***Massachusetts Department of***

***Elementary and Secondary Education***

*75 Pleasant Street, Malden, Massachusetts 02148-4906 Telephone: (781) 338-3000*

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|  |  |
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| Jeffrey C. Riley  *Commissioner* |  |

May 23, 2022

Michelle Markowitz

President & CEO

Cardinal Cushing Centers, Inc.

405 Washington Street

Hanover, MA 02339

Re: Approved Special Education School Program Review Final Report

Cardinal Cushing Centers, Inc.

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| --- |
| Cardinal Cushing Centers St. Coletta Day Program  Cardinal Cushing Centers Day Program  Cardinal Cushing Centers Residential Program |

Dear Ms. Markowitz:

Enclosed is DESE of Elementary and Secondary Education (DESE) Approved Special Education School Program Review Final Report containing findings based on the onsite visit conducted in your programs.  
  
This report includes detailed findings for describing the determinations of DESE about the implementation status of each requirement. For requirements not found to be fully implemented, you must propose to DESE 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 plans.  
  
You may access the Corrective Action Plan (CAP) format directly by going into the Web-based Monitoring System (WBMS) and clicking on the area on the menu bar entitled “CAP/Progress Reports”. The due date for your response is**June 23, 2022,** 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 DESE 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 plan, 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 DESE, for any corrective action, and any CAP may be verified onsite. At all these key junctures DESE 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’ proposed CAP a written assurance signed by you and the chairperson of your Board of Directors. This statement should contain:

1. a description of the steps the programs are taking to make DESE’s findings available to staff, parent advisory groups and the general public; and
2. an assurance that once the CAP has been reviewed by DESE, the corrective action approved or ordered by DESE will be implemented by the approved or ordered dates of completion.

**Please note that all programs must demonstrate resolution of noncompliance identified by DESE as soon as possible but in no case later than one year from the issuance of DESE’s Final Program Review Report.**  
  
The approval certificates enclosed with this correspondence shall remain in effect until August 31, 2025, 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.” DESE 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 DESE Approval Certificates must be conspicuously posted in a public place within the program as required by 603 CMR 28.09.**

DESE will notify you of your programs’ next regularly scheduled Mid-Cycle Review several months before it is to occur. At this time, we anticipate the next routine monitoring visit to occur sometime during the 2024-2025 school year, unless DESE determines that there is some reason to schedule this visit earlier.

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, Program Review Chairperson

Office of Approved Special Education Schools

Nina M. Marchese, M.Ed., Director

Office of Approved Special Education Schools

c: Gerry Vitti, President Co-Chair of the Board of Directors

John Cochrane, President Co-Chair of the Board of Directors

Amy Purkis, Vice President of Student Services, Cardinal Cushing Centers

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.: Final Report

Full Approval Certificate, Expiration Date: August 31, 2025

Cardinal Cushing Centers St. Coletta Day Program

Cardinal Cushing Centers Day Program

Cardinal Cushing Centers Residential Program



**Cardinal Cushing Centers, Inc.**

**Cardinal Cushing Centers St. Coletta Day Program**

**Cardinal Cushing Centers Day Program**

**Cardinal Cushing Centers Residential Program**

**APPROVED SPECIAL EDUCATION SCHOOL**

**PROGRAM REVIEW**

**REPORT OF FINDINGS**

**Dates of Onsite Visit:** **March 15-18, 2022**

**Date of Draft Report:** **April 15, 2022**

**Date of Final Report: May 23, 2022**

**Corrective Action Plan Due: June 23, 2022**

**Department of Elementary and Secondary Education Onsite Team Members:**

**Christina Belbute, Chairperson**

**Helen Murgida, Team Member**



Jeffrey C. Riley

Commissioner of Elementary and Secondary Education

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

**APPROVED SPECIAL EDUCATION SCHOOL PROGRAM REVIEW**

**Cardinal Cushing Centers, Inc.**

Cardinal Cushing Centers St. Coletta Day Program

Cardinal Cushing Centers Day Program

Cardinal Cushing Centers Residential Program

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#### MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

##### APPROVED SPECIAL EDUCATION SCHOOL PROGRAM REVIEW REPORT

# **OVERVIEW OF REVIEW PROCEDURES**

# **INTRODUCTION**

The Massachusetts Department of Elementary and Secondary Education (Department) is required under M.G.L. c. 71B, §10 to review special education programs in approved special education schools that serve publicly funded students under the provisions of Board of Elementary and Secondary Education Regulations 603 CMR 18.00, 28.09 and 46.00. Each year, the Department's Office of Approved Special Education Schools (OASES) conducts onsite visits to selected approved special education school programs to verify the implementation of these programs. The schools selected for the 2021-2022 review cycle were notified in February 2021 of the scheduled visits and were required to conduct a Self-Assessment using the Department's web-based monitoring system (WBMS) before the arrival of the Department’s visiting team.

The statewide six-year Approved Special Education School Program Review cycle together with the Department’s Mid-cycle monitoring schedule is posted on the Department’s web site at <http://www.doe.mass.edu/oases/ps-cpr/6yrcycle.html>.

**Approved Special Education School Program Review Elements**

**Criteria:** The Program Review criteria encompass key elements drawn from 603 CMR 18.00, 28.09, 46.00 and the approved special education school program’s application for approval. They also include those required by the federal Office for Special Education Programs (OSEP) and revised requirements of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1400 *et seq.* (IDEA-2004) as described in the Department's Special Education Advisories. Through the Desk Review the OASES chairperson examines the Self-Assessment submission and determines which criteria will be followed up on through onsite verification activities. The Self-Assessment and Desk Review are both described below.

**Self-Assessment Phase:** This is a requirement for all agencies being monitored. It is completed in the year prior to the onsite review and covers all of the monitoring criteria. The agency is responsible for completing the Self- Assessment for each individually approved program being reviewed, which consists of:

* Agency review of documentation for required elements including document uploads.
* Agency review of a sample of student records selected.
* Agency review of a sample of staff records selected.

Upon completion of these portions of the Self-Assessment, it is submitted to the Department for review.

