***Massachusetts Department of***

***Elementary and Secondary Education***

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October 29, 2018

Ms. Kristine Bostek

President and CEO

Youth Opportunities Upheld, Inc.

81 Plantation Street

Worcester, MA 01604

Re: Approved Special Education School Mid-Cycle Review Report

Youth Opportunities Upheld, Inc., Cottage Hill Academy Residential Program

Dear Ms. Bostek:

Enclosed is the Department of Elementary and Secondary Education’s (“Department”) Approved Special Education School Mid-cycle Review Report containing findings based on the onsite Mid-cycle review conducted at Youth Opportunities Upheld, Inc. (“YOU, Inc.”), Cottage Hill Academy Residential Program (“Cottage Hill”) on September 26, 2018. This report includes findings for each program area describing the determinations of the Department about the implementation status of each requirement.

On October 12, 2018, the Department received notification from Cottage Hill that the residential program will close as of December 1, 2018. Since the program will soon close, the Department will not issue a new approval for it. Until it closes, the program must abide by all applicable laws and regulations. Specifically, Cottage Hill is reminded of the following requirements applicable to it:

* Cottage Hill must maintain approved staffing ratios to ensure that the health, safety, and educational needs of the students enrolled in the program are adequately met in accordance with all of the applicable state and federal requirements related to approved special education schools. These requirements include, but are not limited to, 603 CMR 18.00 (Program and Safety Standards for Approved Public or Private Day and Residential Special Education School Programs), 603 CMR 23.00 (Student Records), 603 CMR 28.00 (Special Education), and 603 CMR 46.00 (Prevention of Physical Restraint and Requirements, If Used).
* Cottage Hill must ensure that it complies with all applicable requirements relating to administration of medications. Cottage Hill must also ensure that all prescribed medications are kept in a locked, secure cabinet and labeled with the student's name, the name of the drug, and the directions for its administration (as required by 603 CMR 18.05(9)(f)).
* Cottage Hill must provide timely notifications to the Department regarding any serious incident, restraint, or restraint injury (as required by 603 CMR 28.09(12)(a) and 603 CMR 46.06).
* Cottage Hill must notify all appropriate parties of all restraints and restraint injuries for any students for whom these notification requirements apply (as required by 603 CMR 46.06).
* Cottage Hill must ensure that any student placed in a time-out is continuously observed by a staff member, that the staff is with the student or immediately available to the student at all times, and that time-out shall cease as soon as the student has calmed (as required by 603 CMR 46.02).
* Cottage Hill must ensure that it provides annual written notice to staff, students and parents of its Bullying Prevention and Intervention Plan (as required by M.G.L. c. 71, § 37O) and that the program’s behavior support policies and procedures are made available to staff and parents of students (as required by 603 CMR 46.04(1)).
* Cottage Hill must protect students from exposure to foods, chemicals, or other materials to which they are allergic, as stated by their physician/medical assessment (as required by 603 CMR 18.05(9)(h)).

Based on the Form 1 submitted on October 12, 2018, Cottage Hill has stated that five students enrolled in the program do not yet have new school placements. In order to ensure that all remaining students are transitioned to other placements, the Department requests that Cottage Hill provide the following information to Nina Marchese ([nmarchese@doe.mass.edu](mailto:nmarchese@doe.mass.edu)) and Michelle Griffin ([mgriffin@doe.mass.edu](mailto:mgriffin@doe.mass.edu)) every Thursday by 3:00 PM on a weekly basis:

* Identifying information for each student in the program, including the student’s name, date of birth, grade level, responsible school district, if any other state agency is involved, and the name of parent/guardian and their mailing address.
* The date of each student’s most recent IEP Team meeting.
* A summary of the progress made towards transitioning the student to another placement, including a description of communications with the student’s parents, guardians, educational surrogates, state agencies, and programmatically or fiscally responsible local education agencies relating to such a transition.
* Date of expected discharge and name and location of placement identified.

