procedures on Physical Restraint that address items 1-10 in this criterion.   **Onsite Verification:**   * + - Record of restraints for the current school year and * Principal’s log of individual student reviews for students who were restrained multiple times in the same week. |
| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
|  | 4. Physical restraint shall be used only in emergency situations of last resort, after other lawful and less intrusive alternatives have failed or been deemed inappropriate;  5. A description of the program’s procedure for conducting periodic review of data and documentation on the program’s use of restraint;  6. A description of the program's training requirements for all staff;  7. A description of the intensive training for staff who serve as restraint resources for the program;  8. Reporting requirements and follow-up procedures for reports to parents/guardians and to the Department;  9. A procedure for receiving and investigating complaints regarding restraint practices; and  10. The director or his/her designee shall maintain an on-going record of all instances of physical restraint, which shall be made available for review by the Department upon request.  **NOTE:**  A residential educational program must comply with ESE restraint requirements under 603 CMR 46.00 during school hours and EEC restraint requirements under 102 CMR 3.00 during residential hours.  **NOTE:** A program within a program or facility subject to M.G.L. c. 123 or Department of Mental Health Regulations must comply with the restraint requirements of M.G.L. c. 123, 104 CMR 27.12 or 104 CMR 28.05, where applicable.  **NOTE:** Physical restraint training must be provided to all program staff within the first month of the school year regarding restraint prevention and the requirements when restraint is used.  OR  For employees hired after the school year begins, physical restraint training must be provided and completed within one month of the date of hire of the employee. | **Student Record Reviews:**   * Associated restraint reports filed with the Department of Elementary and Secondary Education when a restraint results in the injury of a student requiring medical attention.   **Staff Record Reviews:**   * Associated restraint reports filed with the Department of Elementary and Secondary Education when a restraint results in the injury of a student requiring medical attention. |
| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| 11.1 | Reserved |  |
| 11.2 | Reserved |  |
| 11.3 Educational Administrator Qualifications  28.09(5)(a);  28.09(7)(a);  44.00 | At least one staff member shall be designated as the educational administrator for the program. Such person shall be assigned to supervise the provision of special education services in the program and to ensure that the services specified in each student’s IEP are delivered. The educational administrator shall either possess licensure as a special education administrator or possess all of the following:   * License as a special educator; * A minimum of a master's degree in special education or a related field; and * A minimum of one year of administrative experience. | **Documentation:**   * Name of educational administrator(s) * Verification of qualifications: * Copy of licensure as a special education administrator   **OR ALL of the following:**   * Copy of ESE license as a special educator or copy of ELAR activity sheet; and * Evidence of Master’s Degree in special education or a related field; and * Evidence of a minimum of one year of administrative experience (acceptable documentation includes a current resume.) |
| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| 11.4 Teachers (Special Education Teachers and General Education Teachers)  18.05(11)(f);  28.09(5)(a);  28.09(7)(b, c);  34 CFR 300.321 | The program must ensure that all teaching staff have teaching licenses appropriate to meet the needs of the population being served pursuant to the requirements of 603 CMR 7.00 and, additionally, must adhere to the following requirements:   * To the extent that unlicensed staff is providing special education services, such services shall be designed, or supervised by a special educator; and * To the extent that general education teachers are providing special education services, they shall do so in coordination with the special education teacher.   The number of special education teachers and the number of the general education teachers must correspond with the most recently approved ESE Staffing plan. | **Documentation:**   * Teacher Roster Form template that can be found in the Appendix that includes all required information; * Copy of license or most current ELAR activity sheet for each teacher; * In instances where teachers do not hold Massachusetts licensure for the area in which they are employed, a copy of a current certification waiver is provided or ELAR activity sheet; and * In instances when general education teachers are providing special education services, the name and license of the special educator providing supervision. |
| 11.5 Related Services Staff  28.09(7)(d) | All staff providing or supervising the provision of related services (including medical personnel identified in criterion 16.2 Physician Consultation, 16.3 Nursing, as well as all consultants) shall be appropriately certified, licensed or registered in their professional areas. | **Documentation:**   * Related Services Provider template that can be found in Appendix that includes all required information; and * Copy of each provider’s License and/or Massachusetts State Board of Registration. |
| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | SOURCE OF INFORMATION |
| 11.6 Master Staff Roster  28.09(7) | The program maintains a master list of ALL staff for every position within the program. The staff positions shall correspond to the most recently approved ESE Staffing plan.  This list must include job titles along with their corresponding Uniform Financial Report (UFR) titles, UFR numbers and full-time equivalents (FTE’s). This list may include, but is not limited to:   * Administrators * Special education teachers * General education teachers * Related service providers * Registered Nurses * Direct care workers * Direct care supervisors * Clerical and maintenance staff * Psychologists * Social workers * Program support * Consultants   In addition, identify any other positions not included in the approved program budget (ex. 1:1 paid for by school district or additional positions funded by the agency).  Any changes/discrepancies from the most recently approved ESE Staffing plan (through Initial Application, Extraordinary Relief, Special Circumstances or Program Reconstruction) must be documented on the Master Staff Roster. | **Documentation:**   * Master Staff Roster template that can be found in the Appendix that includes all required information and * Copy of the most recently approved ESE Staffing plan. |

Private School

Structured Learning Time Worksheet

Pursuant to Criteria:

PS 6.1 – Daily Instructional Hours

PS 6.1(a) – Physical Education Requirements

PS 6.4 – School Days Per Year; Release of High School Seniors

PS 6.1 Daily Instructional Hours and 6.4 School Days Per Year; Release of High School Seniors

**PS 6.1(a) – Physical Education Requirements**

**Student Learning Time Worksheet**

Purpose and Directions

**PURPOSE:**

The purpose of the Student Learning Time Regulations (603 CMR 27.00) is to ensure that every publicly-funded school in Massachusetts provides sufficient structured learning time equitably for all students. The Department of Elementary and Secondary Education (“Department”) requires each publicly-funded Massachusetts student attending an approved private special education school program to be scheduled to receive the number of instructional hours the program was approved by the Department to deliver unless otherwise indicated in a student’s IEP. During a Program or Mid-cycle Review, as part of the Department’s efforts to ensure compliance with these regulations, the Department reviews the structured learning time for every approved program an agency operates in order to verify that all students are scheduled to receive the approved amount in accordance with monitoring standards PS 6.1 Daily Instructional Hours and PS 6.4 School Days Per Year; Release of High School Seniors, as well as PS 6.1(a) Physical Education Requirements. An agency is required to make any changes necessary to conform with the Board of Elementary and Secondary Education’s regulations in this regard.