**Desk Review Phase:** The OASES chairperson assigned to each agency reviews the responses by the approved special education school regarding the critical elements for appropriate policies, procedures, and practices, as well as actual documents and data submissions in each criterion. The student record review data, staff record review data, and explanatory comments are also examined. The outcome of this review, along with 3-year trend data from the Problem Resolution System, restraint reports, restraint injuries, serious incidents and notification or prior approval from the Department through a Form 1 to the Department is used to determine the scope and nature of the Department’s onsite activities.

**Onsite Verification Phase:**

This includes activities selected from the following:

* Interviews of administrative, instructional, and other staff consistent with those criteria selected for verification.
* Interviews of parent representatives and other telephone interviews as requested by other parents or members of the general public.
* Review of student records and staff records: The Department selects a sample of student and staff records from those the agency reviewed as part of its self-assessment to verify the accuracy of the data. The Department also conducts an independent review of a sample of student and staff records that reflect activities conducted since the beginning of the school year. The DESE monitoring team will conduct this review using standard Department procedures, to determine whether procedural and programmatic requirements have been implemented.
* Observation of classrooms and other facilities: The team observes a sample of classrooms and other school facilities used in the delivery of programs and services to determine general levels of compliance with program requirements.

**Team:** Depending upon the scope of follow-up activities that have been identified based on the Department’s Desk Review of the agency’s Self-Assessment, a two-to-three-member Department team will conduct a two to five day Program Review.

**Draft Report of Comments:** A Draft Report of Comments is based on a review of the written documentation regarding the operation of the school's programs and the information gathered from the Onsite Verification Phase. A Draft Report of Comments is issued via the WBMS. Agencies may respond to the factual accuracy of the report within 10 business days.

**Final Report:** A Final Report is then issued via the WBMS and in hard copy. The Final Report includes findings organized under 16 specified compliance areas listed in the table of contents. The findings explain the “ratings,” or determinations by the team about the implementation status of the compliance criteria reviewed within each of these areas. The ratings indicate those criteria that were found by the OASES monitoring team to be “Implemented,” “Implementation in Progress,” “Partially Implemented,” or “Not Implemented.”

**Response:** The approved special education school program must propose to the Department corrective action to bring those areas into compliance with the required statute or regulation. In some instances, the team may have found certain requirements to be fully “Implemented” but made a specific comment on the school program’s implementation methods that also may require response from the approved special education school program. **Under federal *Special Education State Performance Plan* requirements pursuant to IDEA-2004, public and approved special education school programs serving disabled students must demonstrate effective 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 Program Review Report.**

**REPORT INTRODUCTION**

A two-member team conducted a visit to Cardinal Cushing Centers, Inc. during the week of March 14, 2022 to evaluate the implementation of selected compliance criteria under the Massachusetts Board of Elementary and Secondary 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 28.09 (Approval of Public or Private Day and Residential Special Education School Programs), 603 CMR 46.00 (Prevention of Physical Restraint and Requirements If Used), M.G.L c. 71B, the federal Individuals with Disabilities Education Act, 20 U.S.C. Section 1400 *et seq,* as amended in 2004 (IDEA--2004), and civil rights provisions that are pertinent to Approved Special Education School Programs. The team appreciated the opportunity to interview staff, to observe classroom facilities, and to review the program efforts underway.

The Department is submitting the following Approved Special Education School Program Review Report containing findings made pursuant to this onsite visit. In preparing this report the team reviewed extensive documentation regarding the operation of the school programs, together with information gathered by means of the following Department program review methods:

• Interviews of five administrative staff;

• Interviews of six teaching and educational support services staff; and

• Interviews of six childcare staff.

• Student record review: A sample of 10 Massachusetts student records was selected by the Department. Student records were first examined by the school program’s staff and then verified by the OASES monitoring team using standard Department student record review procedures to make determinations regarding the implementation of procedural and programmatic requirements. An additional number of randomly selected student records were also reviewed by the OASES monitoring team to ensure determinations regarding the implementation of procedural and programmatic requirements remain in effect.

• Staff record review: A sample of 10 staff records was selected by the Department. Staff records were first examined by the school program’s staff and then verified by the OASES monitoring team using standard Department staff record review procedures to make determinations regarding the implementation of procedural and programmatic requirements. An additional number of randomly selected staff records were also reviewed by the OASES monitoring team staff to ensure determinations regarding the implementation of procedural and programmatic requirements remain in effect.

• Observation of classrooms and other facilities: A sample of instructional classrooms and other facilities used in the delivery of programs and services was observed to determine general levels of compliance with program requirements.

The report includes findings organized under 16 specified compliance areas listed in the table of contents. The findings explain the “ratings,” or determinations by the team about the implementation status of the compliance criteria reviewed within each of these areas. The ratings indicate those criteria that were found by the team to be “Implemented,” “Implementation in Progress,” “Partially Implemented,” or “Not Implemented”. The approved special education school program must propose to the Department corrective action to bring those areas into compliance with the controlling statute or regulation. In some instances, the team may have found certain requirements to be fully “Implemented” but made a specific comment on the school program’s implementation methods that also may require response from the approved school program.

The approved special education school program is expected to incorporate the corrective action into any program improvement plans, including the school program’s professional and paraprofessional staff development plans.

**Cardinal Cushing Centers, Inc.**

**Cardinal Cushing Centers St. Coletta Day Program**

**SUMMARY OF COMPLIANCE CRITERIA INCLUDED IN THIS REPORT**

**REQUIRING CORRECTIVE ACTION PLAN DEVELOPMENT**

**in response to the following**

**PROGRAM REVIEW REPORT FINDINGS**

| **PROGRAM AREA** | **PARTIALLY IMPLEMENTED** | **NOT IMPLEMENTED** | **OTHER CRITERIA REQUIRING RESPONSE** |
| --- | --- | --- | --- |
| **Area 1: Demonstration of Need and Capacity** |  |  |  |
| **Area 2: Administration – Approvals, Licenses and Certificates Documentation** |  |  |  |
| **Area 4: Disclosure of Information** |  |  |  |
| **Area 5: Administration and Admissions Procedures** |  |  |  |
| **Area 6: Educational Program Requirements -- Student Learning Time** |  |  |  |
| **Area 8: Educational Program Requirements – Individualized Education Programs** |  |  |  |
| **Area 9: Educational Program Requirements -- Student Discipline and Behavior Management** |  |  |  |
| **Area 10: Educational Staffing Requirements -- Ratios** |  |  |  |
| **Area 11: Educational Staffing Requirements -- Personnel Policies** |  |  |  |
| **Area 12: Educational Staffing Requirements -- Staff Training** |  |  |  |
| **Area 13: Physical Facility and Equipment Requirements** |  |  |  |
| **Area 15: Parent and Student Involvement** | 15.5 |  |  |
| **Area 16: Health and Medical Services** |  |  |  |
| **Area 18: Student Records** |  |  |  |
| **Area 19: Anti-Hazing** |  |  |  |
| **Area 20: Bullying Prevention and Intervention** |  |  |  |

