***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 19, 2018

David Jordan

Executive Director

Seven Hills Foundation, Inc.

81 Hope Avenue

Worcester, MA 01621

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

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| --- |
| B - Seven Hills at Groton Day Program  C - Seven Hills/Stetson Residential Program |

Dear Mr. Jordan:

Enclosed is the Department of Elementary and Secondary Education’s (“Department”) Mid-cycle Review Report based upon the Mid-cycle Review conducted in your approved special education school programs in January 2018. 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 August 13, 2015. Because the Department determined all requirements were found to be fully implemented during the 2015 Program Review, this Mid-cycle Review Report includes a report on the status of selected Mid-cycle Review criteria as well as the implementation of new state or federal special education requirements enacted since your programs’ last Program Review.  
  
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 October 19, 2018. The reasons for the “Provisional Approval” are clearly indicated on the attached Mid-cycle Review Report.  
  
As the Department previously informed you, in cases where programs fail to fully and effectively implement a Corrective Action Plan which was proposed by the program and approved by the Department, the Department must then prepare a Corrective Action Plan for the programs which must be implemented without further delay. You will find these requirements for corrective action and further progress reporting included in the attached report, together with any steps that must be taken by the programs to fully implement new special education requirements. Please provide the Department with your written assurance that the Department's requirements for corrective action will be implemented by your programs within the timelines specified. Your statement of assurance must be submitted to the Department's Onsite Chairperson by May 3, 2018.   
  
The Department will notify you of your programs’ next regularly scheduled Program Review several months before it is to occur. At this time we anticipate the next routine monitoring visit to occur sometime during the 2020-2021 school year, unless the Department determines that there is some reason to schedule this visit earlier.

**Please be advised that the attached Department Approval Certificates must be conspicuously posted in a public place within the program as required by 621 CMR 28.09.**

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

Sincerely,

Joanne K. Morris, M.Ed., Supervisor

Office of Approved Special Education Schools

Nina M. Marchese, M.Ed., Director

Office of Approved Special Education Schools

c: Jeffrey C. Riley, Commissioner of Elementary and Secondary Education

Encl.: Mid-cycle Review Report

Provisional Approval Certificate, Expiration Date: October 21, 2018

Seven Hills at Groton Day Program

Seven Hills/Stetson Residential Program

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|  | ESE Logo | **MID-CYCLE REVIEW REPORT**  **Seven Hills Foundation, Inc.**  **MCR Onsite Dates:** **01/08/2018 - 02/05/2018**  **Programs under review for the agency:**  **B - Seven Hills at Groton Day Program**  **C - Seven Hills/Stetson Residential Program** |
|  |  | Jeffrey C. Riley  Commissioner of Elementary and Secondary Education |
| **MID-CYCLE REVIEW REPORT** | | |

| **PS Criterion #2.2 - Approvals, Licenses, Certificates of Inspection** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Applies To:** | | | |
| B - Seven Hills at Groton Day Program | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated that the program did not submit a second Board of Health inspection or documentation of their efforts to obtain such. | | | |
| **Department Order of Corrective Action:** | | | |
| Seven Hills Pediatric Center must obtain a second Board of Health inspection from the Board of Health. | | | |
| **Required Elements of Progress Reports:** | | | |
| Seven Hills Pediatric Center must submit a second Board of Health inspection or documentation of efforts to obtain such. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 |  |  |  |

| **PS Criterion #2.2 - Approvals, Licenses, Certificates of Inspection** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Applies To:** | | | |
| C - Seven Hills/Stetson Residential Program | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated that while the program did submit current fire inspections. The violations noted had not been remedied. The program also did not submit a second Board of Health inspection for the year or documentation of their efforts to obtain such for those buildings where food is stored, prepared and/or consumed. | | | |
| **Department Order of Corrective Action:** | | | |
| Stetson Residential program must maintain current fire inspections that are free of violations, or steps to be taken approved by the local fire department. The program must also have two Board of Health inspections annually or document efforts to obtain such from the town. | | | |
| **Required Elements of Progress Reports:** | | | |
| Stetson Residential program must submit updated fire inspections showing that all previously cited violations have been remedied. The program must also submit a second Board of Health Inspections for all buildings to which students have access where food is stored, prepared and/or served. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 | 06/28/2018 |  |  |

