***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*

April 6, 2016

Mr. Matthew Stone

Executive Director

Youth Villages, Inc.

400 West Cummings Park

Suite 2500

Woburn, MA 01801

###### VIA Facsimile and Certified U.S. Mail

Re: Youth Villages, Inc.

Germaine Lawrence Day & Residential Programs

Notification of Probationary Approval Status

Dear Mr. Stone,

The Department of Elementary and Secondary Education is hereby notifying Youth Villages, Inc., Germaine Lawrence Day and Residential Programs that the programs are being placed on Probationary Approval status based on the findings from the Mid Cycle Review and recent discussions with staff from Youth Villages regarding serious concerns regarding the ability of the school to provide a safe and appropriate educational environment to enrolled students as outlined in 603 CMR 28.09(4)(b). **The Department is also hereby notifying the Youth Villages, Inc., Germaine Lawrence Day and Residential Programs (Germaine Lawrence) that as of this notice, the school is not to accept any additional eligible students into the program.** Germaine Lawrence had been issued Provisional Approval as the result of the 2014-2015 Re-approval due to noncompliance with licensing requirements for teachers and related service staff.

Consistent with Board of Elementary and Secondary Education regulations at 603 CMR 28.09(4), within two (2) school days of receipt of this notice from the Department placing the Program’s approval on probation, Germaine Lawrence must provide notification of Probationary Approval status to the parents and guardians of all Massachusetts enrolled students, all Massachusetts school districts with enrolled students, and officials of Massachusetts human service agencies or agencies of other states with responsibility for any students at the school. This notification must state that Germaine Lawrence has been issued probationary approval from the Department for the stated reasons outlined below.[[1]](#footnote-1) A copy of the proposed letter and a list of all recipients must be submitted to the Department for approval prior to distribution.

In addition, Germaine Lawrence must submit to the Department a Corrective Action Plan that addresses the areas of noncompliance specified below. This Corrective Action Plan must include a detailed description of the immediate steps to be taken, persons responsible for implementation, and specific timelines for correction of these citations.[[2]](#footnote-2) The Corrective Action Plan and required documentation must be received in the Department no later than **3:00 p.m. on Wednesday, April 20, 2016.** Some areas of noncompliance were first identified in the Program Review completed in March 2013. Following the Mid-Cycle Review conducted in November 2015, the Department reviewed the continuing areas on noncompliance with Germaine Lawrence. During a 9 month period beginning in June of 2015, the Department has provided a significant amount of technical support in order to assist Germaine Lawrence in achieving compliance with our regulations. Despite this assistance, many serious concerns regarding the school’s ability to provide an adequate education for the students per their Individualized Education Programs (IEPs) and comply with other regulatory requirements remain unaddressed.

Germaine Lawrence’s failure to achieve compliance with crucial programmatic requirements has resulted in the Department’s decision to place Germaine Lawrence on probationary approval. Specifically,

1. Germaine Lawrence is not complying with the requirements of 603 CMR 28.09(5)(a) and 603 CMR 28.09(7)(a)(1) that **the school have an appropriately qualified Educational Administrator** supervising the provision of special education services in the program and ensuring that the services specified in each student’s IEP are delivered.
2. Germaine Lawrence is not complying with the requirements of 603 CMR 28.06(6)(d) and 603 CMR 28.09(7)(e) by **maintaining the school’s approved student: licensed educator ratio of 5:1 and the student: licensed educator: aide ratio of 9:1:1.**
3. Germaine Lawrence has had continued **vacancies in approved staff positions** for special education teachers which directly impacts service delivery to students. Germaine Lawrence did not fill these positions by other appropriately licensed or waivered staff person and did not provide the Department with required notification of these vacancies (Form 1).
4. Germaine Lawrence is not in compliance with 603 CMR 28.09(12)(a) regarding **the reporting of serious incidents**. The school has not consistently provided the Department with the Form 2, Incident Reports. The failure to file Form 2 reports raises concerns about student safety.
	* The process was explainedon 09/22/2015, 11/17, 11/18 & 11/19/2015, 01/06/2016.
	* Incidents were not reported on 05/30/2015 when 25 students rioted in the streets and police were called; on 11/16/2015 when a student was taken to the hospital that was not reported to the Department until the Department made a request for the official notification, and several subsequent incidents when students were taken to the Emergency Room for circumstances unrelated to preexisting medical conditions.
5. Germaine Lawrence is not in compliance with 603 CMR 18.05(11)(g)(i), and 28.09(7)(f)) regarding New Staff Orientation and Training.
	* The New Staff Orientation and Training Plan does not include all mandated topics required by ESE.
	* Germaine Lawrence is not following the requirement that new staff not be assigned direct care duties with students prior to their participation in all mandated trainings listed under criterion 12.1.

Additional areas of non-compliance that were identified during the Mid-cycle review are identified below and must be addressed in the Corrective Action Plan. Some of these areas of non-compliance were first identified in the Program Review completed in March of 2013. These areas of continuing non-compliance were a factor in the Department’s decision to place Germaine Lawrence on Probationary Approval.