**NOTE THAT ALL OTHER CRITERIA REVIEWED BY THE DEPARTMENT THAT ARE NOT MENTIONED ABOVE HAVE RECEIVED AN “IMPLEMENTED” OR “NOT APPLICABLE or NOT RATED” RATING.**

**Cardinal Cushing Centers, Inc.**

**Cardinal Cushing Centers Day Program**

**SUMMARY OF COMPLIANCE CRITERIA INCLUDED IN THIS REPORT**

**REQUIRING CORRECTIVE ACTION PLAN DEVELOPMENT**

**in response to the following**

**PROGRAM REVIEW REPORT FINDINGS**

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| **Area 9: Educational Program Requirements -- Student Discipline and Behavior Management** |  |  |  |
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| **Area 11: Educational Staffing Requirements -- Personnel Policies** |  |  |  |
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| **Area 18: Student Records** |  |  |  |
| **Area 19: Anti-Hazing** |  |  |  |
| **Area 20: Bullying Prevention and Intervention** |  |  |  |

**NOTE THAT ALL OTHER CRITERIA REVIEWED BY THE DEPARTMENT THAT ARE NOT MENTIONED ABOVE HAVE RECEIVED AN “IMPLEMENTED” OR “NOT APPLICABLE or NOT RATED” RATING.**

**Cardinal Cushing Centers, Inc.**

**Cardinal Cushing Centers Residential Program**

**SUMMARY OF COMPLIANCE CRITERIA INCLUDED IN THIS REPORT**

**REQUIRING CORRECTIVE ACTION PLAN DEVELOPMENT**

**in response to the following**

**PROGRAM REVIEW REPORT FINDINGS**

| **PROGRAM AREA** | **PARTIALLY IMPLEMENTED** | **NOT IMPLEMENTED** | **OTHER CRITERIA REQUIRING RESPONSE** |
| --- | --- | --- | --- |
| **Area 1: Demonstration of Need and Capacity** |  |  |  |
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| **Area 19: Anti-Hazing** |  |  |  |
| **Area 20: Bullying Prevention and Intervention** |  |  |  |

**NOTE THAT ALL OTHER CRITERIA REVIEWED BY THE DEPARTMENT THAT ARE NOT MENTIONED ABOVE HAVE RECEIVED AN “IMPLEMENTED” OR “NOT APPLICABLE or NOT RATED” RATING.**

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| **DEFINITION OF TERMS**  **FOR THE RATING OF EACH COMPLIANCE CRITERION** | | |
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| **Implemented** | | The requirement or criterion is substantially met. |
|  | | |
| **Implementation in Progress** | This rating is used for criteria containing new or updated legal requirements and means that the agency has implemented any old requirements contained in the criterion and is training staff or beginning to implement the new requirements in such a way that the onsite team anticipates that the new requirements will be implemented by the end of the school year. | |
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| **Partially Implemented** | | The requirement, in one or several important aspects, is not entirely met. |
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| **Not Implemented** | | The requirement is totally or substantially not met. |
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| **Not Applicable or Not Rated** | | The requirement does not apply to the approved special education school program. |

**Cardinal Cushing Centers, Inc.**

**Cardinal Cushing Centers St. Coletta Day Program**

**Cardinal Cushing Centers Day Program**

**Cardinal Cushing Centers Residential Program**

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| **AREA 1: DEMONSTRATION OF NEED AND CAPACITY** |

| **CRITERION**  **NUMBER** |  |
| --- | --- |
|  | **Legal Standard** |
| 1.2 Program & Student Description, Program Capacity  28.09(2)(a)(2);  28.09(2)(b)(2,3,7);  M.G.L. c. 71B, §10 | A narrative is provided that describes:   1. Identified population of students to be served; 2. Ages of students; 3. Educational characteristics; 4. Behavioral characteristics; 5. Philosophy, goals, and objectives; 6. How each of the following educational services are implemented for the described student population of the program: 7. The content requirements of the Massachusetts Curriculum Frameworks; 8. Self-help, daily living skills; 9. Social/emotional needs; 10. Physical education; adapted physical education; 11. Pre-vocational, vocational, and career education; 12. English language support (for limited English proficient students) and; 13. Other: any other specialized educational service(s) provided by the program. 14. How each of the following related services is or will be provided for the described student population of the program whose IEPs indicate such services: 15. Transportation; 16. Braille needs (blind/visually impaired); 17. Assistive technology devices/services; 18. Communication needs (all students including deaf/hard of hearing students); 19. Physical therapy; 20. Occupational therapy; 21. Recreation services; 22. Mobility/orientation training; 23. Psychological services, counseling services, rehabilitation counseling services, social work services; 24. Parent counseling and training; 25. Health services, medical services, and 26. Other (e.g., music therapy, sensory integration therapy). 27. How the kinds of supplementary aids and services available for students in the program are or will be provided:  * Supplementary aids and services are defined as “those aids and services – which are not ‘specially designed instruction or related services’ – which enable eligible students to be educated to the maximum extent possible with non-disabled students.” 34 CFR 300.42. These may include aids and services that would typically be available in a less restrictive setting, and their availability would be helpful when the student can be placed in a less restrictive placement (e.g., adapted text, enlarged print, graph paper, peer tutor).   **NOTE:** **Residential programs** must reflect the 24-hour nature of the program and indicate how residential services and educational services will be fully coordinated. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| **AREA 2: ADMINISTRATION - LEGAL AND FINANCIAL DOCUMENTATION** |

