***Massachusetts Department of***

***Elementary and Secondary Education***

75 Pleasant Street, Malden, Massachusetts 02148-4906 Telephone: (781) 338-3700

 *TTY: N.E.T. Relay 1-800-439-2370*

October 19, 2015

Mr. Bruce Bona

President

Eagleton, Inc.

446 Monterey Road

Great Barrington, MA 01230

Re: Mid-cycle Review and Verification of previous Program Review Corrective Action Plan

 A - Intensive Residential Program

Dear Mr. Bona:

Enclosed is the Department of Elementary and Secondary Education’s (“Department”) Mid-cycle Review Report based upon the Mid-cycle Review conducted in your private school program in October 2015. This Mid-cycle Review Report contains the Department's findings regarding the implementation status and effectiveness of corrective steps taken in response to your previous Program Review Report issued on June 19, 2013. This report also includes a report on the status of implementation for new state or federal special education requirements enacted since your program’s last Program Review.

We are pleased to indicate that the Department has found your program’s approved Corrective Action Plan to be substantially implemented and effective in remedying the previously identified noncompliance issue. Additionally, we have determined that your program is in substantial compliance with the selected Mid-cycle Review criteria as well as any new state or federal special education requirements enacted since your last Program Review. You and your entire staff are to be congratulated for your efforts in implementing all necessary improvements. Your program will now receive an updated status of “Full Approval.” This approval shall remain in effect for three (3) years and will be contingent upon continued compliance with all regulations contained within 603 CMR 28.00 “Special Education Regulations” and 603 CMR 18.00 “Program And Safety Standards For Approved Public Or Private Day And Residential Special Education School Programs.” The Department may change this approval status at any point during this three-year period if circumstances arise that warrant such a change.

The Department will notify you of your program’s next regularly scheduled Program Review several months before it is to occur. At this time we anticipate the next routine monitoring visit to occur sometime during the 2018-2019 school year, unless the Department determines that there is some reason to schedule this visit earlier.

**Please be advised that the attached Department Approval Certificate must be conspicuously posted in a public place within the program as required by 603 CMR 28.09.**

Your staff's cooperation throughout these follow-up monitoring activities is appreciated. Should you require additional clarification of information included in our report, please do not hesitate to contact the Onsite Team Chairperson.

Sincerely,

Doreen Donovan Barbera, Mid-cycle Review Chairperson

Program Quality Assurance Services

Darlene Lynch, Director

Program Quality Assurance Services

c: Mitchell D. Chester, Ed.D., Commissioner of Elementary and Secondary Education

Encl.: Mid-cycle Review Report

Full Approval Certificate, Expiration Date: August 31, 2019

 Intensive Residential Program

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|  | ESE Logo | **MID-CYCLE REVIEW REPORT****Eagleton, Inc.****MCR Onsite Dates:** **10/07/2015 - 10/09/2015****Programs under review for the agency:****A - Intensive Residential Program**  |
|   |  | Mitchell D. Chester, Ed.D.Commissioner of Elementary and Secondary Education |
| **MID-CYCLE REVIEW REPORT** |

| **PS Criterion #1.2 - Program & Student Description, Program Capacity** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, observations and interviews indicated that Eagleton's educational services, philosophy, goals and objectives and pre-vocational services were not understood by some staff. In addition, through observations and interviews, the Department was unable to determine how residential services and educational services were fully coordinated. Observations and interviews also indicated that staff working with students diagnosed with Autism who had educational and behavioral characteristics requiring additional supports did not have the necessary training to effectively and adequately provide the services to that specific population. At the time of the 2015 Mid-cycle Review, observations and interviews indicated that the educational services and pre-vocational services are now understood by staff. In addition, observations and interviews indicated residential services and educational services are fully coordinated. Furthermore, observations, documentation and interviews indicated that staff working with students diagnosed with Autism are now adequately trained and providing the services specific to this population. |

| **PS Criterion #2.2 - Approvals, Licenses, Certificates of Inspection** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that there were current approvals, licenses and certificates of inspection for all buildings used by the students. |

| **PS Criterion #2.3 - EEC Licensure (Residential Programs Only)** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that there was a current license from the Department of Early Education and Care for all residential facilities. |

| **PS Criterion #4.4 - Advance Notice of Proposed Program/Facility Change** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, a review of student records and interviews indicated Eagleton did not notify the Department through a Form 1 regarding a vacancy in a Speech and Language Pathologist position that was not filled by another appropriately credentialed Speech and Language Pathologist that had a direct impact on the service delivery to students. In addition, Eagleton did not notify the funding school districts of students that were affected by this vacancy.At the time of the 2015 Mid-cycle Review, review of documentation and interviews indicated that Eagleton now implements its written procedures for Form 1’s by notifying or obtaining prior approval from the Department for substantial changes within its program. Eagleton also identified the position of the person responsible for providing such notification or obtaining prior approval. |