1. Germaine Lawrence is not in compliance with 603 CMR 18.05(10), 18.05(7) and 603 CMR 28.09(12)(a)(b) regarding providing Advance Notice of a Proposed Program or Facility Change through a Form 1.
	* + Germaine Lawrence did not provide immediate notification for anunexpected building change as the result of an emergency.
			- A Form 1 and supporting documentation for a move was not reported to the Department until the Department requested that the official notification be submitted (03/04/16 & 03/08/2016).
		+ Germaine Lawrence did not provide15 working days notification for a 10% decrease in enrollment of students based on the last approved ESE Program Budget.
			- Form 1 and supporting documentation for a 10% decrease in enrollment was not reported to the Department until the Department made multiple requests for the official notification to be submitted (12/14/2015, 12/18/2015, 12/22/2015, 1/15/2016, 1/21/16, & 2/16/16).
2. Germaine Lawrence is not in compliance with 603 CMR 28.09(11), 603 CMR 18.05(1)(b)(1-17), 18.05(2) and 18.05(3)(c) which requires approved private special education schools to develop and implement written admissions policies on student admissions.
	* Germaine Lawrence has two students who are enrolled in the program who are not eligible for special education services.
	* Germaine Lawrence has students in the program who are being evaluated to determine if they are eligible for special education services.
3. Germaine Lawrence Residential Program is not in compliance with 603 CMR 28.09(5) which requires the program to have 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 Parents/guardians (or student, when applicable.)
	* IEP’s were not found for each student, including some who are receiving special education services.
4. Germaine Lawrence is not in compliance with 603 CMR 28.07(3) and 34 CFR 300.320(a)(3)(i, ii), which requires approved private special education schools to provide students’ parents with progress reports on goals set forth in students’ IEPs.
	* Progress reports were not completed or issued for some students.
	* For some students, it was unclear where progress reports were sent.
5. Germaine Lawrence is not in compliance with 603 CMR 18.05(11), 18.05(11)(c), 603 CMR 28.09(7), 28.09(11)(a) and M.G.L. c.71, § 38R; ESE Advisory on CORI revised 5/7/07 and 603 CMR 26.00 as amended by Chapter 1999 of the Acts of 2011, which require approved private special education to develop and implement written policies and procedures for staff.
	* Criminal Offender Record Information (CORI) checks were completed on employees upon their initial hire, but follow-up CORI checks, which are required at least every three years, were not completed.
	* Germaine Lawrence is not following their own policy and procedure regarding written evaluation of staff.
6. Germaine Lawrence is not in compliance with 603 CMR 28.09(7)(f); 28.09(9)(b); 28.09(10); 18.03(3); 18.05(9)(e)(1); 18.05(10); and 603 CMR 26.00 regarding the program’s In-Service Training Plan and Calendar.
	* All required In-Service trainings are not offered to all staff as required.
	* Germaine Lawrence was unable to show documentation of an average of at least two hours each month of training for each employee as required.
7. Germaine Lawrence is not in compliance with 603 CMR 18.05(4)(a) since they do not have a Parent Advisory Group that advises the programs on matters that pertain to the education, health and safety of the students in the programs.
8. Germaine Lawrence is not in compliance with 603 CMR 18.05(8); 18.05 (9)(d); 18.05 (9)(f)(1); 18.05 (9)(j); M.G.L. c. 71, § 32A regarding obtaining parental consent and notification.
	* Annual:
		+ Emergency medical treatment
		+ Medication Administration (when applicable)
* When applicable:
* Research
* Experimentation
* Fundraising
* Publicity and
* Observation
* Notification concerning curriculum that primarily involves human sexual education or human sexuality issues.
1. Germaine Lawrence is not in compliance 603 CMR 18.05(9)(g)(1; 105 CMR 200.100(B)(1); 105 CMR 200.400(B); 105 CMR 200.400(C); G.L. c.71, § 57; M.G.L. c. 111, § 111 specific to Preventive Health Care of students.
	* Germaine Lawrence is unable to show that each enrolled student has a physical examination completed within one year prior to entry to the program, or within 30 days if the placement is an emergency, and documentation of a physical examination at least once every 3 years after placement.
	* Germaine Lawrence is unable to show that documentation is obtained from the parents/guardians upon admission of the most recent date of each student's dental examination and documentation of annual dental exams thereafter.
2. Germaine Lawrence is not in compliance with M.G.L. c. 269, § 17 through 19 regarding hazing.
	* Germaine Lawrence is unable to show documentation that they issue copies of sections 17 through 19 of the hazing law to every secondary aged student as required.
	* Germaine Lawrence is unable to show evidence that a copy of the program’s anti-hazing disciplinary policy as approved by the program’s Board of Directors was issued to each secondary age student.