**DIRECTIONS:**

An agency must upload this document in order for the Department to determine if students are scheduled to receive the number of instructional hours a program was approved by the Department to provide. A separate worksheet should be used for each approved program where an agency operates more than one program. If any program is not in full compliance with the student learning time standards described under the program review criteria PS 6.1 and 6.4, or physical education requirements under PS 6.1(a) pursuant to M.G.L. c.71, sec.3, it should prepare a written plan to bring the effected program into full compliance and upload that plan under “Additional Documents” after the agency’s self-assessment has been submitted.

**AGENCY**

**STUDENT LEARNING TIME WORKSHEET**

**(Page 1 of 2)**

**Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. How many total days are scheduled for the school year including days set aside for professional development and weather-related days?

\_\_\_\_\_\_days

1. How many days in the school year are ALL students scheduled to attend?
   * Do not include kindergarten.
   * Do not include orientation days unless all grades are in attendance.
   * Do not subtract senior early release days.

\_\_\_\_\_\_days

1. If the program operates any middle school programs, they are designated as:

*(Check one)* \_\_\_\_\_Elementary (900 hours) OR\_\_\_\_\_Secondary (990 hours)

1. How many annual hours is the program scheduled for kindergarten students? (Label “NA” any type of program that does not exist.)

\_\_\_\_\_ Morning half-day programs

\_\_\_\_\_ Afternoon half-day programs

\_\_\_\_\_ Full-day programs

1. Are there any programs operated by the agency that are not in full compliance with program review criteria PS 6.1, 6.1(a) and 6.4 (See <http://www.doe.mass.edu/pqa/review/psr/instrument.pdf>)?

Yes No

(**See Next Page)**

**AGENCY**

**STUDENT LEARNING TIME WORKSHEET**

**(Page 2 of 2)**

**Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If “yes,” identify the programs(s) and, for each, the area(s) of noncompliance

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and attach the agency’s plan to bring all programs into full compliance. At a minimum, this plan must include:

• A complete description of the corrective action activities the agency will implement

• Target completion dates

• Anticipated results

• Evidence of completion

• Person(s) responsible for implementation of activities

• The agency’s process for evaluating corrective action and ensuring ongoing compliance

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(Signature and title of agency head completing this worksheet or designee) (Date)***

**PROGRAM**

**STUDENT LEARNING TIME WORKSHEET**

**(Page 1 of 2)**

## Name of Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level (Elementary, Middle, Secondary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grades in Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Check One*:**

This worksheet applies to all students within the program.

There is a separate copy of this worksheet attached for each instructional group whose schedule does not conform to the program’s standard instructional schedule.

(On the separate copy, write the name of the group after the name of the program.)

1. Of the number of student days scheduled in the student year (the number of days the Department approved your program to operate), how many are scheduled early release days or scheduled delayed opening days (e.g., day before holiday, professional development, parent conferences)?

\_\_\_\_\_\_\_days

1. How many annual structured learning hours are students missing due to scheduled early release or scheduled delayed opening?

\_\_\_\_\_\_\_hrs. \_\_\_\_\_\_\_mins.

1. The student day begins at \_\_\_\_\_A.M. and ends at \_\_\_\_\_P.M.; therefore the student day contains:

\_\_\_\_\_\_\_hrs. \_\_\_\_\_\_\_mins.

1. How much time is spent per day in homeroom, at breakfast and lunch, passing between classes, at recess, conducting health screenings and preventative services and in non-directed study?

\_\_\_\_\_\_\_hrs. \_\_\_\_\_\_\_mins.

1. Subtract the amount of daily non-instructional time in number 4 from the total time indicated in number 3. This gives the daily structured learning time per student.

\_\_\_\_\_\_\_hrs. \_\_\_\_\_\_\_mins.

1. How many days in a school year are **ALL STUDENTS** scheduled to attend?
   * Do not include kindergarten.
   * Do not include orientation days unless all students are required to attend.
   * Do not subtract senior early release days.

\_\_\_\_\_\_\_days

1. Multiply the daily structured learning time indicated in number 5 by the number of student days in

number 6.

This equals:

\_\_\_\_\_\_\_hrs. \_\_\_\_\_\_\_mins.

1. From the total in number 7, subtract the time not scheduled because of early release or delayed opening indicated in number 2. This gives the amount of annual structured learning time.

\_\_\_\_\_\_\_hrs. \_\_\_\_\_\_\_mins.

**(See Next Page)**

**PROGRAM**

**STUDENT LEARNING TIME WORKSHEET**

(Page 2 of 2)

**Name of Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. List all grades (including kindergarten) in which physical education is taught as a required subject for all students in the grade:

Grades: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. (Only for programs that have grade 12)

What was the last day of attendance for seniors last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the date of graduation last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the regular scheduled closing date for your school last year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NOTE: No other group of students (grades 1-11) is eligible for release before the end of the school year.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

(Signature and title of Education Admin., Education Dir. or Principal completing worksheet) (Date)

**Note: Where this school does not comply with PS 6.1, 6.1(a) or 6.4 an action plan to bring it into full compliance can be attached to the agency’s Student Learning Time Worksheet Tool and uploaded into Additional Documents in the WBMS.**

**(See** [**http://www.doe.mass.edu/pqa/review/psr/instrument.pdf**](http://www.doe.mass.edu/pqa/review/psr/instrument.pdf)**).**

**DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

**CURRENT IEP & STUDENT ROSTER**

**AGENCY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SECTION 1: MASSACHUSETTS FUNDED STUDENTS**

**(List all students in alphabetical order by last name.)**

**READ ALL 4 PAGES OF THE CURRENT IEP & STUDENT ROSTER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Student**  **Name**  **(last name, first name)** | **School district responsible for preparing the**  **student’s IEP** | **Name of the school district contact person** | **Agency(ies) supporting any part of the student’s tuition** | **Portion of tuition supported by such agency(ies)** | **Implementation date of the most recently issued and consented to IEP** | **Expiration date of the most recently issued and consented to IEP** | **Date of parental signature on the most recently issued and consented to IEP** | **For each IEP expiration date that has passed, list efforts made by the program to obtain a current IEP. Include specifics, such as who from the program provided the follow up, the date a call was made or a letter was issued, the name of the person communicated with from the sending school district, etc.** |
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**SECTION 2: OUT OF STATE STUDENTS**

