***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*

January 9, 2017

Lou Giramma

Executive Director

Institute of Professional Practice

270 Airport Road

Fitchburg, MA 01420

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

 A - Durham Center for Education Program

Dear Mr. Giramma:

Enclosed is the Department of Elementary and Secondary Education’s (“Department”) Mid-cycle Review Report based upon the Mid-cycle Review conducted in your private school program in October 2016. This Mid-cycle Review Report contains the Department's findings regarding the implementation status and effectiveness of corrective steps taken in response to your previous Program Review Report issued on April 8, 2014. This report also includes a report on the status of implementation for new state or federal special education requirements enacted since your program’s last Program Review.

While the Department found certain noncompliance issues to be resolved, others were partially corrected, not addressed at all and/or new issues were identified by the Department’s onsite team. Therefore, the Department is issuing a “Provisional Approval” status effective from the date of this letter and indicated on your approval certificate. Your “Provisional Approval” will expire on April 9, 2017. The reasons for the “Provisional Approval” are clearly indicated on the attached Mid-cycle Review Report.

This report includes detailed findings for each program area describing the determinations of the Department about the implementation status of each requirement. For requirements not found to be fully implemented, you must propose to the Department corrective actions to bring those areas into compliance with respective statutes or regulations. You are encouraged to incorporate the corrective action activities into your programs’ improvement planning process, including your professional and paraprofessional staff development plan.

You should access the CAP format directly by going into WBMS and clicking on the area on the menu bar entitled “CAP/Progress Reports”. The due date for your response is **February 6, 2017,** which istwenty business days from the Final Report date. We appreciate your programs’ cooperation throughout the Program Review process and look forward to reviewing your response.

Once the Department receives your Corrective Action Plan, we will review and respond to each part of it. Where we disapprove any part of your proposed corrective action, we will provide an explanation and substitute our own order of corrective action, with required timelines. Progress reports may be requested, at dates to be determined by the Department, for any corrective action, and any CAP may be verified onsite. At all these key junctures the Department will provide you with its written review, the status of any outstanding items, requests for additional information and the necessary forms, electronically via WBMS and/or email.

Please include with your programs’ CAP a separate statement signed by you and the chairperson of your Board of Directors. This statement should 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

1. An assurance that once the CAP has been reviewed by the Department the corrective action approved or ordered by the Department will be implemented by the approved or ordered dates of completion.

**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.**

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

Your staff's cooperation throughout these follow-up monitoring activities is appreciated. Should you require additional clarification of information included in our report, please do not hesitate to contact the Onsite Team Chairperson at 781-338-3722.

Sincerely,

Joanne K. Morris, M.Ed., Mid-Cycle Review Chairperson

Office of Approved Special Education Schools

Nina M. Marchese, M.Ed., Director

Office of Approved Special Education Schools

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

Encl.: Mid-cycle Review Report

Provisional Approval Certificate, Expiration Date: April 6, 2017

 Durham Center for Education Program

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| --- | --- | --- |
|  | ESE Logo | **MID-CYCLE REVIEW REPORT****Institute of Professional Practice****MCR Onsite Dates:** **10/13/2016 - 10/14/2016****Programs under review for the agency:****A - Durham Center for Education 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 |
| **Basis for Findings:** |
| A review of documentation indicated that there were current approvals, licenses and certificates of inspection for all buildings used by the students. |

| **PS Criterion #2.3 - EEC Licensure (Residential Programs Only)** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| This standard is not applicable to day programs. |

| **PS Criterion #4.5 - Immediate Notification** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that the policy on Immediate Notification regarding serious incidents meets 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 #5.1 - Student Admissions** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that the Student Admissions Policy contained all required elements of this criterion, including that the program maintains a copy of its policies and procedures manual on site and that the program provides annual written notice to the parents of enrolled students that copies of its policies and procedures manual are available upon request. |