In addition, during the Mid-cycle review of prior issues in documentation of behavior support, the Department identified the following issues related to compliance with the Physical Restraint Regulations that went into effect on January 1, 2016:

1. Germaine Lawrence is not in compliance with criterion 9.1 regarding behavior management and discipline.
	* Germaine Lawrence has not developed and implemented a written behavior support policy and procedure that is in compliance with the new regulations under 603 CMR 46.00 (as updated in January 2016) regarding appropriate responses to student behavior that may require immediate intervention.
	* The behavior support policy and procedures is not contained in the program’s policy and procedures manual that deals with discipline and behavior support that meets all federal and state special education requirements.
2. Germaine Lawrence is not in compliance with criterion 9.1(a) regarding student separation resulting from behavior support.
	* Germaine Lawrence does not have a behavior support policy and procedures specific to a student separating from the group or program activities that is contained in the program’s policy and procedures manual that deals with discipline and behavior support and that meets all federal and state special education requirements.
3. Germaine Lawrence is not in compliance with criterion 9.4 regarding Physical Restraint.
	* Germaine Lawrence does not have a written policy and procedures on the use of physical restraints and administering physical restraints in accordance with the requirements of 603 CMR 46.00 (as updated in January of 2016) that is contained in program’s policy and procedures manual.

**The Department is convening a meeting on Thursday, April 14th at 9:00 am**  to discuss the requirements of the Corrective Action Plan (CAP) that Germaine Lawrence must submit the Department by April 20, 2016. At this time, we will meet with you and the staff who will be onsite at Germaine Lawrence to develop and implement the CAP. The Department will answer any questions you have and will provide technical assistance in preparing a CAP that can be immediately implemented to assist Germaine Lawrence in achieving compliance.

Germaine Lawrence must submit a Corrective Action Plan and accompanying documentation **on or before April 20, 2016**. The Corrective Action Plan must provide the following required information in the order specified in Attachment B.

Following the Departments review of the Corrective Action Plan and results of any announced and/or unannounced site visits, the Department may reinstate the Provisional approval status of the programs or withdraw its approval. The Department will provide written notification of its action to Germaine Lawrence.

Please note that the Department will conduct both announced and unannounced site visits to Germaine Lawrence to observe the current program and to verify corrective actions approved by the Department are

being implemented. It is our desire to work positively and collaboratively with Germaine Lawrence to ensure compliance with Department requirements and to support the school in its efforts to meet the challenging needs of the students it serves. If you have any questions regarding the contents of this letter, please contact Michelle Hennessy-Kowalchek at 781-338-3704.

Sincerely,

Michelle Hennessy-Kowalchek, Liaison

Program Quality Assurance Services

Marcia Mittnacht, State Director of Special Education

Special Education Planning and Policy Development

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

Joseph F. Drolette, Assistant Director, Department of Elementary and Secondary Education

 Nina M. Marchese, Supervisor, Department of Elementary and Secondary Education

 Janelle Roberts, Program Director, Germaine Lawrence School

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

Kelly Buckley, Department of Early Education and Care

 Andrea Cosgrove, Area Administrative Manager, Department of Children and Family Services

Encl.: Attachment A

 Attachment B

 Mid-cycle Review Report

Probationary Approval Certificates, Expiration Date: June 20, 2016

 Germaine Lawrence Day Program

 Germaine Lawrence Residential Program

Attachment A

Youth Villages Germaine Lawrence - notification of Probationary Approval must include the following language and must be sent to: Parents of all enrolled Massachusetts students, all Massachusetts school districts with enrolled students, and officials of Massachusetts human service agencies or agencies of other states with responsibility for any students at the school. 603 CMR 28.09(4)(c)

**Youth Villages, Inc.**

Date

Dear:

The Massachusetts Department of Elementary and Secondary Education has placed Youth Villages, Inc., Germaine Lawrence Day and Residential Programs on Probationary Approval Status effective April 5, 2016.

The Department of Elementary and Secondary Education has taken this action because of lack of compliance with ESE regulations [specify].

Youth Villages,Inc., Germaine Lawrence Day and Residential Programs will update you should there be any further change in our approval status.

Please feel free to contact me with questions or concerns.

Signed,

Youth Villages, Inc.

Attachment B

The Corrective Action Plan must provide the following required information in the order specified below:

1. Educational Administrator:
* Name of the Educational Administrator;
* Copy of the Special Education Administrator license of the Educational Administrator OR: a copy of Special Education license, evidence of a Master’s Degree in special education or a related field and a copy of the person’s license to show evidence of a minimum of one year of administrative experience; and
* A copy of the job description of the Educational Administrator.
1. Staffing for Instructional Groupings:
* Block schedules that clearly display the following:
	+ Names and numbers of students in all classrooms for all periods throughout the school day;
	+ Names and numbers of Licensed Educators in all classrooms for all periods throughout the school day;
	+ Names and numbers of aides in all classrooms for all periods throughout the school day; and
	+ The schedule should clearly identify whether the staff are the Licensed Educator or an Aide.
1. Advance Notice of a Proposed Program or Facility Change through a Form 1.
	1. Copy of the program’s written policy and procedures for notifying the Department of substantial changes within the program through a Form 1, including the name and contact person responsible for providing such notification.
2. Form 2, Incident Reports
	1. Copy of the program’s written policy and procedures specific to Form 2 Incident Reports, including a list of all incidents that Germaine Lawrence must report to the Department, the procedure for notifying all appropriate parties of serious incidents, and the name of the contact person from Germaine Lawrence responsible for providing such notification, and procedures for appropriate response to a serious incident.
3. Student Admission
* Please refer to criterion 5.1 and submit a complete copy of the policy and procedures

