***Massachusetts Department of***

***Elementary and Secondary Education***

*75 Pleasant Street, Malden, Massachusetts 02148-4906 Telephone: (781) 338-3000*

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

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| Jeffrey C. Riley  *Commissioner* |  |

4/14/2022

John Kelly

Chief Executive Officer

Meeting Street Massachusetts, Inc.

One Posa Place

Dartmouth, MA 02747

Re: Approved Special Education Schools Mid-cycle Review and Verification of previous Program Review Corrective Action Plan

A - Schwartz Center Day Program

Dear Mr. Kelly:

Enclosed is the Department of Elementary and Secondary Education’s (“Department”) Approved Special Education Schools Mid-cycle Review Report based upon the Mid-cycle Review conducted in your approved special education school program in April 2022.

This report includes the Department's findings regarding the implementation status and effectiveness of corrective steps taken in response to your previous Program Review Report issued on March 29, 2019. This report also includes detailed findings describing the determination of the Department about the implementation status of selected Mid-cycle review criteria as well as the implementation of new state or federal special education requirements enacted since your program’s last Program Review.

Because the Department determined all requirements were found to be fully implemented during the 2019 Program Review, this Mid-cycle Review Report includes detailed findings describing the determinations of the Department about the implementation status of selected Mid-cycle Review criteria. This report also includes findings regarding the implementation of new state or federal special education requirements enacted since your program’s last Program Review.

For requirements not found to be fully implemented, the Department has prepared a Corrective Action Plan for the program that 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 program to fully implement special education requirements.

**Please note that the program must demonstrate resolution of noncompliance identified by the Department as soon as possible but in no case later than one year from the issuance of the Department’s Final Mid-cycle Review Report.**

At this time, the Department requests that you upload a written assurance signed by you and the chairperson of your Board of Directors. This statement must contain:

1. a description of the steps the program is taking to make the Department’s findings available to staff, parent advisory groups and the general public; and
2. an assurance that your program will implement the corrective action ordered by the Department within the required timelines.

Please go into the WBMS and upload your program’s written assurance into Additional Documents no later than **May 5, 2022**. You can do this by accessing: > MCR > Self-Assessment > Additional Documents.

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 2024-2025 school year, unless the Department determines that there is some reason to schedule this visit earlier.

The approval certificate enclosed with this correspondence shall remain in effect until August 31, 2025 and will be contingent upon continued compliance with all regulations contained within 603 CMR 28.00 “Special Education Regulations,” 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 Department may change this approval status at any point during this three-year period if circumstances arise that warrant such a change.

**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.**

In closing, we would like to extend our thanks to the administration and staff who shared their time and thoughts so generously during the preparation and onsite phases of the visit. Should you require any additional information, please do not hesitate to contact the Onsite Team Chairperson.

Sincerely,

Christina Belbute, Mid-cycle Review Chairperson

Office of Approved Special Education Schools

Nina M. Marchese, M.Ed., Director

Office of Approved Special Education Schools

c: Michael McKelvy, President of the Board of Directors

John Kerhsaw, Director of Special Education

Jeffrey C. Riley, Commissioner of Elementary and Secondary Education

Russell Johnston, Ph.D., Senior Associate Commissioner

Joanne K. Morris, Supervisor, Office of Approved Special Education Schools

Encl.: Mid-cycle Review Report

Full Approval Certificate, Expiration Date: August 31, 2025

Schwartz Center Day Program

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| DESE logo  **MID-CYCLE REVIEW REPORT**  **Meeting Street Massachusetts, Inc.**  **MCR Onsite Dates:** **04/05/2022 - 04/06/2022**  **Programs under review for the agency:**  **A - Schwartz Center Day Program**    State Seal of Massachusetts |
| Jeffrey C. Riley  Commissioner of Elementary and Secondary Education |
| **MID-CYCLE REVIEW REPORT** | |

| **PS Criterion #1.2 - Program & Student Descriptions, Program Capacity** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation, interviews and observations indicated that the program served students consistent with characteristics included in the approved Program & Student Description regarding population of students to be served, ages of students, and educational and behavioral characteristics of students. |

| **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 #3.1(d) - Evacuation and Emergency Procedures** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and interviews indicated that the program has developed and implemented Evacuation and Emergency Procedures that comply with 603 CMR 18.05(10). |

| **PS Criterion #4.5 - Immediate Notification** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and student records indicated that the policy on Immediate Notification Regarding Serious Incidents met the current requirements and included notification to appropriate parties of such incidents, as well as the person responsible for oversight. A review of student records showed that the program maintains copies of all incidents regarding students. |

| **PS Criterion #5.2(a) - Contracts** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records indicated the program maintained a signed written contract for each enrolled student consistent with the requirements of 603 CMR 28.06(3)(f). |

| **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** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and 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. In student records 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 #9.7 - Terminations** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and staff interviews indicated that the program has developed and implemented a written termination policy that included provisions related to planned and emergency termination, and that the policy was compliant with regulatory requirements. |

| **PS Criterion #11.3 - Educational Administrator Qualifications** |
| --- |
| **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:** |
| Review of documentation indicated that the teaching staff were appropriately licensed or had been granted an appropriate waiver for the 2020-2021 school year. |

| **PS Criterion #11.5 - Related Services Staff** |
| --- |
| **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 - Staff Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that at the time of the Mid-Cycle Review, the Staff Roster contained the names, program job titles, corresponding Uniform Financial Report (UFR) title numbers and full-time equivalents (FTE) for all staff. The Staff Roster also accurately corresponded to the most recently approved DESE staffing plan. |

| **PS Criterion #11.10 - Supervision of Direct Care Day and Residential Staff** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| Review of documentation and staff records and interviews indicated the program has developed and implemented a written plan to indicate how regularly scheduled supervision of all direct care workers by someone who has supervisory and administrative responsibility within the program occurs and how regularly scheduled conferences occurred between direct care workers and supervisor and between teachers, direct care workers and other educational personnel. |

| **PS Criterion #12.1 - New Staff Orientation and Training** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and staff interviews indicated that the program has a written plan for New Staff Orientation and Training that includes all mandated trainings prior to staff being assigned direct care duties with students, and such training was documented in staff records. |

| **PS Criterion #12.2 - In-Service Training Plan and Calendar** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| Staff interviews and a review of staff records indicated that documentation was not evident to show that all staff received all of the DESE mandated annual trainings as required. | | | |
| **Department Order of Corrective Action:** | | | |
| Meeting Street must develop and submit a procedure to ensure that all staff (including any who work at both Massachusetts and Rhode Island programs) receive all DESE mandated trainings annually. The program must also develop and submit a procedure to schedule and document training for any staff who miss scheduled DESE mandated trainings. | | | |
| **Required Elements of Progress Reports:** | | | |
| By 6/10/2022, the program must submit: 1) procedure to ensure that all staff (including any who work at both Massachusetts and Rhode Island programs) receive all DESE mandated trainings annually; 2) the position title(s) and current name(s) of program staff who will oversee the review process 3) a list of staff identified to have missed any of the annual DESE mandated trainings since August 1, 2021; and 4) the title of the DESE mandated training, trainer's name, date and length of time trainings were completed, date staff training record was updated. | | | |
| **Progress Report Due Date(s):** | | | |
| 06/10/2022 |  |  |  |