| **PS Criterion #2.3 - EEC Licensure (Residential Programs Only)** |
| --- |
| **Rating:** |
| Not Applicable |
| **Applies To:** |
| B - Seven Hills at Groton Day Program |
| **Basis for Findings:** |
| This standard is not applicable to day programs. |

| **PS Criterion #2.3 - EEC Licensure (Residential Programs Only)** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| C - Seven Hills/Stetson Residential Program |
| **Basis for Findings:** |
| A review of documentation indicated that there was a current license from the Department of Early Education and Care for all residential facilities. |

| **PS Criterion #4.5 - Immediate Notification** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Applies To:** | | | |
| All | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated that the programs did not revise the Immediate Notification Policy and Procedures to align with the current requirements specific to serious incidents. | | | |
| **Department Order of Corrective Action:** | | | |
| The programs must develop Immediate Notification Policy and Procedures that aligns with the Department's reporting of current incident report requirements.  Upon approval of the policy and procedures, the programs must provide training to all staff and maintain appropriate documentation of such training. | | | |
| **Required Elements of Progress Reports:** | | | |
| The program must submit a revised Immediate Notification Policy and Procedures that aligns with the current Incident Reporting requirements, including notification and submission through WBMS.  Once the Immediate Notification Policy and Procedures is approved by the Department, the program must provide evidence of training for all staff by submitting 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 | 06/28/2018 |  |  |

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

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

| **PS Criterion #8.5 - Current IEP & Student Roster** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Applies To:** | | | |
| C - Seven Hills/Stetson Residential Program | | | |
| **Basis for Findings:** | | | |
| A review of documentation and student records indicated that there was not a current IEP issued by the responsible public school district and consented to by the student's parent/guardian or student, when applicable, for each enrolled Massachusetts student. The program does maintain documentation of its efforts to obtain a current IEP from the responsible school district for students whose IEP's are not current. | | | |
| **Department Order of Corrective Action:** | | | |
| Since Stetson School is an approved special education school program, students enrolled must be on an Individualized Education Plan issued from their sending school district and consented to by their parent/guardian. | | | |
| **Required Elements of Progress Reports:** | | | |
| Stetson must submit a written plan stating how the program will ensure that all students admitted to the program have a current IEP issued by the responsible public school district and consented to by the student's parent/guardian or student, when applicable. The program must submit a Current IEP and Student Roster. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 |  |  |  |

| **PS Criterion #9.1 - Policies and Procedure for Behavior Support** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Implementation In Progress | | | |
| **Applies To:** | | | |
| B - Seven Hills at Groton Day Program | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated that while the Behavior Support Policy was written in the required format in bulleted form, it did not include all of the required elements regarding Behavior Support Policy and Procedures that are to be followed. | | | |
| **Department Order of Corrective Action:** | | | |
| Seven Hills Pediatric must update its Behavior Support Policy and Procedures and include all required elements.  Once the Department has approved the Behavior Support Policy and Procedures, the program must provide training to all staff and maintain appropriate training documentation. | | | |
| **Required Elements of Progress Reports:** | | | |
| The program must submit updated Behavior Support Policy and Procedures and include all required elements.  Once the Department has approved the Behavior Support Policy and Procedures, the program must provide evidence of training for all staff by submitting 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 | 06/28/2018 |  |  |