 regarding Student Admissions. While the entire policy will be reviewed for compliance,

 the following areas of current non-compliance will be reviewed in particular

* + - written admissions criteria;
		- the program’s application/intake form used for student admissions; and
		- the program’s narrative description of orientation for parents and students upon admission to the program.
1. The Germaine Lawrence Residential Program, is required to have a current IEP on file for each enrolled Massachusetts student
	1. Copy of a current IEP & Student Roster; and
	2. Copies of the current IEP for each student enrolled in the residential program.
2. Progress Reports
	1. Copy of a sample IEP progress report form used by the program that provides
		* Progress towards reaching the goals set in the IEP at least as often as parents are informed of the progress of students without disabilities
		* Written information on the student’s progress toward the annual goals
		* How the child's progress toward meeting the annual goals will be measured
	2. Description of how the program documents that parents, school districts and/or agencies receive copies of progress reports.
3. Criminal Offender Record Information (CORI)
	1. A list of all staff and evidence of a completed CORI check prior to their initial hire and every three years thereafter.
	2. Report on completion of the fingerprint criminal background check required by G.L.c.71§38R.
4. New Staff Orientation and Training
* The name of person responsible for coordination and implementation of orientation

 training

* A copy of the written orientation and training program for new staff including (please refer to updated criterion 12.1):
	+ Program’s philosophy
	+ Organization
	+ Program
	+ Practices
	+ Goals
	+ ESE required topics (12.2 a-g)
	+ Provisions for orientation of intern, volunteers or others who work at the

 program, if applicable.

**NOTE:** New staff may not be assigned direct care duties with students until they have participated in all mandated trainings listed under criterion 12.2 a-g through their orientation program.

1. In-Service Training Plan and Calendar.
* 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:
	+ 24 training hours for a twelve month program, **and**
	+ All training topics provided, including;
1. Reporting abuse and neglect of students to the Department of Children and Families and/or the Disabled Persons Protection Commission and filing Form 2 with the Department;
2. Disciplinary and Behavior Management Procedures used by the program
3. Runaway policy;
4. Emergency procedures including Evacuation Drills and Emergency Drills; and
5. Civil rights responsibilities (discrimination and harassment) regarding race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness;
6. Program’s use of physical restraints;
7. Bullying prevention and intervention;
8. Medication administration;
9. Medication side effects;
10. Transportation safety; and
11. Student record policies and confidentiality issues.
* 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;
* 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; and
	+ 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.
* Description of how the program tracks and records individual staff attendance at trainings.
1. Parent Advisory Group
	1. A parent involvement plan describing outreach to parents and steps to be taken to seek parental input on matters pertaining to student health, education and safety.
	2. The position title and job description of the staff assigned to work with the Parents’ Advisory Group.
	3. Copies of notices issued to parents/guardians for the next Parent Advisory Group meeting and a schedule of the Parent Advisory Group meetings through June 2017.
2. Parental Consents
* Copy of written policy procedures for working with school districts to obtain parent consents.
* Sample of all consent and notification forms used by the school.
1. Preventive Health Care of Students
* Evidence of preventive health care screenings, medical and dental examinations and immunization and/or dated documentation of communications (calls/emails/letters) to parents/guardians requesting such documentation for all Massachusetts students.
1. Anti-Hazing
* Copy of the disciplinary code distributed to students as approved by the program’s Board of Directors.
* Documentation of the distribution of copies of G.L.c.269 §17-19.
* Documentation of each secondary age students’ receipt of a copy of the school program's anti-hazing disciplinary policy approved by the program's Board of Director's.
1. Student Discipline and Behavior Support.
* Copy of written policies on Behavior Support, including:
	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.
1. Student Separation Resulting from Behavior Support.
	* + Copy of written policies and procedures regarding behavior management specific to student separation that must include:
2. 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
3. A procedure for obtaining principal approval of time-out for more than 30 minutes based upon the individual student’s continuing agitation; and
4. Statement that time out shall cease as soon as the student has calmed.
5. Physical Restraint
* Copy of written physical restraint policies and procedures, to include:
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. A statement that 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;
10. An assurance that 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.
* Copy of the record of restraints from January 1, 2016 to the date of this submission; and
* Names of staff who serve as restraint resources within the program and evidence of their intensive training.