| **CRITERION**  **NUMBER** |  |
| --- | --- |
|  | **Legal Standard** |
| 2.2 Approvals, Licenses, Certificates of Inspection 18.04(1); 28.09(2)(b)(5); 28.09(5) (b); 28.09(6) (b, c) | The program has current licenses, approvals, and certificates of inspection by state and local agencies.   1. Safety Inspection. The program shall have an appropriate certificate of inspection from the Department of Public Safety or the local building inspector for each building to which students have access; 2. Fire Inspection. The program shall obtain a written report of an annual fire inspection from the local fire department; 3. Lead paint inspection if facility was built prior to 1978 or a written statement that includes the year the building was built. [All buildings, residential or otherwise, utilized by children younger than six or with a mental age younger than six shall be free of lead paint]; 4. Local Board of Health permit to be obtained at least twice a year; 5. Local school committee approval from the school district within which the school is located (See M.G.L. c. 76, § 1); 6. Asbestos inspection or date when building was constructed and statement from appropriate authority that building is asbestos free (if asbestos is present, then a containment plan is required); 7. Statement regarding the non-existence of PCBs, or, if PCBs are present, then a containment plan is required; 8. Other inspections that may be required by local or state authorities (please specify); and 9. If applicable, a statement as to whether previous application was submitted to the Department of Elementary and Secondary Education for initial approval, and the action that was taken on it. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
| --- | --- |
|  | **Legal Standard** |
| 2.3  EEC Licensure  102 CMR 3.00  **(Residential Programs only)** | The residential program has a current, full license from the Department of Early Education and Care (EEC) (per 102 CMR 3.00). Approval from EEC to operate a group care facility. |

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| Applies To: Cardinal Cushing Centers Residential Program |
| Rating: Implemented |
| Response Required: No |

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| Applies To: Cardinal Cushing Centers Braintree St. Coletta Day Program, Cardinal Cushing Centers Day Program |
| Rating: Not Applicable |
| Response Required: No |
| Department of Elementary and Secondary Education Findings: *This criterion does not apply to day programs.* |

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| **AREA 3: ADMINISTRATION - MANUALS AND HANDBOOKS** |

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| 3.1(d) Evacuation and Emergency Procedures 18.05(10) | The program shall develop and implement a plan including procedures on emergencies and evacuations that complies with 603 CMR 18.05(10) and include:   1. Two evacuation drills conducted for each shift at each location annually; 2. Helping all students to understand the nature of the drills; 3. Special provisions for the evacuation of any mobility-impaired student in the facility; 4. A written log of each evacuation drill that includes date, time elapsed, participants (students and staff), witnesses, etc.; and 5. Evaluation of effectiveness of evacuation plan.   The program shall develop and implement emergency drills (ex. lock down of building, flood preparedness, gas leak) that includes:   1. The assignment of personnel to specific tasks and responsibilities in emergency situations; 2. Instructions for the use of alarm systems and signals; 3. Systems for notification of appropriate persons; 4. Specification of evacuation routes and procedures; and 5. Evaluation of effectiveness of emergency plan. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| **AREA 4: DISCLOSURE OF INFORMATION** |

| **CRITERION**  **NUMBER** |  |
| --- | --- |
|  | **Legal Standard** |
| 4.2 Public Information and Postings  28.09(2)(b)(4); 28.09(6)(a-e); 18.05(9)(e)(4); 18.05(10) | Each program maintains onsite and makes available for public information and posting the following:   1. Program information including a statement of purpose; 2. General description of the educational program; 3. Organizational chart; 4. Tuition rate; 5. Current license from the Department of Early Education and Care licensing status (**residential programs only**); 6. Documents granting authority to operate the program and fully identify ownership, such as the names of officers, boards, charters, partnership agreements, articles of organization, and by-laws.   The following information shall be posted in both living quarters and educational facilities:   * First Aid procedures; * Emergency procedures; * Emergency telephone numbers; and * All required policies and procedures.   Once approved, the program must make the DESE approval status available for public review. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
| --- | --- |
|  | **Legal Standard** |
| 4.4 Advance Notice of Proposed Program/  Facility Change  28.09 (5)(c) | The program shall develop and implement policies and procedures describing how it notifies the Department of substantial changes within its program and identify the person responsible for making such notification for Form 1s.  The program must notify the Department using the Department’s Form 1 <http://www.doe.mass.edu/oases/>  Prior to any substantial change to the program or physical plant, the program must provide written notification of intent to change to the Department. Note the specified notification timelines and prior approval requirements that are listed on the Form 1 and in the related guidance. Notice shall be given with sufficient time to allow the Department to assess the need for the proposed change and the effects of such change on the educational program. The program must also provide notification to the Department of any sudden and/or unexpected changes that may impact the overall health or safety of students and/or the delivery of services required by IEPs. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
| --- | --- |
|  | **Legal Standard** |
| 4.5 Immediate Notification  18.03(10); 18.05(7);  28.09(12) (a, b) | The program shall develop and implement written policies and procedures on notification of serious incidents within the program to all required parties and identifies the person responsible for making this notification.  Pursuant to applicable regulations and agency policy this school is hereby providing immediate electronic notification to DESE for ANY student enrolled in its program (Massachusetts Student, Out-of-State Student or Privately Funded Student) concerning incidents that occur during school hours, **except for emergency terminations, which is for both school and residential hours.**   1. The death of any student (Immediate verbal and written notification to the student's parents/guardians and school district); 2. The filing of a 51-A report with Department of Children and Families (DCF) OR a complaint to the Disabled Persons Protection Commission (DPPC) against the school or a school staff member, for alleged abuse or neglect of any student; 3. Any action taken by a federal, state, or local agency that might jeopardize the school's approval with DESE (i.e. federal or state investigation; closure of intake); 4. Any legal proceeding brought against the school or its employee(s) arising out of circumstances related to the care or education of any of its students; 5. The hospitalization of a student (including out-patient emergency room visits and urgent care visits) due to physical injury at school or previously unidentified illness, accident or disorder which occurs while the student is in the program; 6. A student run from the program; and 7. Any other incident of a serious nature that occurs to a student or staff in the program. (Some examples include: any police involvement, any media involvement, weapons, fire setting, alcohol or drug possession or use while in the program).   **For both school and residential hours:**   1. The emergency termination of a student pursuant to 28.09(12)(b).   **NOTE:** All incident reports must be maintained in student records. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| **AREA 5: ADMINISTRATION AND ADMISSION PROCEDURES** |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 5.2(a) Contracts  28.06(3)(f) | There shall be a signed written contract for each enrolled student consistent with the requirements of 603 CMR 28.06(3)(f).  Written contracts: School districts shall enter into written contracts with all out-of-district placements. Each contract must include, but not be limited to, the following terms:   1. The out-of-district placement shall comply with all elements of the IEP for the student and shall provide, in writing, to the Administrator of Special Education detailed documentation of such compliance through completion of required student progress reports. 2. The out-of-district placement shall allow the placing school district to monitor and evaluate the education of the student and shall make available, upon request, any records pertaining to the student to authorized school personnel from the school district and the Department in accordance with 603 CMR 23.00: *Student Records*. 3. The out-of-district placementshall allow the placing school district and/or the Department to conduct announced and unannounced site visits and to review all documents relating to the provision of special education services to Massachusetts students at public expense. Access to documents for the placing school district shall include general documents available to the public, documents specifically related to the student placed by such district, and other documents only to the extent they are necessary to verify and evaluate education services provided at public expense. 4. The out-of-district placement shall afford publicly-funded students all the substantive and procedural rights held by eligible students, including but not limited to those specified in 603 CMR 28.09, and shall comply with all other applicable requirements of 603 CMR 28.00 and applicable policy statements and directives issued by the Department. 5. No school district shall contract with any out-of-district placement that discriminates on the grounds of race, color, national origin, disability, age, religion, sex, gender identity, or sexual orientation. |