**(List all students in alphabetical order by last name.)**

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| --- | --- | --- |
| **Student Name**  **(last name, first name)** | **Sending school district city/town** | **State supporting**  **placement** |
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| **Student Name**  **(last name, first name)** | **Sending school district city/town** | **State supporting**  **placement** |
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**SECTION 3: PRIVATE PAY STUDENTS**

**(List all students in alphabetical order by last name.)**

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| --- | --- | --- |
| **Student**  **Name**  **(last name, first name)** | **City/town student is from** | **State student is from** |
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| **Student**  **Name**  **(last name, first name)** | **City/town student is from** | **State student is from** |
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**SECTION 4: MASSACHUSETTS FUNDED STUDENT ADDRESSES FOR STUDENTS**

**WHO WERE SELECTED AS PART OF THE SELF ASSESSMENT**

**For each Massachusetts funded student whose record your program selected to review in its Self Assessment, please complete the name, address(es) and primary language of the parent(s)/guardian(s) so that parent surveys can be mailed to the appropriate parties. (List all students in alphabetical order by last name.)**

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| **Student Name**  **(last name, first name)** | **Primary language**  **of the student** | **Name(s) and address(es) of**  **parent(s)/guardian(s)** | **Primary language of the parent(s)/guardian(s)** |
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**DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION TEACHER ROSTER**

**AGENCY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: Only include staff identified as UFR #115 Special Education Teacher and UFR #116 Regular Education Teacher.**

**Reflect both the subject area and the grade level(s) actually covered by each teaching license.**

**Examples: Teacher of Students with Moderate Disabilities Grades PreK-8; Teacher of Students with Moderate Disabilities Grades 5-12; Teacher of Students with Severe Disabilities All levels; Mathematics Grades 1-6; Mathematics Grades 5-8; Mathematics Grades 8-12.**

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| **UFR #** | **NAME OF TEACHER**  **Enter one name per line** | **POSITION TITLE WITHIN PROGRAM** | **GRADE**  **LEVEL(S) TAUGHT** | **SUBJECT(S) AREA**  **TAUGHT** | **MA LICENSE INFORMATION**  **License Title, Type, Grade Level, License Number, Expiration Date** |
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**DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION RELATED SERVICES STAFF ROSTER**

**AGENCY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: In alphabetical order by last name, list all staff providing or supervising the provision of related services who serve in a role where such services require a Massachusetts Professional License (including medical personnel identified in criterion 16.2 Physician Consultation and 16.3 Nursing as well as all consultants.) Enter one staff name per line and group according to UFR#.**

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| **UFR #** | **NAME OF STAFF**  **(first name, last name)** | **POSITION TITLE WITHIN PROGRAM** | **MA LICENSE, REGISTRATION OR CERTIFICATION TYPE, NUMBER AND EXPIRATION DATE** |
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| **DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION MASTER STAFF ROSTER** |

**AGENCY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PROGRAM NAME : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE OF SUBMISSION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_**

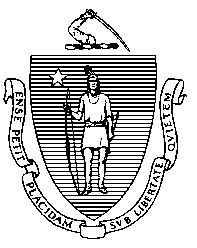
**Number of students Program Rate is based on: \_\_\_\_\_\_\_\_\_\_ Current student enrollment: \_\_\_\_\_\_\_\_\_**

**NOTE: One staff name per line; this master staff roster must indicate all FTE’s that matches the most recently approved ESE staffing plan.**

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| **UFR #** | **UFR TITLE AND POSITION** | **Total FTE(s)** | **POSITION TITLE WITHIN SCHOOL** | **NAME OF PERSON CURRENTLY IN THIS POSITION**  **(IF VACANT, INDICATE SO)** | **JUSTIFICATION FOR**  **DISCREPANCIES FROM THE**  **MOST RECENTLY APPROVED**  **ESE STAFFING PLAN**  **(Examples: “Increased Enrollment”, “Decreased Enrollment”, “Vacancy – Currently Recruiting”)** |
| 101 | Program Function Manager |  |  |  |  |
| 102 | Program Director |  |  |  |  |
| 103 | Assistant Program Director |  |  |  |  |
| 104 | Supervising Professional |  |  |  |  |
| 105 | Physician |  |  |  |  |
| 107 | Registered Nurse/ Master’s |  |  |  |  |
| 108 | Registered Nurse |  |  |  |  |
| 109 | Licensed Practical Nurse |  |  |  |  |
| 111 | Occupational Therapist |  |  |  |  |
| 112 | Physical Therapist |  |  |  |  |
| 113 | Speech / Language Pathologist, Audiologist |  |  |  |  |
| 114 | Dietician/Nutritionist |  |  |  |  |
| 115 | Special Education Teacher |  |  |  |  |
| 116 | Teacher |  |  |  |  |
| 121 | Psychiatrist |  |  |  |  |
| 122 | Psychologist – Doctorate |  |  |  |  |
| 123 | Clinician |  |  |  |  |
| 124 | Social Worker - LICSW |  |  |  |  |
| 125 | Social Worker - LCSW |  |  |  |  |
| 126 | Social Worker - LSW |  |  |  |  |
| 127 | Licensed Counselor |  |  |  |  |
| 130 | Counselor |  |  |  |  |
| 131 | Case Worker/Manager – Master’s |  |  |  |  |
| 132 | Case Worker/Manager |  |  |  |  |
| 133 | Direct Care Program Staff Supervisor |  |  |  |  |
| 134 | Direct Care/Program Staff III |  |  |  |  |
| 135 | Direct Care / Program Staff II |  |  |  |  |
| 136 | Direct Care/Program Staff I |  |  |  |  |
| 137 | Program Secretarial / Clerical |  |  |  |  |
| 138 | Program Support – Housekeeping, Maintenance, Janitorial, Groundskeeper, Drive, Cook |  |  |  |  |
| 201 | Direct Care Consultant |  |  |  |  |
| 202 | Temporary Help |  |  |  |  |
| 206 | Sub-Contract Direct Care |  |  |  |  |

**POSITIONS NOT INCLUDED IN THE MOST RECENTLY APPROVED ESE STAFFING PLAN**

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| **UFR TITLE AND POSITION** | **POSITION TITLE**  **WITHIN SCHOOL** | **NAME OF PERSON CURRENTLY**  **IN THIS POSITION** | **SOURCE OF**  **FUNDING** |
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 **Massachusetts Department of Elementary and Secondary Education**

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| Form 1: NOTIFICATION / REQUEST FOR PRIOR APPROVAL OF SUBSTANTIAL CHANGES WITHIN A PRIVATE OR PUBLIC SPECIAL EDUCATION SCHOOL PROGRAM (v. 2/13/17) |

Date of this notice: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions:** All Private or Public Special Education School Programs must **upload into the Web Based Monitoring System (WBMS)**

page 1 of this form and attach to it a narrative addressing the applicable “Notification or Request for Prior Approval of the substantial change(s).” Include in the narrative the program’s rationale for such change(s). Also include the required corresponding documentation listed on pages 2-3, and any other information that the program believes justifies such request(s). Please consult pages 4-5 of this form for Guidance.