| **PS Criterion #5.1 - Student Admissions** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, interviews indicated a lack of implementation of the program's written procedures regarding preparing staff and students in the living unit for a new student's arrival, interviews indicated a lack of implementation of such procedures for those students with Autism who require toileting and personal care assistance, behavior plans and charting of behaviors.At the time of the 2015 Mid-cycle Review, observations, interviews and documentation indicated that the student admissions policy includes all required elements and staff are now consistently implementing their student admissions policies and procedures for students with Autism, both in the residences and in the classrooms. |

| **PS Criterion #6.1 - Daily Instructional Hours** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that all students were scheduled to receive the required number of instructional hours. |

| **PS Criterion #6.4 - School Days Per Year** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that the required number of school days was scheduled for all students. |

| **PS Criterion #8.5 - Current IEP & Student Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** A review of documentation and student records indicated that there was a current IEP for each enrolled Massachusetts student that had been issued by the responsible public school district and consented to by the student's parent or student, when applicable. In student records where an IEP was found to not be current, there was documentation of the program’s efforts to obtain a current IEP from the responsible school district. |
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| **PS Criterion #9.1(a) - Student Separation Resulting from Behavior Management** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, observations and interviews of direct care staff indicated students were separated in a room apart from the group or program activities despite the program's behavior policy and procedures indicating this was not the program's practice. Furthermore, documentation of student separation from the group and program activities was not maintained.At the 2015 Mid-cycle Review, observations and interviews indicated that Eagleton's behavior management policy and procedures are now being implemented by staff. The two “calming” areas are open spaces connected to classrooms. Staff interviews and observations indicated that students are no longer separated from the group or program activities. |

| **PS Criterion #10.1 - Staffing for Instructional Groupings** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, observations and interviews indicated that several classrooms exceeded the approved Student: Licensed Educator ratio of 8:1 and the Student: Licensed Educator: Aide ratio of 8:1:1.At the time of the 2015 Mid-cycle Review, observations and interviews indicated that Eagleton now has instructional groupings that do not exceed the approved ESE Student: Licensed Educator Ratio of 8:1 and the approved ESE Student: Licensed Educator: Aide Ratio of 8:1:1. |

| **PS Criterion #10.2 - Age Range** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, documentation and interviews indicated that several classrooms had instructional groupings that exceeded a forty eight month age span and the program had not requested or been granted an age span waiver from the Department.At the time of the 2015 Mid-cycle Review, documentation and interviews indicated that all classrooms and instructional groupings are now within the forty eight month age span. |

| **PS Criterion #11.1 - Staff Policies and Procedures Manual** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, a review of staff records indicated that staff performance evaluations were not consistently scheduled annually or maintained with the signatures of the employee and supervisor as required by the program's policy.At the time of the 2015 Mid-cycle Review, a review of staff records and interviews indicated that performance evaluations of staff now occur consistently and are maintained with the signatures of the employee and supervisor as required the program's policy. |

| **PS Criterion #11.3 - Educational Administrator Qualifications** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that the Educational Administrator possessed the required qualifications to serve in this position. |

| **PS Criterion #11.4 - Teachers (Special Education Teachers and Regular Education Teachers)** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, a review of documentation and interviews indicated that one teacher was not licensed or on an approved waiver. At the time of the 2015 Mid-cycle Review, a review of documentation indicated that the teaching staff are appropriately licensed or have been granted an appropriate waiver for the 2015-2016 school year. |

| **PS Criterion #11.5 - Related Services Staff** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that the staff providing or supervising the provision of related services were appropriately certified, licensed or registered in their professional areas. |

| **PS Criterion #11.6 - Master Staff Roster** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, a review of documentation and interviews indicated the following: some UFR numbers did not correspond to the correct UFR titles; position titles did not reflect how the program was operating; positions indicated on the Master Staff Roster differed from the last approved program budget; and all staff that were identified as employees were not listed on the Master Staff Roster.At the time of the 2015 Mid-cycle Review, a review of documentation indicated the Master Staff Roster now contains the name, program job title, corresponding Uniform Financial Report (UFR) title number and full-time equivalent (FTE) for all staff. The Master Staff Roster also accurately corresponds to the last approved program budget. |

| **PS Criterion #11.9 - Organizational Structure** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, a review of documentation and interviews indicated that the organizational structure did not provide for the effective and efficient operation of the school, supervision of school staff, and supervision of students. In addition, the organizational chart did not include the program position titles for all staff and observation and interviews indicated that lines of supervision between the educational and behavioral components of the program were not clear or understood by education staff.At the time of the 2015 Mid-cycle Review, documentation and interviews indicated that the organizational structure now provides for the effective and efficient operation of the school, supervision of school staff and supervision of students. In addition, the organizational chart includes the program position titles for all staff and observation and interviews indicate that lines of supervision between the educational and behavioral components of the program are clear and understood by education staff. |