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| Applies To: All | |
| Rating: Implemented | |
| Response Required: No | |
| AREA 6: EDUCATIONAL PROGRAM REQUIREMENTS –STUDENT LEARNING TIME | |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 6.1 Daily Instructional Hours  6.4 School Days Per Year  603 CMR 27.04;  603 CMR 27.05(2); 28.09(9)(a) | The program ensures that each student is scheduled to receive an average minimum of the following instructional hours unless otherwise approved by DESE or a student's IEP provides otherwise:   * Elementary – A total of:   + 10 month program – 900 hours   + 11 month program – 990 hours   + 12 month program – 1080 hours * Secondary – A total of:   + 10 month program – 990 hours   + 11 month program –1089 hours   + 12 month program – 1188 hours   The program ensures that, unless a student's IEP provides otherwise, each elementary school student is scheduled for at least 900 hours of structured learning time a year and each secondary school student is scheduled for at least 990 hours of structured learning time a year (including physical education for all students, required by M.G.L. c. 71, § 3), within the required school year schedule. Where the program operates separate middle schools, at the beginning of the school year it designates each one as either elementary or secondary.  **NOTE**: The program ensures that its structured learning time is time during which students are engaged in regularly scheduled instruction, learning or assessments within the curriculum of core subjects and other subjects as defined in 603 CMR 27.02. The program's structured learning time may include directed study (activities directly related to a program of studies, with a teacher available to assist students); independent study (a rigorous, individually designed program under the direction of a teacher, assigned a grade and credit); technology-assisted learning; presentations by persons other than teachers; school-to-work programs; and statewide student performance assessments. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| AREA 8: EDUCATIONAL PROGRAM REQUIREMENTS –INDIVIDUALIZED EDUCATION PROGRAMS |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 8.4 Program Modifications and Support Services for English Language Learners  M.G.L. c. 71A; Title VI of the Civil Rights Act of 1964; Equal Educational Opportunities Act (EEOA), 20 USC §1703(f) | The program shall develop a written plan to implement necessary program modifications and support services to identify and effectively serve English learners (ELs). Such program modifications and support services must comply with applicable state laws (such as Title VI and EEOA).   * The program must acknowledge it is responsible to serve ELs; * The program must affirm its willingness to accept EL students into its program; * EL students must be afforded equal opportunities to access and participate in the program's services, activities and other benefits as all other students; and * EL students must receive:   + sheltered content instruction, or instruction through a different research-based English learner program that meets the requirements of the law, from a trained and qualified teacher; and   + instruction in English as a Second Language by a licensed ESL teacher. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 8.5 Current IEP & Student Roster  28.09(5)(a) | The program has 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 parent(s) (or student, when applicable). |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 8.8 IEP – Progress Reports  28.07(3);  34 CFR 300.320(a)  (3)(i, ii) | Progress Reports and Content   1. Parents receive reports on the student's progress towards reaching the goals set in the IEP; 2. Progress Report information sent to parents includes written information on the student's progress toward the annual goals in the IEP; 3. The program shall send copies of progress reports to the parents/guardians, public school districts and state agencies, if applicable; and 4. Progress reports must reflect the IEP most recently issued by the responsible school district and consented to by the parent/student/guardian.   **NOTE:** Progress Report must contain a description of:   * How the child's progress toward meeting the annual goals will be measured; and * When periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided.   **NOTE:** Copies of all progress reports shall be maintained in student records, including documentation of all persons receiving such reports. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| AREA 9: EDUCATIONAL PROGRAM REQUIREMENTS –STUDENT DISCIPLINE AND BEHAVIOR SUPPORT |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 9.7 Terminations  18.05(7); 28.09(12)(b) | The program develops and implements a written termination policy that includes provisions regarding both Planned Terminations and Emergency Terminations.  The policy must include the following:   1. Planned Terminations: The program shall notify the public school district of the need for an IEP review meeting and provides notice of this meeting to all appropriate parties ten (10) days in advance of the intended date of the meeting. The purpose of the meeting will be to develop a clear and specific termination plan for the student that shall be implemented in no less than thirty (30) days unless all parties agree to an earlier termination date. 2. Emergency Terminations: In circumstances where the student presents a clear and present threat to the health and safety of him/herself or others, the program shall follow the procedures required under 603 CMR 28.09(12)(b) and immediately notify the Department of Elementary and Secondary Education.   The program shall not terminate the enrollment of any student, even in emergency circumstances, until the enrolling public school district is informed and assumes responsibility for the student. At the request of the public school district, the program shall delay termination of the student for up to two calendar weeks to allow the public school district the opportunity to convene an emergency Team meeting or to conduct other appropriate planning discussions prior to the student's termination from the program. With the mutual agreement of the program and the public school district, termination of enrollment may be delayed for longer than two calendar weeks. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| **AREA 10: EDUCATIONAL STAFFING REQUIREMENTS - RATIOS** |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 10.1 Staffing for Instructional Groupings  28.06(6)(d);  28.09(7)(e) | The program shall have instructional groupings that do not exceed  1) the proposed Student : Licensed Educator Ratio and  2) the proposed Student : Licensed Educator and Aide Ratio.  Student : Licensed Educator Ratio is defined as the number of licensed special education teachers, licensed regular education teachers or licensed related service providers to the number of students within an instructional group.  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. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 10.2 Age Range  28.06(6)(f, g) | The program shall ensure that the ages of the youngest and oldest child in any instructional grouping shall not differ by more than forty-eight months (4 years).  Prior to exceeding the forty-eight month age span, an Age Span Waiver (<http://www.doe.mass.edu/oases>) must be requested and approved by the Department. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| **AREA 11: EDUCATIONAL STAFFING REQUIREMENTS - PERSONNEL POLICIES** |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 11.1 Staff Policies and Procedures Manual  18.05(11); 18.05(11)(c)  (1); 28.09(7); 28.09(11)(a);  M.G.L. c. 71, § 38R; DESE Advisory on CORI revised 5/7/07; 603 CMR 26.00 | The program shall develop and implement a written policies and procedures for staff, maintained in a manual that describes:   1. Criteria and procedures for hiring. This must include the school's Criminal Offender Record Information (CORI) policy regarding CORI checks on employees, volunteers, and interns whose responsibilities bring them into direct and unmonitored contact with students. Such checks shall be conducted upon initial hire and every three years thereafter. [**NOTE:** A residential program licensed by EEC does not need to conduct independent CORI checks where those checks have been done through EEC]; 2. Procedures for Criminal History Record Information (CHRI); 3. Procedures for evaluation of staff; 4. Procedures for disciplining of staff (including suspensions and dismissals); 5. Procedures for handling staff complaints (See Criterion 15.8); 6. A plan for using volunteer and/or intern services; and Statement of equal employment/educational opportunities in regard to race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or age. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 11.2 Administrative Responsibility  18.05(11)(a, b) | The program shall designate one person who will have administrative responsibility over the operation of the program.  The administrator or designee shall at all times be on the premises of the program while the program is in operation. All staff on duty shall know who is responsible for administration of the program at any given time. |