Pursuant to 603 CMR 28.09(5)(c), this private or public special education school program is hereby providing written notification / requesting prior approval from the Department for the following reason(s):

**NOTIFICATION TO ESE REQUIRED: Note the applicable specific timeline required for each notification**

**Immediate notification for:**

\_\_\_ unexpected building change as the result of an emergency

\_\_\_ change in program’s financial status that impacts either the health and safety of students or the service delivery to students

\_\_\_ closure of a program

**15 working days notification for:**

\_\_\_ each 10% decrease in enrollment of students based on the last ESE approved student enrollment (for private schools only)

\_\_\_ change in program’s ownership

\_\_\_ change in program’s name

\_\_\_ vacanc(ies) in approved staff positions not filled by another appropriately licensed or waivered staff person, and that have a direct impact on the service delivery to students

**PRIOR APPROVAL FROM ESE REQUIRED BEFORE CHANGES MAY OCCUR:**

\_\_\_ changes to school building(s)/physical facilities that are not due to an emergency, but are related to relocation and/or expansion of building(s)

\_\_\_ changes made by the school to ESE required policies and procedures that result in continued adherence to regulatory requirements

\_\_\_ request to increase or decrease the ages of the students being served

\_\_\_ request to change or add gender of students being served

\_\_\_ each 10% increase in the enrollment of students based on the last ESE approved student enrollment

\_\_\_ adding, eliminating, or changing staff positions

Public School OR Name of Private Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone of Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Day School OR \_\_\_ Residential School

Name of Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ACTION**  **APPROVAL STATUS:** ⁭ Receipt Acknowledged on: ⁭  Received by ESE on: All required documentation received on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Request for Change Approved on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request for Change Denied on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Reason attached)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ESE Liaison) (ESE Supervisor) (ESE Director) |

Staff Completing Page 1 of this form must review the checklist below to ensure that information submitted to the Department is complete and that it responds to all Form 1 information requirements.

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| **Necessary Information Required for Form 1’s** NOTIFICATION: **Required documentation for the monitoring criteria listed below can be found at** [**http://www.doe.mass.edu/pqa/review/psr/instrument.doc**](http://www.doe.mass.edu/pqa/review/psr/instrument.doc) | |
| **IMMEDIATE NOTIFICATION IS REQUIRED** | |
| **Unexpected building change as the result of an emergency** Approvals, Licenses, Certificates of Inspection (criteria 2.2)  EEC Licensure if applicable (criteria 2.3)  Physical Facility/Architectural Barriers (criteria 13.4)  Notification to parents/guardians and responsible school districts  Anticipated return date to original location |  |
| **Change in program’s financial status that impacts either the health and safety of students or the service delivery to students**  Current Student Roster (criteria 8.5)  Staffing for Instructional Groupings (criteria 10.1)  Teacher Roster (Special Education Teachers and Regular Education Teachers) (criteria 11.4)  Master Staff Roster (criteria 11.6) |  |
| **Closure of a program**  Current Student Roster (criteria 8.5)  Written notification sent to funding sources  Written notification sent to parents/guardians  Date program is expected to close  Transition status/plan for all students currently enrolled regarding new placements sought/secured  Student Record transfer plan for all students enrolled and for all prior students  Weekly or monthly updates to ESE on the Transition status/plan for all students enrolled  Weekly or monthly updates to ESE on the Student Record transfer plan for all students |  |
| **15 WORKING DAYS NOTIFICATION IS REQUIRED** | |
| **Each 10%** **decrease in enrollment of students based on the last ESE approved student enrollment**  Current Student Roster (criteria 8.5)  Staffing for Instructional Groupings (criteria 10.1) Age Range (criteria 10.2)  Teacher Roster (Special Education Teachers and Regular Education Teachers) (criteria 11.4)  Related Services Staff (criteria 11.5)  Master Staff Roster highlighting positions that have been temporarily eliminated or reduced due to decrease in student enrollment, but that still meet approved staff to student ratios (criteria 11.6)  Number of students currently enrolled in the program  Most recently approved ESE staffing plan, including the number of students ESE has approved for enrollment |  |
| **Change in program’s ownership**  Master Staff Roster (11.6)  Organizational structure (criteria 11.9) |  |
| **Change in program’s name**  Organizational structure (criteria 11.9) |  |
| **Vacanc(ies) in approved staff positions not filled by another appropriately licensed or waivered staff person that have a direct impact on the service delivery to students**  Master Staff Roster (criteria 11.6)  Notification letter sent to funding public school district(s) of students affected by vacanc(ies)  Efforts school is making to fill vacanc(ies)  Alternative methods for provision of services |  |
| **Necessary Information Required for Form 1’s:**  **PRIOR APPROVAL:**  **Required documentation for the monitoring criteria listed below can be found at** [**http://www.doe.mass.edu/pqa/review/psr/instrument.doc**](http://www.doe.mass.edu/pqa/review/psr/instrument.doc) | |
| **Changes to school building(s)/physical facilities that are not due to an emergency, but are related to relocation and/or expansion of building(s)**  Approvals, Licenses, Certificates of Inspection (criteria 2.2)  EEC Licensure if applicable (criteria 2.3)  Physical Facility/Architectural Barriers (criteria 13.4)  Library/Resource Room (criteria 13.7)  Expected date construction will begin and will be completed and the impact on students, if any  Expected date of onsite visit from ESE liaison  Written assurance that students will not use the building until the Form 1 is approved by ESE |  |
| **Changes made by the school to ESE required policies and procedures that result in continued adherence to regulatory requirements**  Copy of program’s proposed policy clearly identifying all changes to ESE previously approved policy  Criteria number in ESE monitoring booklet and/or regulation number  Method of dissemination to parents/guardians and funding sources after new and/or revised policy is approved by ESE |  |
| **Request to increase or decrease the ages of the students being served**  Program and Student Description (criteria 1.2)  Staffing for Instructional Groupings (criteria 10.1)  Age Range (criteria 10.2)  Teacher Roster (Special Education Teachers and Regular Education Teachers) (criteria 11.4)  Ages currently approved to serve  Ages proposing/requesting to serve |  |
| **Request to change or add gender of students being served**  Program and Student Description (criteria 1.2)  Staffing for Instructional Groupings (criteria 10.1)  Age Range (criteria 10.2)  Teacher Roster (Special Education Teachers and Regular Education Teachers) (criteria 11.4)  Genders currently approved to serve  Genders proposing/requesting to serve |  |
| **Each 10% increase in enrollment of students based on the last approved ESE student enrollment**  Current Student Roster (criteria 8.5)  Staffing for Instructional Groupings (criteria 10.1)  Age Range (criteria 10.2)  Teacher Roster (Special Education Teachers and Regular Education Teachers) (criteria 11.4)  Related Services Staff Roster (criteria 11.5)  Master Staff Roster highlighting additional positions required to meet approved staff to student ratios resulting from increased student enrollment (criteria 11.6)  Description of physical facility including how it will accommodate an increase of enrolled students (criteria 13.2)  Number of students currently enrolled in the program  Most recently approved ESE staffing plan, including the number of students ESE has approved for enrollment  Number of students by which enrollment will increase |  |
| **Adding, eliminating, or changing staff positions**  Current Master Staff Roster (criteria 11.6)  Proposed Master Staff Roster (criteria 11.6)  Written notification that will be sent to funding sources once change has been approved by ESE |  |

