***Massachusetts Department of***

***Elementary and Secondary Education***

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

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July 25, 2018

Timothy Callahan, Ed.D.

Executive Director

Brandon School & Residential Treatment Center, Inc.

27 Winter Street

Natick, MA 01760

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

|  |
| --- |
| A - Brandon Intensive Day Program  B - Brandon Intensive Residential Program |

Dear Dr. Callahan:

Enclosed is the Department of Elementary and Secondary Education’s (“Department”) Mid-cycle Review Report based upon the Mid-cycle Review conducted in your approved special education school programs in February 2018. Because the Department determined all requirements were found to be either fully implemented during the 2015 Program Review, this Mid-cycle Review Report includes a report on the status of selected Mid-cycle Review criteria as well as the implementation of new state or federal special education requirements enacted since your programs’ last Program Review.  
  
This Mid-cycle Review Report contains the Department's findings regarding new noncompliance issues that were identified by the Department’s onsite team. Therefore, the Department is issuing a “Provisional Approval” status effective from the date of this letter and indicated on your approval certificates. Your “Provisional Approval” will expire on January 10, 2019. The reasons for the “Provisional Approval” are clearly indicated on the attached Mid-cycle Review Report.  
  
As the Department previously informed you, in cases where programs fail to fully be in compliance with new state or federal special education requirements, the Department must then prepare a Corrective Action Plan for the programs which must be implemented without further delay. You will find these requirements for corrective action and further progress reporting included in the attached report, together with any steps that must be taken by the programs to fully implement new special education requirements. Please provide the Department with your written assurance that the Department's requirements for corrective action will be implemented by your programs within the timelines specified. Your statement of assurance must be submitted to the Department's Onsite Chairperson by **August 8, 2018**.   
  
The Department will notify you of your programs’ 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 2020-2021 school year, unless the Department determines that there is some reason to schedule this visit earlier.

**Please be advised that the attached Department Approval Certificates 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

Office of Approved Special Education Schools

Nina M. Marchese, M.Ed., Director

Office of Approved Special Education Schools

c: Jeffrey Riley, Commissioner of Elementary and Secondary Education

Karen McCarthy, M.Ed., Chief Academic Officer

Patricia Kelley, M.Ed., Chief Quality Assurance Officer

Encl.: Mid-cycle Review Report

Provisional Approval Certificate, Expiration Date: December 14, 2018

Brandon Intensive Day Program

Brandon Intensive Residential Program

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|  | ESE Logo | **MID-CYCLE REVIEW REPORT**  **Brandon School & Residential Treatment Center, Inc.**  **MCR Onsite Dates:** **02/07/2018 - 02/09/2018**  **Programs under review for the agency:**  **A - Brandon Intensive Day Program**  **B - Brandon Intensive Residential Program** |
|  |  | Jeffrey C. Riley  Commissioner of Elementary and Secondary Education |
| **MID-CYCLE REVIEW REPORT** | | |

| **PS Criterion #2.2 - Approvals, Licenses, Certificates of Inspection** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **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:** |
| Not Applicable |
| **Applies To:** |
| A - Brandon Intensive Day Program |
| **Basis for Findings:** |
| This standard is not applicable to the day program. |

| **PS Criterion #2.3 - EEC Licensure (Residential Programs Only)** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| B - Brandon Intensive Residential Program |
| **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 #4.5 - Immediate Notification** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that the Immediate Notification Policies and Procedures regarding serious incidents meets current requirements, and included notification to appropriate parties of such incidents, as well as the individuals responsible for oversight. A review of student records showed that the programs maintain copies of incident reports regarding students. |

| **PS Criterion #6.1 - Daily Instructional Hours/6.4 School Days Per Year** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that all students were scheduled to receive the required number of instructional hours and school days for the 2017-2018 school year. |

| **PS Criterion #8.5 - Current IEP & Student Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation and student records indicated that there was a current IEP issued by the responsible public school district and consented to by the student's parent/guardian or student, when applicable, for each enrolled Massachusetts student. A review of student records and documentation indicated that the programs maintain documentation of their efforts to obtain current IEPs from responsible school districts for students whose IEPs are not current. |

| **PS Criterion #9.1 - Policies and Procedure for Behavior Support** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Applies To:** | | | |
| All | | | |
| **Basis for Findings:** | | | |
| A review of documentation and interviews indicated that the programs have developed and are implementing written Behavior Support Policies and Procedures that are not in compliance with the regulations under 603 CMR 46.00. | | | |
| **Department Order of Corrective Action:** | | | |
| The programs must revise the Behavior Support Policies and Procedures, and, following approval by DESE, ensure that all staff are trained in the revised Behavior Support Policies and Procedures. | | | |
| **Required Elements of Progress Reports:** | | | |
| By August 31, 2018, the programs must submit revised Behavior Support Policies and Procedures for the Day and Residential programs that are in compliance with the elements of this criterion.  Following approval of DESE on the revised Behavior Support Policies and Procedures, Brandon must provide evidence of training in policies and procedures for behavior support for all staff by submitting the following documentation: 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 10/19/2018 | 08/31/2018 |  |  |