| **PS Criterion #9.1 - Policies and Procedure for Behavior Support** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Implementation In Progress | | | |
| **Applies To:** | | | |
| C - Seven Hills/Stetson Residential Program | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated that while the Behavior Support Policy was written in the required format in bulleted form, it did not include all of the required elements regarding Behavior Support Policy and procedures that are to be followed. | | | |
| **Department Order of Corrective Action:** | | | |
| Stetson School must revise the Behavior Support Policy and Procedures to include required elements.    Once the Department has approved the Behavior Support Policy and Procedures, the program must provide training to all staff and maintain appropriate training documentation. | | | |
| **Required Elements of Progress Reports:** | | | |
| The program must submit its updated Behavior Support Policy and Procedures and include all required elements.  Once the Department has approved the Behavior Support Policy and Procedures, the program must provide evidence of training for all staff by submitting 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 | 06/28/2018 |  |  |

| **PS Criterion #9.1(a) - Student Separation Resulting from Behavior Support** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Implementation In Progress | | | |
| **Applies To:** | | | |
| B - Seven Hills at Groton Day Program | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated the program's written policy on Student Separation Resulting from Behavior Support did not include all required elements in this criterion and was not in the correct format. | | | |
| **Department Order of Corrective Action:** | | | |
| Seven Hills Pediatric Program must update its written policy on Student Separation Resulting from Behavior Support Policy and Procedures that include all required elements and that are submitted in the correct format.  Once approved by the Department, the program must provide training to all staff and maintain appropriate training documentation. | | | |
| **Required Elements of Progress Reports:** | | | |
| The program must submit its updated Student Separation Policy and Procedures that includes all required elements of this criterion and that is in the correct format.  Once the Department has approved the Student Separation Policy and Procedures, the program must provide evidence of training for all staff by submitting 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 | 06/28/2018 |  |  |

| **PS Criterion #9.1(a) - Student Separation Resulting from Behavior Support** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Implementation In Progress | | | |
| **Applies To:** | | | |
| C - Seven Hills/Stetson Residential Program | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated that the while the program's written policy on Student Separation Resulting from Behavior Support was written in the correct format, it did not include all required elements of this criterion. | | | |
| **Department Order of Corrective Action:** | | | |
| Stetson School must update its Student Separation Resulting from Behavior Support Policy and Procedures that include all required elements of this criterion and that are in the correct format.  Once the Department has approved the Student Separation Resulting from Behavior Support Policy and Procedures, the program must provide training to all staff and maintain appropriate training documentation. | | | |
| **Required Elements of Progress Reports:** | | | |
| The program must submit its updated Student Separation Resulting from Behavior Support Policy and Procedures that include all required elements of this criterion and that are in the required format.  Once the Department has approved the Student Separation Resulting from Behavior Support Policy and Procedures, the program must provide evidence of training for all staff by submitting 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 | 06/28/2018 |  |  |

| **PS Criterion #9.4 - Physical Restraint** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Implementation In Progress | | | |
| **Applies To:** | | | |
| B - Seven Hills at Groton Day Program | | | |
| **Basis for Findings:** | | | |
| A review of documentation and interviews indicated that the Physical Restraint Policy and Procedures did not include all required elements of this criterion, specifically, (8) Reporting requirements and follow-up procedures for reports to parents/guardians and to the Department. | | | |
| **Department Order of Corrective Action:** | | | |
| Seven Hills Pediatric Program must update its Physical Restraint Policy and Procedures and include all required elements.  Once the Department has approved the Physical Restraint Policy and Procedures, the program must provide training to all staff and maintain appropriate training documentation. | | | |
| **Required Elements of Progress Reports:** | | | |
| The program must submit updated Physical Restraint Policy and Procedures that include all required elements.  Once the Department has approved the Physical Restraint Policy and Procedures, the program must provide evidence of training for all staff by submitting 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 | 06/28/2018 |  |  |