**Guidance for Completing Form 1: Notification/Request For Prior Approval of Substantial Changes**

**Within A Private or Public Special Education School Program**

The Department of Elementary and Secondary Education (ESE) has developed this written guidance to private or public special education school programs in order to clarify reporting requirements for certain changes to its program(s) that are proposed and/or unexpected, as well as the supporting documentation that must be submitted with the Form 1. All private or public special education school programs seeking to make changes to its currently approved program(s) must complete a Form 1: Notification/Request For Prior Approval of Substantial Changes Within A Private or Public Special Education School Program. All private or public special education school programs must attach a narrative description that directly pertains to the school’s notification or request for prior approval of the substantial change(s). The narrative must include a rationale for such change(s). All private or public special education school programs must submit the required documentation referenced on pages 2 and 3 of this form. The applicable monitoring criteria that relates to that required documentation can be found at [**http://www.doe.mass.edu/pqa/review/psr/instrument.doc**](http://www.doe.mass.edu/pqa/review/psr/instrument.doc). Please note that the checklist has been developed as a tool for your school program to use, but is not required to be completed by your school program. While the private or public special education school programs do not need to complete nor submit the checklist, it is recommended that all schools refer to the documentation requirements in order to determine the appropriate documentation that needs to be submitted with the Form 1.It is important for the school to submit any other information it believes justifies such request(s).

ESE is requiring private or public special education school programs to make **immediate** notification under the following circumstances:

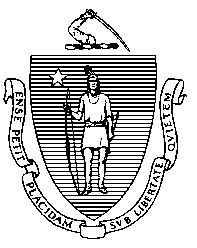
* An unexpected building change as the result of an emergency. This means any changes to a building (school or residence) due to unexpected circumstances such as a fire or flood. It is important for the school to clearly and completely describe the change, the impact of the change on enrolled students, the school’s plan to address the change and to submit the required documentation indicated on page 2 of the checklist.
* A change in the program’s financial status that impacts either the health and safety of students or service delivery to students. If, due to changes in the financial status of a school, a school can no longer provide the required staffing to maintain appropriate supervision of students and/or provide services to students as specified on their IEP’s, it must make immediate notification to ESE and provide the required documentation indicated on page 2 of the checklist. The school must describe its current financial status and the manner in which it will address the financial issues as well as its written plan for ensuring the health and safety of students and/or provision of IEP services.
* Closure of a program. If, for whatever reason, a school needs to close suddenly or if a school is planning to close by a specified date, it must immediately notify ESE along with providing the required documentation on page 2 of the checklist. It is important for the school to develop and submit to ESE a written transition plan for all students enrolled in the school. This plan must include the school’s outreach and collaboration with sending public school districts and other funding sources and the steps the school will take to ensure all students transition smoothly to an appropriate, alternate placement.

ESE is requiring private or public special education school programs to notify ESE within **15 working days** of the following circumstances:

* *Each* time there is a 10% decrease in enrollment of students based upon the number of students to be served by the school as indicated on the most recently approved ESE staffing plan. The school must describe how it is continuing to meet the needs of enrolled students and submit required documentation as indicated on page 2 of the checklist.
* A change in the program’s ownership. If another individual or agency will assume ownership of the program it is important for the school to describe how this transition will take place and (if any) the impact this change of ownership may have on the structure of the school, its staffing and/or service delivery to students. A master staff roster and an organizational chart clearly indicating any changes to the staffing and/or structure of the school must be submitted as indicated on page 2 of the checklist.
* A change in the program’s name. If the agency wishes to change the name of the program, the school must submit an organizational chart clearly indicating any changes to the staffing and/or structure of the school as indicated on page 2 of the checklist.
* Vacancies in approved staff positions not filled by another appropriately licensed or waivered staff person that have a direct impact on the service delivery to students. It is important to note that notification must be made to ESE *only if* the vacancy results in students not receiving services as indicated on their IEP’s. The school must clearly describe its alternative methods for providing these services to students while attempting to fill any vacant positions. While the school is able to *temporarily* fill a vacant position with a substitute teacher, it must notify ESE if substitute teachers are being used and must continue to document its efforts to fill the position with an appropriately licensed staff person. Of additional note is that schools must notify the sending public school districts of staff vacancies only for those students affected by the vacancy and not receiving services as indicated on their IEP’s.A master staff roster addressing any changes made to staffing of the school due to such a vacancy must be submitted as indicated on page 2 of the checklist.