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| --- | --- | --- |
|  | ESE Logo | **MID-CYCLE REVIEW REPORT****Youth Villages, Inc.****MCR Onsite Dates:** **11/17/2015 - 11/19/2015****Programs under review for the agency:****A - Germaine Lawrence Day Program****B - Germaine Lawrence Residential Program**  |
|   |  | Mitchell D. Chester, Ed.D.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:** |
| Implemented |
| **Applies To:** |
| B - Germaine Lawrence Residential Program (Youth Villages) |
| **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 however, the licenses were not posted for public viewing as required. Program administration obtained and displayed current licenses in all residences before the end of the onsite portion of the Mid-Cycle Review. |

| **PS Criterion #2.3 - EEC Licensure (Residential Programs Only)** |
| --- |
| **Rating:** |
| Not Applicable |
| **Applies To:** |
| A - Germaine Lawrence Day Program (Youth Villages) |
| **Basis for Findings:** |
| This standard is not applicable to the day program. |

| **PS Criterion #4.4 - Advance Notice of Proposed Program/Facility Change** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that Germaine Lawrence did not provide "Notification/Request for Prior Approval of Substantial Changes" specific to an unexpected building change as the result of an emergency until requested by the Department to do so twice. In addition, Germaine Lawrence did not provide notification of a decrease in student enrollment in both the Day and Residential programs to the Department of Elementary and Secondary Education within the notification requirement of 15 days, despite six requests from the Department. |
| **Department Order of Corrective Action:** |
| The program must submit a Form 1: "Notification/Request for Prior Approval of Substantial Changes within a Private Special Education School Program" for any requirement as specified on the Form 1. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit: 1) The program's policy and procedures for Form 1's: "Notification/Request for Prior Approval of Substantial Changes within a Private Special Education School Program," that includes the name and contact person responsible for providing such notification. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #4.5 - Immediate Notification** |
| --- |
| **Rating:** |
| Not Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of student records indicated that Germaine Lawrence Day and Residential programs has not consistently provided the Department with Form 2, Incident Reports. The failure to file Form 2 Incident Reports raises concerns about student safety. |
| **Department Order of Corrective Action:** |
| The programs must submit a Form 2: "Incident Report" for any instance with supporting documentation as required on the Form 2. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit: 1) A copy of the program's written policy and procedures specific to Form 2 Incident Reports including a list of all incidents that Germaine Lawrence must report to the Department; 2) The procedure for notifying all appropriate parties of serious incidents; 3) the name of the contact person from Germaine Lawrence responsible for providing such notification; and 4) Procedures for appropriate response to a serious incident. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #5.1 - Student Admissions** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that admissions policies and procedures are not adhered to. Student Record Reviews identified students enrolled in the program without an Individual Education Plan and students enrolled who were not found eligible for special education services. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence adhere to admission policies that are pursuant to 603 CMR 28.09(11), 603 CMR 18.05(1)(b)(1-17), 18.05(2) and 18.05(3)(c). |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit a complete policy and procedures they follow specific to Student Admissions. While the entire policy will be reviewed for compliance, the following areas of current non-compliance will be reviewed in particular: 1) written admissions criteria; 2) the program's application/intake form used for student admissions; and 3) the program's narrative description of orientation for parents and students upon admission to the program. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #6.1 - Daily Instructional Hours** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| At the time of the 2012 Program Review, documentation indicated that both the day and residential programs did not provide students with the required annual instructional hours for a 12 month program.During the Mid-cycle Review documentation indicated that all students were scheduled to receive the required number of instructional hours for a 12 month program. |

| **PS Criterion #6.4 - School Days Per Year** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **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:** |
| Partially Implemented |
| **Applies To:** |
| B - Germaine Lawrence Residential Program (Youth Villages) |
| **Basis for Findings:** |
| A review of documentation and student records indicated that there was not a current Individual Education Plan for each enrolled Massachusetts student that had been issued by the responsible public school district and consented to by the student's parent/guardian or student, when applicable. |
| **Department Order of Corrective Action:** |
| The Program must have on file in student records, 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/guardian or the student, when applicable. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit the following for the students enrolled in the Residential Program: 1) A copy of the Current IEP & Student Roster; and 2) Copies of the current IEP for each student enrolled in the residential program. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #8.5 - Current IEP & Student Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| A - Germaine Lawrence Day Program (Youth Villages) |
| **Basis for Findings:** |
| A review of documentation and student records indicated that there was a current Individual Education Plan 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 Individual Education Plan was found to not be current, there was documentation of the program's efforts to obtain a current Individual Education Plan from the responsible school district. |