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| Applies To: All | |
| Rating: Implemented | |
| Response Required: No | |
| **CRITERION**  **NUMBER** |  |
|  | **Legal Standard** |
| 11.3 Educational Administrator Qualifications  28.09(5)(a); 28.09(7)(a);  603 CMR 44.00 | At least one staff member shall be designated as the educational administrator for the program. Such person shall be assigned to supervise the provision of special education services in the program and to ensure that the services specified in each student's IEP are delivered. The educational administrator shall either possess licensure as a special education administrator or possess all of the following:   1. License as a special educator; 2. A minimum of a master's degree in special education or a related field; and 3. A minimum of one year of administrative experience. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 11.4 Teachers  (Special Education Teachers and General Education Teachers)  18.05(11)(f); 28.09(2)(b)(6); 28.09(5)(a); 28.09(7)(b, c); 34 CFR 300.321 | The program must ensure that all teaching staff have teaching licenses and endorsements (where required) appropriate to meet the needs of the population being served pursuant to the requirements of 603 CMR 7.00 and, additionally, must adhere to the following requirements:   1. All teaching staff shall be re-licensed pursuant to the requirements of 603 CMR 44.00 including obtaining supervisor approval of Professional Development Plans pursuant to 603 CMR 44.04, if applicable. 2. To the extent that unlicensed teaching staff is providing special education services, such services shall be provided, designed, or supervised by a special educator. 3. To the extent that general education teachers are providing special education services, they shall do so in coordination with the special education teacher. 4. A program's teacher who has knowledge about the education and learning progress of the student must be in attendance at the IEP meeting for the student.   The number of special education teachers and, if applicable, general education teachers must correspond with the Full Time Equivalents (FTEs) on the proposed program budget as well as the proposed Staff Roster. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 11.5  Related Services Staff  28.09(7)(d) | All staff providing or supervising the provision of related services (including medical personnel identified in criterion 16.2 Physician Consultation, 16.3 Nursing, as well as all consultants) shall be appropriately certified, licensed or registered in their professional areas. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 11.6 Staff Roster  28.09(7) | The program maintains a list of ALL staff for every position within the program. The staff positions must correspond to the most proposed program budget. This list must include job titles along with their corresponding Uniform Financial Report (UFR) titles, UFR numbers, and full-time equivalents (FTEs). |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 11.10 Supervision of Direct Care Day & Residential Staff  18.03(4) | Each program shall provide ongoing and regular supervision of all direct care workers by someone who has supervisory and administrative responsibility within the program.  Regularly scheduled conferences must occur between direct care workers and supervisors; and between teachers, direct care workers and other educational personnel. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| CRITERION  NUMBER |  |
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|  | **Legal Standard** |
| 11.12 Equal Access  Title VI: 42 U.S.C.  2000d; 34 CFR 100.3(a), (b); EOEA: 20 USC 1703(f); Title IX: 20 U.S.C.  1681; 34 CFR 106; Section 504: 29 U.S.C. 794; 34 CFR 104; Title II: 42 U.S.C. 12132; 28 CFR 35.130; ESSA, Title I, Part A; 42 USC 11431; Mass. Const. amend. art 114; M.G.L. c. 76, § 5; 603 CMR 26.00 | The program provides all students with equal access to services, facilities, activities and benefits regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| **AREA 12: EDUCATIONAL STAFFING REQUIREMENTS - STAFF TRAINING** |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 12.1 New Staff Orientation and Training  18.05(11)(g, i); 28.09(7)(f); 46.04(2) | The program shall develop and implement a written plan for new staff orientation and training that is consistent with the needs of the student population and ensures an understanding of the school’s philosophy, organization, program, practices and goals. The program shall describe in writing its plan for using volunteer services and how they shall be provided appropriate orientation, training and supervision.  The written plan must also include evidence that each new staff has received the DESE mandated training topics (12.2 a-g).  **NOTE:** New staff must receive restraint training within one month of hire and shall not use restraint until training has been completed. New staff may not have direct care duties with students until all mandated training topics have been covered. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 12.2 Inservice Training Plan and Calendar  28.09(7)(f);  28.09(9)(b);  28.09(10);  18.03(3);  18.05(9)(e)  (1);  18.05(10);  18.05(11)(h);  Title VI: 42 U.S.C. 2000d; 34 CFR 100.3;  EEOA: 20 U.S.C. 1703(f); Title IX: 20 U.S.C. 1681; 34 CFR 106.31-106.42;  M.G.L. c. 76, § 5; 603 CMR 26.00 | All staff, including new employees, interns and volunteers, must participate in annual in-service training on average at least two hours per month.  The following topics are required in-service training topics and must be provided annually to all staff:   1. Reporting abuse and neglect of students to the Department of Children and Families and/or the Disabled Persons Protection Commission; 2. Student discipline and behavior support procedures; 3. Program's use of physical restraints; 4. Runaway policy; 5. Emergency procedures including Evacuation Drills and Emergency Drills, utilization of the alarm system and evacuations in instances of fire or natural disaster; 6. Civil rights responsibilities (discrimination and harassment) regarding race, color, sex, gender identity, religion, national origin, sexual orientation, disability and homelessness; 7. Bullying prevention and intervention; 8. Medication administration, if applicable; 9. Discussion of medications students are currently taking and their possible side effects; 10. Transportation safety (for staff with transportation-related job responsibilities); and 11. Student record policies and confidentiality issues.   The following additional topics are required inservice training topics and must be provided annually to all teaching staff:   * How the learning standards of the Massachusetts Curriculum Framework are incorporated into the program's instruction; and * Procedures for inclusion of all students in Massachusetts Comprehensive Assessment System (MCAS) testing and/or alternate assessments. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| **AREA 13: PHYSICAL FACILITY AND EQUIPMENT REQUIREMENTS** |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 13.2 Description of Physical Facility  18.04;  28.09(8) | Kitchen, Dining, Bathing/Toilet and Living Areas:  The program shall ensure that all kitchen, dining, bathing/toilet and living areas are of an adequate type, size and design appropriate to the ages and needs of the students. The program shall also:   1. Maintain areas which are clean, well ventilated and free from hazards; 2. Provide students with equipment, supplies and materials (e.g., kitchen equipment, dining utensils, toilets, sinks, individual furniture and storage space) which are clean, safe, safely stored, well maintained and appropriate to the ages and needs of the students; and 3. Design all living areas to simulate the functional arrangements of a home and to encourage a personalized atmosphere for small groups of students, unless the school can justify that another arrangement is necessary to serve the particular needs of the students enrolled in the school.   Classroom Space:  Each room or area that is utilized for the instruction of students shall be adequate with respect to the number of students, size and age of students and students' specific educational needs, physical capabilities and educational/vocational activities.  Indoor Space:  The program shall have a minimum of thirty-five (35) square feet of activity space per student exclusive of hallways, lockers, toilet rooms, isolation rooms, kitchen, closets, offices or areas regularly used for other purposes.  Additionally, all programs must:   1. Ensure that all areas, including but not limited to, floors, ceilings and walls, are clean, well maintained and free from safety hazards; 2. Protect all steam and hot water pipes by permanent screen guards, insulations, or any other suitable device which prevents students from coming in contact with them; 3. Maintain room temperatures at not less than 68 degrees Fahrenheit at zero Fahrenheit outside and at not more than the outside temperature when the outside temperature is above 80 degrees Fahrenheit; and 4. Designate space separate from classroom areas for administrative duties and staff or parent conferences. |