ESE is requiring **prior** notification and approval for the following circumstances:

* Changes to school building(s)/physical facilities that are not due to an emergency, but are related to relocation and/or expansion of buildings. These changes represent changes to buildings/physical facilities that are planned and can include renovations to an existing building or constructing a new building. The school must submit all required documents as indicated on pages 2-3 of the checklist. It is important to note that ESE will thoroughly review this request along with all supporting documentation and will render an approval based upon the rationale provided and documentation submitted. Approval of this request will not result in any type of rate adjustment at the time of approval of the Form 1. If the school wishes to apply for approval of a rate adjustment directly resulting from a building change it may do so upon eligibility through the program reconstruction process. Approval of a Form 1 for building changes will not automatically result in ESE approval of a reconstruction application. ESE reserves the right to review all changes made and the impact such building changes may have on the school’s rate upon the school’s submission of a program reconstruction application.
* Changes made by the school to ESE required policies and procedures that result in continued adherence to regulatory requirements. These changes represent changes to ESE approved policies and procedures *initiated by the school*. Schools do not need to notify ESE of changes to existing policies and procedures that ESE is mandating. If a school determines that changes to an existing policy/procedures are necessary, it must clearly identify and outline any and all changes to its existing policy and submit a copy of the revised policy/procedures along with its Form 1 submission. The school must describe the anticipated impact the change will have on students (such as changes to behavior management policies and procedures) as well as staff (such as changes to personnel policies and procedures). The school must also describe its method of dissemination of the changes to any policies and procedures once approved by ESE. The school must inform ESE of its plan to communicate approved changes in policies and procedures to parents/guardians and funding sources.
* Request to increase or decrease the ages of the students being served. The school must submit all required documentation as indicated on page 3 of the checklist. It is important that the school fully describe in its Form 1 submission how it is prepared to meet the needs of either younger or older students in terms of student groupings, staffing and curriculum.
* Request to change or add gender of students being served. The school must submit all required documentation as indicated on page 3 of the checklist. The school must clearly describe any special provisions it must make in order to successfully accommodate and serve students of a different gender.
* Each time there is a 10% increase in enrollment of students based upon the number of students to be served by the school as indicated on the most recently approved ESE staffing plan and for each 10% increase of the approved ESE student enrollment thereafter.
* The school must describe how it is continuing to meet the needs of enrolled students and submit required documentation as indicated on page 3 of the checklist. ESE must be informed of staff changes resulting from an increase in student enrollment and the school’s plan for continuing to meet all approved student to staff ratios.
* Adding, eliminating or changing staff positions. ESE recognizes there may be a need for schools to make changes to staff positions in order to be able to meet the ongoing needs of students enrolled in the program. The school must provide ESE with a detailed rationale for any proposed changes in staffing and must submit all required documentation as indicated on page 3 of the checklist. It is important to note that ESE will thoroughly review this request along with all supporting documentation and will render an approval based upon the rationale and documentation submitted. Approval of this request will not result in any type of rate adjustment at the time of approval of the Form 1. If the school wishes to apply for approval of a rate adjustment directly resulting from changes to staffing, it may do so upon eligibility through the program reconstruction process. Approval of a Form 1 for changes to staffing will not automatically result in ESE approval of a reconstruction application. ESE reserves the right to review any and all staffing changes made by the school and the impact such staffing changes may have on the school’s rate upon the school’s submission of a program reconstruction application. With its Form 1 submission, the school must also describe how it will provide written notification to all funding sources once the change in staffing has been approved by ESE.

**Massachusetts Department of Elementary and Secondary Education  
Offices of Approved Special Education Schools and Problem Resolution System**

**Form 2:**

**PUBLIC AND PRIVATE DAY OR RESIDENTIAL SCHOOL PROGRAM**

**INCIDENT REPORT (v. 10/16/16)**

Form 2 Instructions

Upload this Form 2 and supporting documentation as described below into the Web Based Monitoring System (WBMS):

**Directions:**

1. Complete Pages **1 and 2** of the Form 2.
2. Provide one Form 2 incident report per student.
3. Submit Form 2 incident reports for all incidents that occur during **SCHOOL HOURS ONLY EXCEPT FOR EMERGENCY TERMINATIONS. Emergency Terminations apply to BOTH school and residential hours.**
4. All reports must include a detailed narrative description of the incident including:

(1) the events leading up to the incident;

(2) details of the incident; and

(3) any outcomes or follow up steps (i.e.-student returns from a run or hospital, staff re-trained, policy revised) occurring as a result of the incident.

1. The narrative should include: Who was involved (staff and students)? What happened? When? Where? How? Why – what were the triggers or antecedent events? **Please review the “Checklist of Necessary Information for Incident Reports” on Pages 5 -7 describing the documentation and action steps ESE expects for specified incidents.**
2. Clearly describe specific procedures that staff followed throughout the incident.
3. Identify the individuals and agencies that were notified of the incident.

|  |
| --- |
| Public School District /Private School Agency  (circle that which applies)  School or Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date and Time of Incident \_\_/\_\_/20\_\_; \_\_\_\_a.m./p.m. (circle one)  Date of Incident Report\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Program Street Address, Town/City, State and Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Name of Program Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone Number of Program Contact Person: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Title of Program Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail Address of Program Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **CheckBox Day School OR CheckBox Residential School**    **CheckBox Massachusetts Student CheckBox Out-of-State Student CheckBox Privately Funded Student**  Name of Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Pursuant to applicable regulations and agency policy this school is hereby providing immediate electronic notification to ESE for ANY Student enrolled in its program (Massachusetts Student, Out-of-State Student or Privately Funded Student) concerning incidents that occur during school day hours.

CheckBox1. The death of any student; (Immediate verbal and written notification to the student’s parents/guardians and school district)

CheckBox2. The filing of a 51-A report with Department of Children and Families (DCF) OR a complaint filed with the Disabled Persons Protection Commission (DPPC), against the school or a school staff member, for abuse or neglect of any student;

CheckBox3. Any action taken by a federal, state, or local agency that might jeopardize the school’s approval with ESE (i.e.- federal or state investigation, closure of intake) ;

CheckBox4. Any legal proceeding brought against the school or its employee(s) arising out of circumstances related to the care or education of any of its students;

CheckBox5. The hospitalization of a student (including out-patient emergency room visits) due to physical injury at school or previously unidentified illness, accident or disorder which occurs while the student is in the program;

CheckBox6. A student run from the program; or

CheckBox7. Any other incident of a serious nature that occurs to a student or staff in the program. (Some examples include: any police involvement, any media involvement, weapons, fire setting, alcohol or drug possession or use while in the program).

**FOR BOTH SCHOOL AND RESIDENTIAL HOURS:**

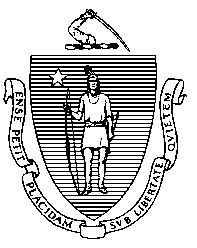
**CheckBox**8. The emergency termination of a student pursuant to 28.09(12)(b).

