***Massachusetts Department of***

***Elementary and Secondary Education***

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| Jeffrey C. Riley*Commissioner* |  |

August 20, 2020

Mr. John F. Golden

Executive Director

Fall River Deaconess Home

259 Prospect Street

Fall River, MA 02722

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

A - Fall River Deaconess Home Residential Program

B - Fall River Deaconess Home Day Program

Dear Mr. Golden,

Enclosed is the Department of Elementary and Secondary Education’s (Department) Approved Special Education Schools Mid-cycle Review Report based on the Mid-cycle Review conducted in your approved special education school programs in January 2020.

This report includes the Department's findings regarding the implementation status and effectiveness of corrective steps taken in response to your previous Program Review Report issued on 07/31/2017. This report also includes detailed findings describing the determination of the Department about the implementation status of selected Mid-cycle review criteria as well as the implementation of new state or federal special education requirements enacted since your programs’ last Program Review.

For requirements not found to be fully implemented, the Department has prepared a Corrective Action Plan for the program that must be implemented without further delay. You will find these requirements for corrective action and further progress reporting included in the attached report, together with any steps that must be taken by the program to fully implement special education requirements.

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

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

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

Please go into the WBMS and upload your program’s written assurance into Additional Documents no later than **09/03/2020**. You can do this by accessing: > MCR > Self-Assessment > Additional Documents.

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 2022-2023 school year, unless the Department determines that there is some reason to schedule this visit earlier.

The approval certificates enclosed with this correspondence shall remain in effect until **February 19, 2021**, and will be contingent upon continued compliance with all regulations contained within 603 CMR 28.00 “Special Education Regulations,” 603 CMR 18.00 “Program And Safety Standards For Approved Public Or Private Day And Residential Special Education School Programs,” and 603 CMR 46.00 “Prevention of Physical Restraint and Requirements If Used.” The Department may change this approval status at any point during this three-year period if circumstances arise that warrant such a change.

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

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

Sincerely,

Christina Belbute, Mid-cycle Review Chairperson

Office of Approved Special Education Schools

Nina M. Marchese, M.Ed., Director

Office of Approved Special Education Schools

c: Laurette Shabshelowitz, President of the Board of Directors

 Jeffrey C. Riley, Commissioner of Elementary and Secondary Education

 Russell Johnston, Ph.D., Senior Associate Commissioner

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

Encl.: Mid-cycle Review Report

Provisional Approval Certificate, Expiration Date: February 19, 2021

 Fall River Deaconess Home Residential Program

 Fall River Deaconess Home Day Program

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| DESE logo**MID-CYCLE REVIEW REPORT****Fall River Deaconess Home****MCR Onsite Dates:** **01/30/2020 - 01/31/2020****Programs under review for the agency:****A - Fall River Deaconess Home Residential Program****B - Fall River Deaconess Home Day Program** State Seal of Massachusetts |
| Jeffrey C. RileyCommissioner of Elementary and Secondary Education |
| **MID-CYCLE REVIEW REPORT** |

| **PS Criterion #1.2 - Program & Student Descriptions, Program Capacity** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation, staff interviews and observations indicated that the program has developed a Program & Student Description that describes the population served. |

| **PS Criterion #2.2 - Approvals, Licenses, Certificates of Inspection** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation and observations indicated that there were current approvals, licenses and certificates of inspection from appropriate local authorities for all buildings used by the students. |

| **PS Criterion #2.3 - EEC Licensure (Residential Programs Only)** |
| --- |
| **Rating:** |
| Not Applicable |
| **Applies To:** |
| B - Fall River Deaconess Home Day Program |
| **Basis for Findings:** |
| This standard is not applicable to the day program. |