| **PS Criterion #9.4 - Physical Restraint** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Implementation In Progress | | | |
| **Applies To:** | | | |
| C - Seven Hills/Stetson Residential Program | | | |
| **Basis for Findings:** | | | |
| A review of documentation and interviews indicated that the Physical Restraint Support Policy and Procedures did not include all of the required elements of this criterion. Additionally, interviews indicated that prone restraint have been utilized since the 1/1/2016 updated Physical Restraint Regulations, yet student records did not have the required documentation. | | | |
| **Department Order of Corrective Action:** | | | |
| Stetson School must update its Physical Restraint Policy and Procedures and include all required elements.  Once the Department has approved the Physical Restraint Policy and Procedures, the program must provide training to all staff and maintain appropriate training documentation. The training agenda must include the specific situations under which prone restraints may be used, including the required documentation that must be obtained and maintained from the parent/guardian for the use of such restraints. | | | |
| **Required Elements of Progress Reports:** | | | |
| The program must submit its updated Physical Restraint Policy and Procedures that includes all required elements.  Once the Department has approved the Physical Restraint Policy and Procedures, the program must provide evidence of training for all staff by submitting 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by last name with their position title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 | 06/28/2018 |  |  |

| **PS Criterion #11.3 - Educational Administrator Qualifications** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Not Implemented | | | |
| **Applies To:** | | | |
| B - Seven Hills at Groton Day Program | | | |
| **Basis for Findings:** | | | |
| A review of staff records and interviews indicated that the program did not have a qualified person to serve in the role of Educational Administrator. | | | |
| **Department Order of Corrective Action:** | | | |
| Seven Hills Pediatric Center must ensure that the Educational Administrator has a special education administrator license or all of the following: a license as a special educator, a minimum of a master's degree in special education or a related field and a minimum of one year of administrative experience. | | | |
| **Required Elements of Progress Reports:** | | | |
| Seven Hills Pediatric Center must submit the name of the Educational Administrator along with copies of either a special education administrator license or all of the following: a license as a special educator, a minimum of a master's degree in special education or a related field and a minimum of one year of administrative experience. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 |  |  |  |

| **PS Criterion #11.3 - Educational Administrator Qualifications** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| C - Seven Hills/Stetson Residential Program |
| **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:** | | | |
| Partially Implemented | | | |
| **Applies To:** | | | |
| B - Seven Hills at Groton Day Program | | | |
| **Basis for Findings:** | | | |
| A review of documentation indicated that at the time of the Mid-cycle Review not all teaching staff were appropriately licensed or had been granted an appropriate waiver for the 2017-2018 school year. | | | |
| **Department Order of Corrective Action:** | | | |
| Seven Hills Pediatric Center must ensure that teachers are appropriately licensed or on an approved waiver. | | | |
| **Required Elements of Progress Reports:** | | | |
| Seven Hills Pediatric Center must submit a current Teacher Roster that includes all requirements as listed on the Teacher Roster template that can be found in the WBMS Document Library and copies of each teacher’s license or approved waiver. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 |  |  |  |

| **PS Criterion #11.4 - Teachers (Special Education Teachers and General Education Teachers)** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| C - Seven Hills/Stetson Residential Program |
| **Basis for Findings:** |
| A review of documentation indicated that at the time of the Mid-cycle Review all teaching staff were appropriately licensed or had been granted an appropriate waiver for the 2017-2018 school year. |

| **PS Criterion #11.5 - Related Services Staff** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **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 - Master Staff Roster** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Applies To:** | | | |
| B - Seven Hills at Groton Day Program | | | |
| **Basis for Findings:** | | | |
| **Department Order of Corrective Action:** | | | |
| The program must maintain a Master Staff Roster that aligns with the most recently approved DESE staffing plan and includes all required information. | | | |
| **Required Elements of Progress Reports:** | | | |
| The program must submit a current Master Staff Roster that aligns with the most recently approved DESE staffing plan and includes one staff name with each employee’s full time equivalent per line. The current Master Staff Roster template can be found in the WBMS Document Library. | | | |
| **Progress Report Due Date(s):** | | | |
| 05/24/2018 |  |  |  |

| **PS Criterion #11.6 - Master Staff Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| C - Seven Hills/Stetson Residential Program |
| **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 most recently approved DESE staffing plan. |