| **PS Criterion #9.1(a) - Student Separation Resulting from Behavior Support** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Implementation In Progress | | | |
| **Applies To:** | | | |
| All | | | |
| **Basis for Findings:** | | | |
| A review of documentation and staff interviews indicated that the Policies and Procedures regarding Student Separation Resulting from Behavior Support included requirements that a student must be continuously observed by a staff member at all times, that staff shall be with the student or immediately available to the student at all times, that procedures are in place for obtaining principal approval for a time-out lasting more than 30 minutes, based upon the student's continuing agitation, and that time out shall cease as soon as the student has calmed. However, documentation indicated that not all staff had been trained on the updated Policies and Procedures. | | | |
| **Department Order of Corrective Action:** | | | |
| The programs must ensure that all staff in the Day and Residential programs are trained in the revised Student Separation Resulting from Behavior Support Policies and Procedures. | | | |
| **Required Elements of Progress Reports:** | | | |
| By August 31, 2018 Brandon must provide evidence that all staff in the Day and Residential programs have been trained in the revised Student Separation Resulting from Behavior Support Policies and Procedures by submitting the following documentation: 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 08/31/2018 |  |  |  |

| **PS Criterion #9.4 - Physical Restraint** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Applies To:** | | | |
| All | | | |
| **Basis for Findings:** | | | |
| Staff interviews indicated that the program administers physical restraints only in emergency situations of last resort, when needed to protect a student and/or a 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. However, documentation indicated that Physical Restraint Policies and Procedures are not in compliance with 603 CMR 46.00. | | | |
| **Department Order of Corrective Action:** | | | |
| Brandon Day and Residential programs must revise the Physical Restraint Policies and Procedures, and following approval by DESE, ensure that all staff in the Day and Residential programs are trained in the revised Physical Restraint Policies and Procedures. | | | |
| **Required Elements of Progress Reports:** | | | |
| By August 31, 2018, the programs must submit the revised Physical Restraint Policies and Procedures for the Day and Residential programs that are in compliance with all elements of this criterion.  Following approval of the revised Physical Restraint Policies and Procedures by DESE, Brandon must provide evidence of training in policies and procedures for physical restraint for all staff by submitting the following documentation: 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 10/19/2018 | 08/31/2018 |  |  |

| **PS Criterion #11.3 - Educational Administrator Qualifications** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **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 General Education Teachers)** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that the teaching staff were appropriately licensed or had been granted an approved waiver for the 2017-2018 school year. |

| **PS Criterion #11.5 - Related Services Staff** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Applies To:** | | | |
| All | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated that not all staff providing related services were appropriately certified, licensed or registered in their professional areas. | | | |
| **Department Order of Corrective Action:** | | | |
| Brandon must submit an updated Related Services Roster that shows that all related service staff are appropriately certified, licensed or registered in their professional areas, along with evidence of such certification, licensure or registration. Brandon must develop an internal monitoring system to ensure that all related services staff are appropriately licensed upon hire and each year. | | | |
| **Required Elements of Progress Reports:** | | | |
| By August 31, 2018, Brandon must submit (1) an updated, current Related Services Staff Roster; (2) copies of the certification, license or registration of each related services staff; and (3) the proposed internal monitoring system Brandon will implement, including the name and role of the individual who will be responsible for completing periodic reviews, the timing of these reviews, and the method for conducting and documenting the reviews.  Following DESE's approval of the internal monitoring system, Brandon School must conduct an internal review of the related services staff and report the number of related services staff, the number of related services staff that have appropriate licensure, certification or registration, and actions taken to remedy any areas of non-compliance.  \*Please note that when conducting internal monitoring the programs must maintain the following documentation and make it available to DESE upon request: a) List of the staff records reviewed; b) Date of the review; c) Name of person(s) who conducted the review, with their role(s) and signature(s), d) results of the review, and e) actions taken to remedy any non-compliance. | | | |
| **Progress Report Due Date(s):** | | | |
| 10/19/2018 | 08/31/2018 |  |  |

| **PS Criterion #11.6 - Master Staff Roster** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Applies To:** | | | |
| All | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated the Master Staff Rosters for the Day and Residential programs contained the names, program job titles, corresponding Uniform Financial Report (UFR) title numbers and full-time equivalents (FTE) for all staff. However, the Master Staff Rosters submitted were those proposed for Program Reconstruction, and, therefore, did not accurately correspond to the most recently approved DESE staffing plans. | | | |
| **Department Order of Corrective Action:** | | | |
| Brandon must submit updated Master Staff Rosters for the Day and Residential programs that accurately correspond to the most recently approved DESE Staffing plans that include justifications for any discrepancies. | | | |
| **Required Elements of Progress Reports:** | | | |
| By August 31, 2018, Brandon School must submit updated Master Staff Rosters for the Day and Residential Programs that accurately correspond to the most recently approved DESE staffing plans, with justifications for any discrepancies. | | | |
| **Progress Report Due Date(s):** | | | |
| 08/31/2018 |  |  |  |