School or Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Form 2 Narrative and Notifications**

The Program can submit its own Internal Incident Report as long as all of the required information listed throughout the Form 2 is included.

The Department expects the public and/or private day or residential school to immediately submit all required information as specified within this Form 2 document. If, however, not all required documentation is immediately available (i.e.- internal investigation and outcome) it is the public/private school’s responsibility to ensure the documentation is submitted as soon as possible along with specific reference to the Incident Report for which the documentation is being submitted.



**Massachusetts Department of Elementary and Secondary Education**

**Offices of Approved Special Education Schools and Problem Resolution System**

**Form 2:**

**PUBLIC AND PRIVATE DAY OR RESIDENTIAL SCHOOL PROGRAM**

**INCIDENT REPORT**

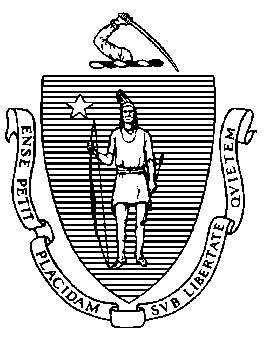
|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Notification | Not Applicable |  | Staff Providing Notification | Name of person notified | Date and Time |
| **☐** | **☐** | **Parents/guardians** |  |  |  |
| **☐** | **☐** | **Responsible school district** |  |  |  |
| **☐** | **☐** | **Department of Children and Families** |  |  |  |
| **☐** | **☐** | **Department of Early Education and Care** |  |  |  |
| **☐** | **☐** | **Disabled Persons Protection Commission** |  |  |  |
| **☐** | **☐** | **Department of Developmental Services** |  |  |  |
| **☐** | **☐** | **Department of Mental Health** |  |  |  |
| **☐** | **☐** | **Any other appropriate parties, please specify** |  |  |  |

Public/Private School Staff will review the “*ESE* *Checklist of Necessary Information for Incident Reports”* below to ensure that information submitted to ESE is complete and that it responds to all incident reporting information requirements.

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| **ESE Checklist of Necessary Information to be Included in Incident Reports (ESE USE ONLY)** | | | |
| **Required Documentation** | **Received and**  **Acceptable** | Not Submitted **or**  **Unacceptable** | Not Applicable to this Incident |
| **1. Death of any student:** |  |  |  |
| 1.1-Narrative description of events/circumstances prior to the death of the student and any internal report and follow-up, if applicable. |  |  |  |
| **2. The filing of a 51A report with DCF or a DPPC complaint alleging abuse or neglect of any student, against the school or a school staff member:** |  |  |  |
| 2.1- Description of the incident and actions taken by the school to date, as well as actions planned by the school or outside agency (school conducting an investigation; DCF or DPPC conducting an investigation; police investigation, criminal investigation). |  |  |  |
| 2.2- Copy of Internal Investigation Report including all outcomes. |  |  |  |
| 2.3- Copy of Police Report. |  |  |  |
| 2.4- Indicate if the 51A Report was screened in or out by DCF or DPPC.  **(All determinations must be submitted to ESE as soon as rendered.)** |  |  |  |
| 2.5- If 51A Report is screened in, indicate whether the allegation is supported or unsupported by DCF or DPPC and any action steps ordered by either of these agencies. |  |  |  |
| 2.6- Copy of DCF/DPPC Report including all outcomes and corrective action required, if applicable. |  |  |  |
| 2.7- Description of any disciplinary action taken by the program with respect to the staff member. |  |  |  |
| 2.8- Description of any follow-up steps taken by the program (i.e.- re-training of staff). |  |  |  |

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| **3. Action taken that might jeopardize school’s approval with ESE**  **OR**  **Any legal proceeding brought against the school or its employee(s) arising out of circumstances related to the care or education of any of its students:**  Examples include change in EEC licensure status, frozen intake, investigation by another state agency, complaints or ongoing concerns from sending public school districts; and the arrest of a staff member. |  |  |  |
| 3.1**-** Descriptionof incidents/events leading to action/legal proceeding. |  |  |  |
| 3.2- Complete description of action/legal proceeding with associated timelines for enforcement and compliance. |  |  |  |
| 3.3- Action steps taken by the school to address all concerns and ensure health and safety and care/education of all enrolled students with timeline for completion of corrective action. |  |  |  |
| **4. The hospitalization of a student (including out-patient emergency room visits) due to physical injury at school or previously unidentified illness, accident or disorder which occurs while the student is in the program:** |  |  |  |
| 4.1- Description of the physical illness/injury and circumstances of how it occurred as well as when and how treatment was sought. |  |  |  |
| 4.2- Include the name of the hospital the student was taken to. |  |  |  |
| 4.3- Include the method of transportation and the name of all staff  accompanying the student to the hospital and whether or not staff remained with the student at the hospital. |  |  |  |
| 4.4- Include whether student remained in hospital (if so, plan for discharge) or returned to the program and any follow-up care necessary. |  |  |  |
| **5. Whenever a student runs from the program:** |  |  |  |
| 5.1- Description of the circumstances of the run (location and time of run, activity student was engaged in, staff to student ratios at the time of the run). |  |  |  |
| 5.2- Specific steps taken to prevent student from running |  |  |  |
| 5.3- Specific steps taken to follow student, encourage student to return to program, notifications to staff from program of student run and when police called to assist. |  |  |  |
| 5.4- If known, time student returned to the program. |  |  |  |
| 5.5- Description of where student was found and by whom. |  |  |  |
| 5.6- If the student did not return to the program, ensure notification is made to the liaison by telephone explaining the details and include in written incident report. |  |  |  |
| 5.7- Description of precautions taken for student to return to school (hospital screening, time out space, restrictions at school, re-entry plan). |  |  |  |
| 5.8- Description of specific steps the school will take to prevent future runaway occurrences. |  |  |  |
| 5.9- Include whether or not public/private school adhered to approved runaway policy. |  |  |  |
| **6. Emergency termination of a Massachusetts student consistent with 603 CMR 28.09(12)(b) and 18.05(7)(d): (Day School AND Residential Hours)** |  |  |  |
| 6.1- Description of health and safety issues indicating that the student is clear and present danger to him/herself and/or others. |  |  |  |
| 6.2- Written termination summary detailing any events leading up to the termination decision and the reasons for the emergency termination. |  |  |  |
| 6.3- Description of all efforts made and steps taken by the school to maintain the student in the program until the school district is able to locate an alternate placement (i.e.- 1:1 staffing). |  |  |  |
| 6.4-Copy of written termination letter/notification sent to the school district/parent/guardian. |  |  |  |
| 7. **Any other incident of a serious nature that occurs to a student:**  Examples include police involvement, community involvement and media coverage. |  |  |  |
| 7.1- Submission of written investigation report describing incident and any follow-up corrective steps to be taken, if any. |  |  |  |