| **PS Criterion #11.12 - Equal Access** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and staff interviews indicated that all students were provided with equal access to services, facilities, activities and benefits regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness. |

| **PS Criterion #12.1 - New Staff Orientation and Training** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, a review of documentation and interviews of administrative staff indicated that new staff orientation was implemented. However, a review of staff records and interviews of direct care staff indicated that staff did not receive required training and new staff were assigned direct care duties with students prior to the staff participating in all mandated training listed under criterion 12.2 a-e. Interviews also indicated that staff did not receive training that is consistent with the needs of some of the population the program was serving, specifically students with Autism and students with emotional impairments. In addition, interviews indicated that some staff did not understand the program's philosophy, organization, practices and goals.At the time of the 2015 Mid-cycle Review, a review of documentation and interviews of administrative staff indicated that new staff orientation is now implemented. Staff record review and interviews of direct care staff indicated that staff now receive training and new staff are not assigned direct care duties with students prior to their participation in all mandated training listed under criterion 12.2 a-e. Interviews also indicated that staff now receive training that is consistent with the needs of the entire student population that the program is currently serving, specifically students with Autism and students with emotional impairments. In addition, interviews indicated that staff now understand the program's philosophy, organization, practices and goals. |

| **PS Criterion #12.2 - In-Service Training Plan and Calendar** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, a review of documentation indicated that the length of time allotted each mandated training topic was not included and the audience to whom the trainings were offered was inconsistent. In addition, while a review of staff records indicated some in-service training occurs, evidence of a minimum of 24 training hours for a twelve month period was lacking. Also, interviews indicated that all staff were not being trained on all mandated in-service topics.At the time of the 2015 Mid-cycle Review, a review of documentation indicated the length of time allotted for each in-service training topic is now included and the audience to whom the trainings are offered is now consistent. In addition, a review of staff records provided evidence that in-service training now occurs consistently and evidence of a minimum of 24 training hours for a twelve month period is now documented. Interviews also indicated that all staff were being trained on all mandated training in-service topics. |

| **PS Criterion #13.2 - Kitchen, Dining, Bathing/Toilet and Living Areas** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| At the time of the 2013 Program Review, observations and interviews indicated the following: Kitchen, Dining, Bathing/Toilet and Living Areas: several bathrooms including a bathroom in the vocational classroom and some bedrooms in the residences were not maintained in a clean manner and had strong unsanitary odors. In addition, space designated for administrative use was not well maintained, including overflowing trash barrels and bedroom facilities in need of repair. Classroom Space: Each room or areas that was utilized for the instruction of students was not adequate with respect to the number of staff and students, size and age of the students, specific educational needs, physical capabilities, educational/vocational activities, and the program's identification of the behaviors students may exhibit as part of their disability. Throughout the program and in one particular classroom, the textbooks, equipment, technology, materials and supplies needed to provide the special education and related services specified on the IEPs of enrolled students were essentially non-existent and no resources were available for teachers.At the time of the 2015 Mid-cycle Review, observations and staff interviews indicated the following: bathrooms in the vocational area and bedrooms in the residences are now clean and free from unsanitary odor; space designated for administrative use is now well maintained; bedroom facilities are now well maintained; each classroom that is utilized for instruction of students is now adequate with respect to the number of staff and students, size and age of the students, specific educational needs, physical capabilities, educational/vocational activities, and the program's identification of the behaviors students may exhibit as part of their disability. The program now provides the facilities, textbooks, equipment, technology, materials and supplies needed to provide the special education services specified on the IEPs of enrolled students. All kitchen, dining, bathing/toileting, living areas and classrooms were found to be of an adequate type, size and design appropriate to meet the needs of the students. Floors, ceilings and walls were found to be clean and free from safety hazards.  |

| **PS Criterion #14.2 - Food and Nutrition** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and staff interviews indicated that all meals are included in the rate of the program, which makes breakfast and lunch available to publicly-funded students with disabilities as they would have access to such meals in their sending school district. A copy of the written plan describing the methods for purchase, storage, preparations and serving of food as well as the name and title of the person responsible for oversight of the purchase, storage and preparations were also submitted. |

| **PS Criterion #19 - Anti-Hazing** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records indicated a copy of the anti-hazing legislation was received by all secondary school age students and that the program's anti-hazing disciplinary code approved by the Board of Directors had been distributed to all secondary school age students. |

| **PS Criterion #20 - Bullying Prevention and Intervention** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and staff interviews indicated that the student admissions materials/handbook was updated to conform to the updated amended Bullying Prevention and Intervention Plan (“Plan”) and was consistent with the amendments to the Massachusetts anti-bullying law, including making clear that a member of the school staff may be named the “aggressor” or “perpetrator” in a bullying report. There was evidence of staff, students and parents/guardians having been annually notified in writing of the Plan and a professional development plan was in place for all staff, with evidence of its implementation provided. |