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| Applies To: All | |
| Rating: Implemented | |
| Response Required: No | |
| **CRITERION**  **NUMBER** |  |
|  | **Legal Standard** |
| 13.4 Physical Facility/  Architectural Barriers  603 CMR 18.04(8); Section 504:  29 U.S.C. 794; 34 CFR 104.21, 104.22; Title II: 42 U.S.C. 12132; 28 CFR 35.149, 35.150 | The program shall assure that students with limited mobility have access, free from barriers to their mobility, to those areas of the buildings and grounds to which such access is necessary for the implementation of the IEPs for such students. All programs receiving federal funds shall meet the requirements of Section 504 of the Rehabilitation Act of 1973.  A program which enrolls students requiring wheelchairs shall have at least one entrance without steps and wide enough for a wheelchair, for each building utilized in carrying out the IEPs for such students.  If any part of the program is not accessible to students with limited physical mobility, a plan and timetable shall be provided that describes how the program will make all programs and appropriate buildings accessible. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| **AREA 15: PARENT AND STUDENT INVOLVEMENT** |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 15.1 Parental Involvement and Parents’ Advisory Group  18.05(4)(a) | The program shall have a written plan for involving parents and shall have 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.  The program shall designate a staff person to support the Parents' Advisory Group. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 15.3 Information to be Translated into Languages Other Than English  Title VI; EEOA; 20 U.S.C. 1703(f); M.G.L. c. 76, § 5; 603 CMR 26.02(2) | When students have parents or guardians with limited English language skills, the program ensures that important school information is sent to them in a timely manner and provided to them in a language that they understand, either through written translations of documents or through oral interpreters. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 15.5 Parent Consent and Required Notification  18.05(8); 18.05(9)(f)(1); 18.05 (9)(j); M.G.L. c. 71, § 32A | The program shall develop and implement policy and procedures to work with school districts to obtain the following consents:  **Annual:**   1. Emergency medical treatment 2. Medication Administration (when applicable)   **When applicable:**   1. Research 2. Experimentation 3. Fundraising 4. Publicity and 5. Observation   **Required Notification:**   1. The program's policies and procedures shall include, when applicable, notification pursuant to Parental Notification Law M.G.L. c. 71, § 32A concerning curriculum that primarily involves human sexual education or human sexuality issues. 2. Policies and Procedures Manual (Criterion 3.1). 3. Behavior Support Policy and Procedures (Criterion 9.1). 4. Physical Restraint Policy and Procedures (Criterion 9.4). 5. Bullying Prevention and Intervention Plan (Criterion 20). |