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| **INTERNAL RECORD OF**  **DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION ACTION:**  Incident Report Received by ESE on:\_\_\_\_\_\_\_\_\_\_\_\_ Incident Report Reviewed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ACTION TAKEN:**  \_\_\_\_Incident Report reviewed, and school’s action plan determined to be acceptable  \_\_\_\_Follow-up telephone inquiry or e-mail contact with the program made on:\_\_\_\_\_\_\_\_  \_\_\_\_Inquiry made by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_ Onsite visit pursuant to this report conducted on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Conducted by: ­­­­­­­­­­\_\_\_\_\_\_\_  Site visit report and any notice of required corrective action issued to program on\_\_\_\_\_(Copy attached)    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Liaison, Problem Resolution System Office OR  Office of Approved Special Education Schools)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Supervisor/Designee, Problem Resolution System Office OR  Office of Approved Special Education Schools) |

**Massachusetts Department of**

**Elementary and Secondary Education**

75 Pleasant Street, Malden, Massachusetts 02148-4096 Telephone: (781) 338-3700

Fax: (781) 338-3710

Email: [compliance@doe.mass.edu](mailto:compliance@doe.mass.edu)

Student/Staff Restraint Injury Report

603 CMR 46.06(7) v.02/06/2017

NOTE: This report is required to be submitted to the Department of Elementary and Secondary Education (ESE) if a physical restraint is administered to any enrolled student during school hours that results in an injury to the student and/or a staff member. This report and supporting documentation must be submitted to ESE within three (3) school working days of the administration of the restraint via mail, fax or email.

For **Public** School Districts, Charter Schools or Educational Collaboratives, mail, fax or email this report to**:**

Director, Problem Resolution System Office, Massachusetts Department of Elementary and Secondary Education

75 Pleasant Street, Malden, MA 02148-4906 - Fax: 781-338-3710 - email: [compliance@doe.mass.edu](mailto:compliance@doe.mass.edu).

For **Private** Special Education Schools, mail, fax or email this notice to:

Director, Office of Approved Special Education Schools, Massachusetts Department of Elementary and Secondary Education, 75 Pleasant Street, Malden, MA 02148-4906 - Fax: 781-338-3710 email: [compliance@doe.mass.edu](mailto:compliance@doe.mass.edu).

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| IDENTIFYING INFORMATION:  Name of School District, Charter School, Educational Collaborative or  Approved Private Special Education Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of School/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School/Program Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name(s) of Injured: □Student □Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Student Restrained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of restraint: \_\_\_\_\_\_\_\_\_\_  Student Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_ Grade level: \_\_\_\_\_  Has the student been found eligible for special education services? Yes:  No:  Date of this report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specific location of restraint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reporter Contact Information:  This report prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STAFF ADMINISTERING RESTRAINT: Restraint Training Received:  Restraint prevention/ In-Depth  Behavior support Restraint administration  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No  Yes  No    Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No  Yes  No  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes  No  Yes  No  Name of restraint methodology: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Observers (if any):  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADMINISTRATOR NOTIFICATION  Administrator who was informed following the restraint:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reported by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of verbal notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of written notification:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| DESCRIBE INJURY TO STUDENT AND/OR STAFF & ANY MEDICAL OR FIRST AID CARE PROVIDED:  Please describe the nature and extent of the injury sustained to each individual named above, the medical care provided and any follow-up medical involvement that is anticipated.  PRECIPITATING ACTIVITY:  Provide a thorough description of the activity in which the restrained student and other students were engaged immediately preceding use of physical restraint:  Specific de-escalation strategies that were used prior to the restraint:  Describe the student behavior that prompted and justified the restraint:  Provide a thorough description of efforts made to prevent escalation of behavior and alternatives to restraint that were attempted: |

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| DESCRIPTION OF PHYSICAL RESTRAINT:  Justification for initiating physical restraint *(check all that apply)*:  Non-physical interventions were not effective  To protect student from imminent, serious, physical harm  To protect other student/staff from imminent, serious, physical harm    Describe holds used and why such holds were necessary:    Describe student’s behavior and reaction during restraint:  Time restraint began: \_\_\_\_\_\_\_\_\_\_ Time restraint ended: \_\_\_\_\_\_\_\_\_\_  If restraint lasted more than 20 minutes, name and role of administrator who approved continuation of the restraint:  Additional restraints/other information: |

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| CESSATION OF RESTRAINT:  How did the restraint end? *(check all that apply)*  Determination by staff member that student was no longer a risk to himself or others  Intervention by administrator(s) to facilitate de-escalation  Law enforcement personnel arrived  Staff sought medical assistance  Other *(describe)*: |
| FURTHER ACTION TO BE TAKEN: (Attach separate page if necessary.)  The School District, Charter School, Educational Collaborative or Approved Private Special Education Agency will take the following action and/or disciplinary sanctions *(check as many as apply)*:  Review incident with student to address behavior that precipitated the restraint.  Review incident with staff to discuss whether proper restraint procedures were followed.  Consider whether follow-up is necessary with students who witnessed the incident.  Follow-up completed with students who witnessed the incident, as necessary *(describe any follow-up below).*  Conduct a local investigation of any complaint regarding this restraint *(describe investigation procedures below).*  Implement disciplinary action/sanctions against student or staff *(describe below).*  Contact parents, responsible school district, other state agency *(describe below).* |

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| PARENT/GUARDIAN NOTIFICATION  Parent/guardian verbally informed of restraint on *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert date)*  by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*insert name and* *indicate role:* *teacher/administrator/other staff*)  or documented attempts to contact verbally *(describe)*:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Written report sent to parent/guardian within 3 school working days of administration of restraint and injury on *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(insert date)*  by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*insert name and* *indicate role:* *teacher/administrator/other staff*)  to the following address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sent in native language of the parent/guardian *(language)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent/guardian was offered opportunity to discuss with school officials the administration of restraint and consequences that may be imposed on the student. Results of discussion *(attach separate page if necessary)*: |

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| As required by 603 CMR 46.06(2), a copy of the log of all physical restraints for the 30-day period prior to the date of the reported restraint for all students enrolled in this program is attached to this report for ESE review. The log must indicate dates of each restraint, student initials and length of each restraint. |