| **PS Criterion #8.8 - IEP - Progress Reports** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| At the time of the 2012 Program Review, student records indicated that while Progress Reports were being sent to parents or guardians, there was no evidence that they were also being sent to the responsible public school district.During the Mid-cycle Review, while interviews and a review of student records indicated that progress reports were written and sent quarterly to parents and public school districts, a review of student records indicated that progress reports were not completed or issued for some students and for some students, it was unclear to whom progress reports were sent. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must maintain documentation of quarterly IEP Progress Reports in each student record for each enrolled Massachusetts student, including to whom the progress reports were sent. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress reports, Germaine Lawrence must submit: 1) A copy of a sample IEP progress reports form used by the program that provides a) progress towards reaching the goals set in the IEP at least as often as parents informed of the progress of students without disabilities; b) written information on the student's progress toward the annual goals; c) how the child's progress toward meeting the annual goals will be measured; and 2) a description of how the program documents that parents, school districts and/or agencies receive copies of progress reports. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #9.1 - Polices and Procedure for Behavior Support** |
| --- |
| **Rating:** |
| Implementation In Progress |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that Germaine Lawrence has not developed and implemented a written behavior support policy and procedures that is compliance with the current Physical Restraint Regulations as specified in 603 CMR 46.04(1), effective January 1, 2016. In addition, the behavior support policy and procedures were not contained in the program's policy and procedures manual. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must develop a policy and procedures for Behavior Support that meet all requirements of this criterion and that are in compliance with the Physical Restraint Regulations that went into effect on January 1, 2016. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit their updated policy and procedures on "Behavior Support," including 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.**PLEASE NOTE:** Once the policy and procedures for this criterion are approved by the Department, subsequent progress reports will include training of staff, implementation and oversight of the policies being followed. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #9.1(a) - Student Separation Resulting from Behavior Support** |
| --- |
| **Rating:** |
| Implementation In Progress |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| At the time of the 2012 Program Review, a review of student records and interviews with staff indicated that Germaine Lawrence did not have a means of documenting the use of time-out for an individual student, including, at a minimum, the length of time, reasons for the intervention, who approved the procedure, and who monitored the student during the time-out. During the Mid-cycle Review, Germaine Lawrence implemented the Student Separation Resulting from Behavior Support regulations that were in effect at the time of the onsite review. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must develop policy and procedures for behavior support specific to student separation that meet all requirements of this criterion and that are in compliance with the Physical Restraint Regulations that went into effect on January 1, 2016. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit a copy of their written policy and procedures regarding behavior support specific to student separation that must include: 1) 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)Statement that time out shall cease as soon as the student has calmed. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #9.4 - Physical Restraint** |
| --- |
| **Rating:** |
| Implementation In Progress |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated the programs' Physical Restraint policies and procedures do not reflect the regulation changes that went into effect January 1st 2016. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must develop Physical Restraint policies and procedures that are in compliance with the Physical Restraint Regulations that went into effect January 1, 2016. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit a copy of their written physical restraint policies and procedures, that include: 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)A statement that 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) An assurance that 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.In addition, Germaine Lawrence must submit a copy of the record of restraints from January 1, 2016 to the date of this submission; the names of staff who serve as restraint resources within the program and evidence of their intensive training.**PLEASE NOTE:** Once the policy and procedures for this criterion are approved by the Department, subsequent progress reports will include training of staff, implementation and oversight of the policies being followed. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #10.1 - Staffing for Instructional Groupings** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| At the time of the 2012 Program Review, documentation and interviews indicated that Germaine Lawrence had instructional groupings that exceeded the approved Student: Licensed Educator Ratio of 5:1. During the Mid-cycle Review, documentation, interviews, and observations indicated that Germaine Lawrence is not consistently maintaining the school's approved student: licensed educator ratio of 5:1 and student: licensed educator: to aide ratio of 9:1:1. Germaine Lawrence has had continued vacancies in approved staff positions for special education teachers, which directly impact service delivery to students. Germaine Lawrence did not fill these positions by other appropriately licensed or waivered staff persons and did not provide the Department with required notification of these vacancies (Form 1). In addition, based on the schedules and responsibilities of teachers, they do not always have the ability to oversee instruction being delivered by unlicensed staff to their assigned students. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must ensure that the approved Student: Licensed Educator Ratio of 5:1 and the approved Student: Licensed Educator: Aide Ratio of 9:1:1 is maintained at all times and that licensed teachers have the ability to oversee instruction being delivered by unlicensed staff to their assigned students.. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit block schedules that clearly display the following: 1) Names and numbers of students in all classrooms for all periods throughout the school day; 2)Names and numbers of Licensed Educators in all classrooms for all periods throughout the school day; 3)Names and numbers of aides in all classrooms for all periods throughout the school day; and 4) The schedule should clearly identify whether the staff are the Licensed Educator or an Aide. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #11.1 - Staff Policies and Procedures Manual** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation and staff records indicated that while a Criminal Offender Record Information (CORI) check is completed upon initial hire there is no evidence that all staff have a completed CORI check every three years thereafter as required. In addition, Germaine Lawrence is not following their own policy and procedures regarding evaluation of staff. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must develop and implement written policy and procedure that describes the school's Criminal Offender Record Information (CORI) policy regarding CORI checks on employees, interns, volunteers and transportation providers upon initial hire and every three years thereafter.While Germaine Lawrence has comprehensive policy and procedures on personnel, including performance evaluation procedures they must be implemented for all staff according to the timelines within the policy. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit: 1) A list of all staff and evidence of a completed CORI check prior to their initial hire and every three years thereafter; and 2) A report on the completion of the federal crime background check required by G.L.c.71§38R. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #11.3 - Educational Administrator Qualifications** |
| --- |
| **Rating:** |
| Not Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| The Department received notification in early March 2016 that the school does not have an Educational Administrator who is supervising the educational services in the program and ensuring that the services specified in each student’s IEP are being delivered. Since the beginning of the Mid-cycle Review, the ESE liaison has worked with three different Educational Administrators because of staff turnover. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must ensure that the school has an appropriately qualified Educational Administrator supervising the provision of special education services in the program and ensuring that the services specified in each student's IEP are delivered. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report: Germaine Lawrence must submit the following: 1) Name of the Educational Administrator; 2) Copy of the Special Education Administrator license of the Educational Administrator OR: a copy of Special Education license, evidence of a Master’s Degree in special education or a related field and a copy of the persons license to show evidence of a minimum of one year of administrative experience; and 3) A copy of the job description of the Educational Administrator. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #11.4 - Teachers (Special Education Teachers and Regular Education Teachers)** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| At the time of the 2012 Program Review not all teaching staff were appropriately licensed or on an approved waiver. During the Mid-Cycle Review a review of documentation indicated that not all teaching staff were appropriately licensed in their subject and/or grade level or had been granted an appropriate waiver for the 2015-2016 school year. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must ensure that teachers are appropriately licensed or on an ESE approved waiver in the subject area, grade level and subject area in the position for which they were hired to teach. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit an updated Teacher Roster that includes all elements as included on the updated Teacher Roster Template located in the Document Library of WBMS. Germaine Lawrence must also submit copies of each teacher's license, a copy of an approved ESE waiver or most recent ELAR activity sheet for each teacher listed on the Teacher Roster. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #11.5 - Related Services Staff** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that at the time of the Mid-cycle Review the staff providing or supervising the provision of related services were not all appropriately certified, licensed or registered in their professional areas. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must ensure that all Related Service Staff are appropriately licensed or registered in the related service area in the position for which they were hired. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit a current Related Services Roster on the updated template that can be found in the Document Library of WBMS that includes: 1) The UFR number; 2) Name of each related service provider; 3) Position title within the program; 4) License number and/or Massachusetts State Board of Registration number; and 5) A copy of the license and/or State Board of Registration license for each employee included on the Related Services Roster. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #11.6 - Master Staff Roster** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| At the time of the 2012 Program Review documentation indicated that staff positions did not correspond to the Last Approved Program Budget and an explanation was not provided to explain the discrepancies. During the Mid-Cycle Review documentation indicated the Master Staff Roster contained the name, program job title, corresponding Uniform Financial Report (UFR) title number and full-time equivalent (FTE) for all staff, however, the Master Staff Roster did not accurately corresponded to the Last Approved Program Budget. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must ensure that the Master Staff Roster corresponds to the last approved Program Budget. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit a copy of the last approved Program Budget and a current Master Staff Roster which includes all elements of the updated Master Staff Roster Template that can be found in the Document Library in WBMS. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #11.12 - Equal Access** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **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** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation and staff records indicated that the New Staff Orientation and Training Plan does not include all mandated topics required by the Department and not all staff received training on all ESE required topics before being assigned direct care duties with students. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must develop and implement a written plan for New Staff Orientation and Training that includes all ESE mandated training topics listed under criteria 12.1 and 12.2 (a.-g.) to be completed before new staff are assigned direct care duties with students. Documentation of New Staff Orientation Training on all mandated topics must be maintained in staff records. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit: 1) The name of person responsible for coordination and implementation of orientation training; 2) A copy of the written orientation and training program for new staff including (please refer to updated criterion 12.1): a) Program's philosophy; b) Organization; c) Program; d) Practices; e) Goals; f) ESE required topics (12.2 a-g); and g)Provisions for orientation of intern, volunteers or others who work at the program, if applicable.NOTE: New staff may not be assigned direct care duties with students until they have participated in all mandated trainings listed under criterion 12.2 a-g through their orientation program. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #12.2 - In-Service Training Plan and Calendar** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| At the time of the 2012 Program Review documentation indicated that all required trainings were not included on the In-Service Training Plan and Calendar. In addition, the calendar did not reflect a minimum of 24 hours for a 12 month program as required. A review of staff records also indicated that staff members were not receiving training on all ESE required topics.During the Mid-Cycle Review staff records and documentation indicated that all In-Service trainings are not offered to all staff as required and Germaine Lawrence was unable to show documentation of an average of at least two hours each month of training for each employee as required. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must develop and implement an In-service Training Plan and Calendar that includes all ESE mandated training topics and shows an average of at least 2 hours per month for all employees. Documentation of the In-Service Training Plan on all mandated and other training topics must be maintained in staff records. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit: 1) The name and job description for the staff person responsible for the development and implementation of the in-service training program/calendar; 2) The Annual detailed in-service training plan. This plan must reflect a minimum of:24 training hours for a twelve month program, and All training topics provided, including;a. Reporting abuse and neglect of students to the Department of Children and Families and/or the Disabled Persons Protection Commission and filing Form 2 with the Department; b. Disciplinary and Behavior Management Procedures used by the program; c. Runaway policy; d. Emergency procedures including Evacuation Drills and Emergency Drills; e. Civil rights responsibilities (discrimination and harassment) regarding race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness; f. Program’s use of physical restraints; . Bullying prevention and intervention; h. Medication administration; i. Medication side effects; j. Transportation safety; and k. Student record policies and confidentiality issues.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;
* 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; and
* 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.
 |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #13.2 - Kitchen, Dining, Bathing/Toilet and Living Areas** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| Observations and staff interviews indicated that the programs provide the facilities, textbooks, equipment, technology, materials and supplies needed to provide the special education services specified on the IEP's 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** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **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 #15.1 - Parental Involvement and Parents' Advisory Group** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| At the time of the 2012 Program Review while Germaine Lawrence had a written plan for involving parents, document review and interviews indicated that they do not have a Parents' Advisory Group that advises both programs on matters that pertain to the education, health and safety of the students in the program. During the Mid-Cycle Review documentation, staff interviews and parent surveys indicated that both programs do not have a Parent Advisory Group that advises both programs on matters that pertain to the education, health and safety of the students in the programs. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must develop a detailed written plan for involving parents and form 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. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit: 1) A parent involvement plan describing outreach to parents and steps to be taken to seek parental input on matters pertaining to student health, education and safety; 2) The position title and job description of the staff assigned to work with the Parents' Advisory Group; and 3) Copies of notices issued to parents/guardians for the next Parent Advisory Group meeting and a schedule of the Parent Advisory Group meetings through June 2017. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #15.5 - Parent Consent and Required Notification** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of student records indicated that some of the required parental consents are obtained upon admission however, copies of signed annual parent/guardian consents and notifications were not present in student records. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must develop and implement policy and procedures to obtain all required parent consents and notifications, annually and when applicable, which will be filed in student records. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit: 1) A written policy and procedures for working with school districts to obtain parent/guardian consents, annually and when applicable; and 2) Sample of all consents and notification forms used by the school. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #16.7 - Preventive Health Care** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| At the time of the 2012 Program Review student records indicated that there was no evidence that both programs, in cooperation with the student's parents and/or human service agency which is responsible for payment, were making provision for all students to receive a physical examination upon enrollment and an annual comprehensive dental examination. Additionally, there is no evidence of the program's efforts to develop a plan to ensure that vision and hearing screenings are conducted for all students.During the Mid-Cycle Review student records indicated that Germaine Lawrence was unable to show that each enrolled student has a physical examination completed within one year prior to entry to the program, or within 30 days if the placement is an emergency, and documentation of a physical examination at least once every 3 years after placement. Germaine Lawrence was also unable to show that documentation is obtained from the parents/guardians upon admission of the most recent date of each student's dental examination and documentation of annual dental exams thereafter. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must ensure that each enrolled student has a complete medical record on file containing a current physical examination, dental examination (or efforts to obtain such information from the parents/guardians) and vision, hearing and postural examination according to the grade level of each student. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit evidence of preventive health care screenings, medical and dental examinations and immunization and/or dated documentation of communications (calls/emails/letters) to parents/guardians requesting such documentation for all Massachusetts students. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #18.1 - Confidentiality of Student Records** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| At the time of the 2012 Program Review student records review indicated that a log of access was not maintained in all student records and in all parts of student records as required.During the Mid-Cycle Review student records included a log of access that is maintained in all student records. |