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| Applies To: All |
| Rating: Partially Implemented |
| Response Required: Yes |
| Department of Elementary and Secondary Education Findings: *A review of student records and staff interviews indicated that documentation for all required annual notifications and consents to parents/guardians was not evident.* |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 15.8 Registering Complaints and Grievances –Parents, Students and Employees  18.05(1)(b)  (16); Title VI: 42 U.S.C. 2000d; 34 CFR 100.3(a),(b); EOEA: 20 U.S.C. 1703(f); Title IX: 20 U.S.C. 1681; 34 CFR 106; Section 504: 29 U.S.C. 794; 34 CFR 104; Title II: 42 U.S.C. 12132; 28 CFR 35.130; ESSA, Title I, Part A: 42 U.S.C. 11431; Mass. Const. amend. Art 114; M.G.L. c. 76 § 603 CMR 26.00 | 1. The program shall develop, implement and make available to parents and, when applicable, students a set of written procedures that may be used to register complaints regarding the student's education and care at the program that includes specific timelines and the appeals process. 2. The program must also adopt and publish grievance procedures for students providing for prompt and equitable resolution of complaints alleging discrimination based on legally protected categories (race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness) that includes specific timelines and the appeals process. 3. The program must adopt and publish grievance procedures foremployees providing for prompt and equitable resolution of complaints alleging discrimination based on legally protected categories (race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness) that include specific timelines and the appeals process. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| **AREA 16: HEALTH AND MEDICAL SERVICES** |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 16.2 Physician Consultation  18.05(9)(a)  M.G.L c. 71, §§ 53, 53A, and 53B | The program shall have a licensed physician available for consultation.  **NOTE:** School Physician means a physician appointed by a School Committee or Board of Health in accordance with M.G.L c. 71, §§ 53, 53A, and 53B or by the Board of Directors. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 16.3 Nursing  18.05(9)(b);  M.G.L. c. 112  M.G.L. c. 71, §§ 53,53A,and 53B | The program shall have a registered nurse available as deemed necessary by the Department depending upon the health care needs of the program's population. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 16.7 Preventive Health Care  18.05(9)(g); M.G.L. c. 71, § 57; M.G.L. c. 111, § 111 | The program shall describe in writing a plan for the preventive health care of students:   1. 603 CMR 18.05(9)(g)(1) Dental   The program, in cooperation with the student's parent(s) and/or human service agency which is responsible for payment, shall make provision for each student to receive an annual comprehensive dental examination.   1. 603 CMR 18.05(9)(g)(1) Physical   The program ensure that every student be separately and carefully examined by a duly licensed physician, nurse practitioner or physician assistant upon admission (within one year prior to entrance to program or within 30 days after program entry) and annually afterwards. The program shall require a written report from the physician(s) of the results of the examination and any recommendation and/or modification of the student's activity.   1. The program shall have policies and procedure for assuring that a student or staff member who has a reported communicable disease shall be authorized by a physician to continue to be present within the school and for notifying all parents and referring agencies of the introduction of a reported communicable disease into the program. The local board of health must be notified in accordance with M.G.L. c. 111, § 111. 2. The program shall provide a locked, secure cabinet to keep all toxic substances, medications, sharp objects and matches out of the reach of students. Medications and medical supplies should not be locked in the same cabinet as other toxic substances. Toxic substances must be labeled with contents and antidote. The phone number for the nearest poison center must be posted clearly. 3. Where appropriate, the program shall provide or arrange for the provision of family planning information, subject to any applicable state or federal legislation. 4. The program shall require that all students have necessary immunizations as required by the Department of Public Health. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 16.11 Student Allergies  18.05(9)(h) | The program shall develop and implement written policy and procedures for protecting a student from exposure to foods, chemicals, or other materials to which they are allergic, as stated by their physician/medical assessment. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| **AREA 18: STUDENT RECORDS** |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 18.1 Confidential-ity of Student Records  28.09(5)(a); 28.09(10); 603 CMR 23.00; M.G.L. c. 71, § 34H; 34 CFR 300.610-300.626 | Programs shall keep current and complete files for each publicly funded enrolled Massachusetts student and shall manage such files consistent with the Massachusetts Student Record Regulations 603 CMR 23.00 and M.G.L. c. 71, § 34H.   1. The program shall make the individual records of enrolled Massachusetts students available to the Department of Elementary and Secondary Education upon request. 2. Staff notes or reports regarding a student shall be legibly dated and signed by persons making entries. 3. A log of access shall be kept as part of each student’s record. If parts of the student record are separately located, a separate log shall be kept with each part. The log shall indicate all persons who have obtained access to the student record, stating:    * the name, position and signature of the person releasing the information;    * the name, position and, if a third party, the affiliation of the person who is to receive the information;    * the date of access;    * the parts of the record to which access was obtained; and    * the purpose of such access.   **NOTE**: Unless student record information is to be deleted or released, this log requirement shall not apply to authorized school personnel who inspect the student record, administrative office staff and clerical personnel who add information to or obtain access to the student record and the school nurses who inspect the student health record. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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| **AREA 19: ANTI-HAZING** |

| **CRITERION**  **NUMBER** |  |
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|  | **Legal Standard** |
| 19 Anti-Hazing  M.G.L. c. 269, §§ 17 through 19; 603 CMR 33.00 | 1. The principal/education director of each school program serving secondary school age students issues a copy of M.G.L. c. 269 §§ 17 through 19, to every student enrolled full-time, and every student group, student team, or student organization, including every unaffiliated student group, student team, or student organization, **as well as** a copy of the school program's anti-hazing disciplinary policy approved by the program's Board of Director's; 2. Each school program serving secondary school age students files, at least annually, a report with the Department certifying:    1. Its compliance with its responsibility to inform student groups, teams, or organizations, and every full-time enrolled student, of the provisions of M.G.L. c. 269 §§ 17 through 19;    2. Its adoption of a disciplinary policy with regard to the organizers and participants of hazing; and    3. That the hazing policy has been included in the student handbook or other means of communicating school program policies to students. |

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| Applies To: All |
| Rating: Implemented |
| Response Required: No |

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