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

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

| **PS Criterion #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 per year, and that the required number of school days per year was scheduled for all students. |

| **PS Criterion #8.5 - Current IEP & Student Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **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 the 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 #9.1 - Policies and Procedure for Behavior Support** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation and staff interviews indicated that the program has developed and is implementing written Policies and Procedures for Behavior Support consistent with the regulations under 603 CMR 46.00 regarding appropriate responses to student 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 |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation and staff interviews indicated that the policies and procedures regarding Student Separation Resulting from Behavior Support include that a student must be continuously observed by a staff member at all times, that staff shall be with the student or immediately available to the student at all times, that procedures are in place for obtaining principal approval of the student separation for more than 30 minutes based upon the student’s continuing agitation, and that student separation shall cease as soon as the student has calmed. |

| **PS Criterion #9.4 - Physical Restraint** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **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. Documentation, a review of student records and staff interviews indicated that Physical Restraint Policies and Procedures were consistent with requirements under 603 CMR 46.00. |

| **PS Criterion #11.3 - Educational Administrator Qualifications** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that the Educational Administrator possessed the required qualifications to serve in this position. |

| **PS Criterion #11.4 - Teachers (Special Education Teachers and General Education Teachers)** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that the teaching staff were appropriately licensed or had been granted an appropriate waiver for the 2018-2019 school year. |

| **PS Criterion #11.5 - Related Services Staff** |
| --- |
| **Rating:** |
| 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 appropriately certified, licensed or registered in their professional areas. |

| **PS Criterion #11.6 - Master Staff Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that at the time of the Mid-Cycle Review, the Master Staff Roster contained the names, program job titles, corresponding Uniform Financial Report (UFR) title numbers and full-time equivalents (FTEs) for all staff. The Master Staff Roster also accurately corresponded to the most recently approved DESE staffing plan. |

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

| **PS Criterion #12.2 - In-Service Training Plan and Calendar** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| A - Fall River Deaconess Home Residential Program |
| **Basis for Findings:** |
| A review of documentation and staff interviews indicated that the program has an In-Service Training Plan and Calendar that shows that staff receive training in all mandated training topics annually, that the program has a plan for staff to participate in outside training opportunities, and that staff receive an average of two hours of training for each month the school is in session. In addition, such training was documented in staff records. |

| **PS Criterion #15.5 - Parent Consent and Required Notification** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation, student records and staff interviews indicated that Fall River Deaconess has not notified parents/guardians annually that the current Behavior Support Policy and Procedures are available upon request, and the Physical Restraint Policy is only utilized in cases of emergency situations. Additionally, Fall River Deaconess has not notified parents/guardians annually of the current student-related sections of the Bullying Prevention and Intervention Plan. |
| **Department Order of Corrective Action:** |
| Fall River Deaconess must provide all required annual notifications to parents/guardians and document such annual notification in student records. |
| **Required Elements of Progress Reports:** |
| For the 10/21/2020 progress report, Fall River Deaconess must submit 1) a written procedure describing the process for distributing all required annual notifications to parent/guardians; 2) the name and title of staff responsible for ensuring documentation of annual notifications is included in all student records; and 3) a copy of the annual notification that is provided to parents/guardians regarding availability of the Behavior Support Policy and Procedures, that Physical Restraint is utilized in cases of emergency situations, and the student-related sections of the Bullying Prevention and Intervention Plan.  |
| **Progress Report Due Date(s):** |
| 10/21/2020 |  |  |  |

| **PS Criterion #20 - Bullying Prevention and Intervention** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that Fall River Deaconess' Bullying Prevention and Intervention Plan does not contain all required elements, specifically a description of the "relevant provisions addressing the bullying of students by a school staff member." |
| **Department Order of Corrective Action:** |
| Fall River Deaconess must ensure that the Bullying Prevention and Intervention Plan available to all parents/guardians, students, and staff contains all required elements. |
| **Required Elements of Progress Reports:** |
| For the 10/21/2020 progress report, Fall River Deaconess must submit an updated Bullying Prevention and Intervention Plan that contains all required elements.Once the updated policy is approved by the Department, for the 12/16/2020 progress reports, Fall River Deaconess must submit documentation to show that 1) the student-related sections of the Bullying Prevention and Intervention Plan has been updated in the Program Manual that is made available to parents/guardians and students annually and 2) the employee handbook has been updated to show all the relevant sections relating to the duties of faculty and staff. Additionally, for the 12/16/2020 progress report, Fall River Deaconess must show evidence that staff received training on the updated Bullying Prevention and Intervention Plan by submitting 1) date and time/length of training; 2) name and job title of trainer; 3) current staff roster in alphabetical order by last name with position titles; 4) alphabetical attendance tracking sheet and 5) a plan for any staff who missed the training. |
| **Progress Report Due Date(s):** |
| 10/21/2020 | 12/16/2020 |  |  |