| **PS Criterion #19 - Anti-Hazing** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| At the time of the 2012 Program Review student record documentation indicated that Germaine Lawrence did not maintain evidence of the disciplinary code being distributed to students or evidence of each secondary school age student's receipt of a copy of the programs' anti-hazing disciplinary policy approved by the programs' Board of Directors.During the Mid-Cycle Review student records and interviews indicated that Germaine Lawrence was unable to provide documentation that they issued copies of G.L.c.269 §17-19 of the anti-hazing law to every secondary aged student as required. Germaine Lawrence was also unable to provide evidence that a copy of the program’s anti-hazing disciplinary policy as approved by the program’s Board of Directors was issued to each secondary age student. |
| **Department Order of Corrective Action:** |
| Germaine Lawrence must maintain annual documentation of the distribution and receipt to all secondary aged students copies of G.L.c.269 §17-19 and the programs' anti-hazing disciplinary code that has been approved by the Board of Directors. Evidence of each student's receipt of the M.G.L. c. 269 § 17 through 19 and receipt of the program's disciplinary code must be maintained in the student record for each secondary aged student. |
| **Required Elements of Progress Reports:** |
| For the 04/20/2016 progress report, Germaine Lawrence must submit: 1) Copy of the disciplinary code distributed to students as approved by the program's Board of Directors; 2) Documentation of the distribution of copies of G.L.c.269 §17-19; and Documentation of each secondary age student's receipt of a copy of the school program's anti-hazing disciplinary policy approved by the program's Board of Director's. |
| **Progress Report Due Date(s):** |
| 04/20/2016 |  |  |  |

| **PS Criterion #20 - Bullying Prevention and Intervention** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| At the time of the 2012 Program Review staff records indicated that Germaine Lawrence did not maintain evidence that staff members received Bullying Prevention and Intervention Training. Additionally, interviews indicated that some staff members were not aware of the proper procedures to follow if a bullying incident were to occur.During the Mid-Cycle Review documentation and staff interviews indicated that the student admissions materials/handbook was updated to conform to the updated amended Bullying Prevention and Intervention 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. |

1. Required language for the 603 CMR 28.09(4) notification is provided in Attachment A. [↑](#footnote-ref-1)
2. Further details regarding the required Corrective Action Plan are included in Attachment B. [↑](#footnote-ref-2)