**In addition, the Department will hold weekly calls with a designated staff from the program every Wednesday at noon, beginning on October 31, 2018. Please email the name and telephone number of the YOU, Inc. liaison to Nina Marchese and Michelle Griffin at the email addresses listed above by October 30, 2018 at 5:00 PM.**

Please contact Michelle Griffin at 781-338-3716 if you have any questions about this communication, or require assistance with transitioning students to new placements.

Sincerely,

Russell Johnston, Ph.D. Nina M. Marchese, M.Ed.

Senior Associate Commissioner Director, Office of Approved Special Education Schools

cc: Roy Angel, Chair, Board of Directors, YOU, Inc.

Kristen Mayotte, Vice President of Strategy and Program Development, YOU, Inc.

Jeffrey C. Riley, Commissioner, DESE

Jacquiline Brown, Director of Special Education Pricing, Operational Services Division

Katherine Canada, Associate Commissioner, Department of Children and Families

Carmel Craig, Deputy Commissioner of Field Operations, Department of Early Education and Care

Andrea Cosgrove, Area Administrative Manager, Department of Children and Families

Tim Keane, Supervisor, Department of Early Education and Care

Michelle Griffin, Supervisor, Office of Approved Special Education Schools, DESE

Bridgette Mekkaoui, Liaison, Office of Approved Special Education Schools, DESE

Encl.: Mid-cycle Review Report

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|  | ESE Logo | **MID-CYCLE REVIEW REPORT**  **Youth Opportunities Upheld, Inc.**  **MCR Onsite Dates:** **09/26/2018 - 09/27/2018**  **Programs under review for the agency:**  **A - Cottage Hill Academy 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 |
| **Basis for Findings:** |
| A review of documentation and observations indicated that there were current approvals, licenses and certificates of inspection from appropriate local authorities 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 and observations 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:** | | | |
| Not Implemented | | | |
| **Basis for Findings:** | | | |
| While the program submitted a policy on Immediate Notification that meets requirements, a review of documentation, student records, and staff interviews indicated that the policy on Immediate Notification Regarding Serious Incidents is not implemented. Student record and documentation review indicated that the program has not provided notification to DESE or other appropriate parties of serious incidents. | | | |
| **Department Order of Corrective Action:** | | | |
| As described in the attached October 29, 2018 letter, the program must provide timely notification of serious incidents in accordance with its policy on Immediate Notification Regarding Serious Incidents and the applicable regulations. | | | |
| **Required Elements of Progress Reports:** | | | |
| See Department Order of Corrective Action above. | | | |
| **Progress Report Due Date(s):** | | | |
| 12/01/2018 |  |  |  |

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

| **PS Criterion #8.5 - Current IEP & Student Roster** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and a review of student records indicated that there was a current Individualized Education Program (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 the student, when applicable, or, where an IEP was found not to be current, there was documentation of the program's efforts to obtain a current IEP from the responsible school district. |

| **PS Criterion #9.1 - Policies and Procedure for Behavior Support** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of documentation and staff interviews indicated that the program has not developed or implemented written Behavior Support Policies and Procedures consistent with the regulations under 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention. Though interviews indicated that staff are trained in some components of required Behavior Support Policies and Procedures, interviews also indicated that Behavior Support Policies and Procedures are not reviewed annually, are not provided to staff annually, and have not been made available to parents of enrolled students. See also Criteria 9.1(a) and 9.4. | | | |
| **Department Order of Corrective Action:** | | | |
| As described in the attached October 29, 2018 letter, the program must comply with all applicable requirements under 603 CMR 46.00, including, but not limited to, providing a copy of Behavior Support Policies and Procedures compliant with the regulations to staff and making them available to parents of students as required by 603 CMR 46.04(1). | | | |
| **Required Elements of Progress Reports:** | | | |
| See Department Order of Corrective Action above. | | | |
| **Progress Report Due Date(s):** | | | |
| 12/01/2018 |  |  |  |

