***Massachusetts Department of***

***Elementary and Secondary Education***

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| Jeffrey C. Riley*Commissioner* |  |

February 4, 2021

Hilary Jacobs

Executive Director

Northeast Behavioral Health

199 Rosewood Drive

Danvers, MA 01923

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

 A - Solstice Day Program

Dear Ms. Jacobs:

Enclosed is the Department of Elementary and Secondary Education’s (“Department”) Approved Special Education Schools Mid-cycle Review Report based upon the Mid-cycle Review conducted in your approved special education school program in 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 October 19, 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 program’s last Program Review.

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

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

At this time, the Department requests that you upload a written assurance signed by you and the

chairperson of your Board of Directors. This statement must contain:

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

Please go into the WBMS and upload your program’s written assurance into Additional Documents no later than **February 18, 2021**. You can do this by accessing: > MCR > Self-Assessment > Additional Documents.

The Department will notify you of your program’s next regularly scheduled Program Review several months before it is to occur. At this time, we anticipate the next routine monitoring visit to occur sometime during the 1922-1923 school year, unless the Department determines that there is some reason to schedule this visit earlier.

The approval certificate enclosed with this correspondence shall remain in effect until August 4, 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 Certificate must be conspicuously posted in a public place within the program as required by 603 CMR 28.09.**

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

Sincerely,

Helen Murgida, Mid-cycle Review Chairperson

Office of Approved Special Education Schools

Nina M. Marchese, M.Ed., Director

Office of Approved Special Education Schools

c: Ann-Ellen Hornidge, President of the Board of Directors

 Russell Johnston, Ph.D., Senior Associate Commissioner

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

Encl.: Mid-cycle Review Report

Provisional Approval Certificate, Expiration Date: August 4, 2021

 Solstice Day Program

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| DESE logo**MID-CYCLE REVIEW REPORT****Northeast Behavioral Health****MCR Onsite Dates:** **01/06/2020 - 01/09/2020****Programs under review for the agency:****A - Solstice 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 |
| **Basis for Findings:** |
| A review of documentation indicated that the program submitted a current Face Sheet, Statement of Assurances, and written narrative addressing the identified population of students to be served including, ages, educational characteristics, and behavioral characteristics of students. Observations and interviews confirmed that the program served appropriately identified students. |

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

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

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

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

| **PS Criterion #8.8 - IEP - Progress Reports** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| Student record review indicated that parents receive reports on student's progress towards reaching the goals set in their IEPs, that progress report information sent to parents includes written information on progress toward annual IEP goals; and that the program sent copies of progress reports to parents/guardians, public school districts and state agencies as applicable. |

| **PS Criterion #9.1 - Policies and Procedure for Behavior Support** |
| --- |
| **Rating:** |
| Implemented |
| **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 |
| **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 |
| **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 |
| **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)** |
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| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that at the time of the Mid-cycle Review the teaching staff were appropriately licensed or waivered for the 2019-2020 school year. |

| **PS Criterion #11.5 - Related Services Staff** |
| --- |
| **Rating:** |
| Implemented |
| **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 |
| **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 (FTE) for all staff. The Master Staff Roster also accurately corresponded to the most recently approved DESE staffing plan. |

| **PS Criterion #12.2 - In-Service Training Plan and Calendar** |
| --- |
| **Rating:** |
| Implemented |
| **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 #15.1 - Parental Involvement and Parents' Advisory Group** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that the program had a written plan for involving parents that included a Parents Advisory Group that advised the program on matters that pertain to the education, health, and safety of the students in the program. A review of documentation also indicated that the program maintained copies of schedules, agendas, and meeting minutes for Parent Advisory Group meetings. |

| **PS Criterion #15.5 - Parent Consent and Required Notification** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Basis for Findings:** |
| A review of student records indicated evidence of parents’ signature consenting to physical restraint for the 2019-2020 school year. Consent for physical restraint was rescinded as a result of changes to the Physical Restraint Regulations in 2016. While the program resolved the issue during the 2016-2017 Program Review, the changes were not maintained. |
| **Department Order of Corrective Action:** |
| Solstice Day Program must submit a revised Parent Consent and Required Notification Policy and Procedures so that only the 2 required annual parent/guardian consents are acknowledged by signature and parent/guardian notification is made for all other required elements of the criterion. Once the Department has approved the Parent Consent and Required Notification Policy and Procedures, the program must provide training to all staff and maintain appropriate training documentation. |
| **Required Elements of Progress Reports:** |
| For the 04/25/2020 progress report, Solstice Day Program must submit an updated Parent Consent and Required Notification Policy that includes all required elements of this criterion.Once the Department approves the Parent Consent and Required Notification Policy, the program must provide training to the staff by submitting: 1) the name and the job title of the person conducting the training; 2) the dates and times this training was held; 3) the length of time allotted for the training; 4) a list of all staff in alphabetical order by the last name with their position and title; 5) for any staff who did not receive the training, the reason why and when their training is scheduled. This progress report is due 06/30/2020. |
| **Progress Report Due Date(s):** |
| 04/25/2020 | 06/30/2020 |  |  |

| **PS Criterion #16.7 - Preventive Health Care** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| Documentation and student record review indicated that the program has described in writing a plan for the preventive health care of students, including provisions for annual dental examinations and physical examinations. Observation and staff interviews indicated that the program provides a locked, secure cabinet to keep all toxic substances, medications, sharp objects and matches out of the reach of students, that all toxic substances are labeled with contents and antidote, and that medications and medical supplies are not locked in the same cabinet with toxic substances. |

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