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

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

| **PS Criterion #8.5 - Current IEP & Student Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and student records indicated that there was a current IEP for each enrolled Massachusetts student that had been issued by the responsible public school district and consented to by the student's parent or student, when applicable. In student records where an IEP was found to not be current, there was documentation of the program’s efforts to obtain a current IEP from the responsible school district. |

| **PS Criterion #8.8 - IEP - Progress Reports** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| 8.8 IEP Progress Reports A review of student records indicated that there were current IEP Progress Reports in student records. IEP Progress Reports were based on the signed, current IEP. A review of student records indicated that there were copies of the correspondence that accompanied IEP Progress Reports that were sent to sending school districts and parents/guardians. |

| **PS Criterion #9.1 - Polices and Procedure for Behavior Support** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and interviews indicated that the program has developed and is implementing written Behavior Support Policies and Procedures consistent with the regulations under 603 CMR 46.00 regarding appropriate responses to students behavior that may require immediate intervention. Behavior support policies and procedures are reviewed annually and are provided to staff annually and made available to parents of enrolled students. |

| **PS Criterion #9.1(a) - Student Separation Resulting from Behavior Support** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and staff interviews indicated that the policies and procedures regarding Student Separation Resulting from Behavior Management include that a student must be continuously observed by a staff member at all times, staff shall be with the student or immediately available to the student at all times, procedures are in place for obtaining principal approval of the time-out for more than 30 minutes based upon the student’s continuing agitation and that time out shall cease as soon as the student has calmed. |

| **PS Criterion #9.4 - Physical Restraint** |
| --- |
| **Rating:** |
| 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 and with extreme caution in order to prevent or minimize any harm to the student as a result of the use of physical restraint. |

| **PS Criterion #10.1 - Staffing for Instructional Groupings** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Basis for Findings:** |
| Observations and interviews indicated the approved Student: Licensed Educator: Aide Ratio was not consistently maintained. Observation and interview indicated that one teacher is responsible for two classrooms and a total of seven students. The student: licensed teacher: aide ratio is 6:1:3. |
| **Department Order of Corrective Action:** |
| The program must submit a Corrective Action Plan, evidence of completion of corrective action and internal monitoring processes that address the elements of the Program Review Finding. |
| **Required Elements of Progress Reports:** |
| The program shall have instructional groupings that do not exceed the proposed Student: Licensed Educator and Aide Ratio. Student: Licensed Educator and Aide Ratio is defined as the number of licensed special education teachers, licensed regular education teachers or licensed related service providers, and the number of aides (teacher aide, paraprofessional, direct care staff, behaviorist) to the number of students within an instructional group. |
| **Progress Report Due Date(s):** |
| 02/06/2017 |  |  |  |

| **PS Criterion #11.1 - Staff Policies and Procedures Manual** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that the program has personnel policies and procedures that include the following: criteria and procedures for hiring, Criminal Offender Record Information, fingerprint requirements, evaluation of staff, discipline of staff, the handling of staff complaints, a plan for using volunteer and/or intern services and a statement of equal access for employment and/or educational opportunities. |

| **PS Criterion #11.3 - Educational Administrator Qualifications** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that the Educational Administrator at the time of the self-assessment possessed the required qualifications to serve in this position. Following the onsite review, the Department was notified that an interim Educational Administrator has been named. The interim Educational Administrator possesses the required qualifications. |

| **PS Criterion #11.4 - Teachers (Special Education Teachers and Regular Education Teachers)** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that the teaching staff were appropriately licensed or had been granted an appropriate waiver for the 2016-2017 school year. |

| **PS Criterion #11.5 - Related Services Staff** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that the program has personnel policies and procedures that include the following: criteria and procedures for hiring, Criminal Offender Record Information, fingerprint requirements, evaluation of staff, discipline of staff, the handling of staff complaints, a plan for using volunteer and/or intern services and a statement of equal access for employment and/or educational opportunities. |

| **PS Criterion #11.6 - Master Staff Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of 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. The Master Staff Roster also accurately corresponded to the last approved staffing plan. |

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

| **PS Criterion #12.1 - New Staff Orientation and Training** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and staff records 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:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and staff records indicated that the program has an In-Service Training Plan and Calendar that shows that staff receive training in all mandated training topics annually, the program has a plan for staff to participate in outside training opportunities and that staff receive an average of two hours of training each month in which the school is in session. In addition, such training was documented in staff records. |

| **PS Criterion #13.2 - Kitchen, Dining, Bathing/Toilet and Living Areas** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| Observations and staff interviews indicated that the program provides 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 |
| **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(s) responsible for oversight of the purchase, storage and preparations were also submitted. |

| **PS Criterion #15.5 - Parent Consent and Required Notification** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and student records indicated that the program maintains annual required parental consents for each student. |

| **PS Criterion #16.7 - Preventive Health Care** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation, student records and interview indicated evidence of current preventive health care screenings, medical and dental examinations, immunizations and/or dated documentation of calls/emails/letters to parents/guardians requesting such documentation. |

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

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