| **PS Criterion #9.1(a) - Student Separation Resulting from Behavior Support** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of documentation and staff interviews indicated that staff are inconsistently aware of requirements regarding Student Separation Resulting from Behavior Management. Interviews and observations indicated that students in time-out spaces are not always continuously observed by a staff member at all times, and that staff are not always with the students or immediately available to the students as required. In addition, documentation and interviews indicated that not all staff were aware of procedures for obtaining approval from the principal for any student separation for more than 30 minutes based upon the student's continuing agitation. | | | |
| **Department Order of Corrective Action:** | | | |
| As described in the attached October 29, 2018 letter, the program must comply with all applicable requirements under 603 CMR 46.00, including, but not limited to, utilizing time-out in a manner consistent with the regulations. | | | |
| **Required Elements of Progress Reports:** | | | |
| See Department Order of Corrective Action above. | | | |
| **Progress Report Due Date(s):** | | | |
| 12/01/2018 |  |  |  |

| **PS Criterion #9.4 - Physical Restraint** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of documentation and 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. However, review of documentation, review of student records and staff interviews indicated that Physical Restraint Policies and Procedures were not fully consistent with requirements under 603 CMR 46.00. Student records, documentation, and interviews indicated that the program does not consistently report student restraints and restraint injuries to DESE, and does not send written reports to the principal or the parent. In addition, student records and documentation indicated that the required individual student reviews do not occur consistently and monthly reviews inconsistently document restraints. | | | |
| **Department Order of Corrective Action:** | | | |
| As described in the attached October 29, 2018 letter, the program must comply with all requirements under 603 CMR 46.00, including, but not limited to, ensuring that notification(s) of student restraints and restraint injuries are provided to required recipients and that appropriate reviews occur on a timely basis. | | | |
| **Required Elements of Progress Reports:** | | | |
| See Department Order of Corrective Action above. | | | |
| **Progress Report Due Date(s):** | | | |
| 12/01/2018 |  |  |  |

| **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 General Education Teachers)** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that at the time of the Mid-cycle Review, the teaching staff were appropriately licensed or had been granted an appropriate waiver for the 2018-2019 school year. |

| **PS Criterion #11.5 - Related Services Staff** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that at the time of the Mid-cycle Review, 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** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Documentation indicated that at the time of the Mid-Cycle Review, the full time equivalents and uniform financial report numbers on the Master Staff Roster accurately corresponded to the most recently approved DESE staffing plan, however, documentation and interviews indicated that the Master Staff Roster did not accurately reflect the appropriate names and program job titles for all staff. | | | |
| **Department Order of Corrective Action:** | | | |
| The program must update its master staff roster to comply with the most recently approved DESE staffing plan. | | | |
| **Required Elements of Progress Reports:** | | | |
| See Department Order of Corrective Action above. | | | |
| **Progress Report Due Date(s):** | | | |
| 12/01/2018 |  |  |  |

| **PS Criterion #16.11 - Student Allergies** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of student records, as well as staff interviews and observations, indicated that some program staff were not aware of student allergies. | | | |
| **Department Order of Corrective Action:** | | | |
| As described in the attached October 29, 2018 letter, the program must fully comply with 603 CMR 18.05(9)(f), including ensuring that all relevant staff are aware of student allergies. | | | |
| **Required Elements of Progress Reports:** | | | |
| See Department Order of Corrective Action. | | | |
| **Progress Report Due Date(s):** | | | |
| 12/01/2018 |  |  |  |

| **PS Criterion #20 - Bullying Prevention and Intervention** | | | |
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| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of student records and staff interviews indicated that students and parents had not been provided the relevant sections of the program’s Bullying Prevention and Intervention Plan. | | | |
| **Department Order of Corrective Action:** | | | |
| As described in the attached October 29, 2018 letter, the program must provide students and parents with the annual notice of the Bullying Prevention and Intervention Plan, as required by M.G.L. c. 71, § 37O. | | | |
| **Required Elements of Progress Reports:** | | | |
| See Department Order of Corrective Action above. | | | |
| **Progress Report Due Date(s):** | | | |
| 12/01/2018 |  |  |  |