***Massachusetts Department of***

***Elementary and Secondary Education***

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| Jeffrey C. Riley  *Commissioner* |  |

September 2, 2022

William Davila

Executive Director

Children's Study Home

44 Sherman Street

Springfield, MA 01109

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

A - Mill Pond Day Program

Dear Dr. Davila:

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 June 2022.

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 June 7, 2019. 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 **September 16, 2022**. 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 2024-2025 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 March 31, 2023 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,

Lynda Womack, Mid-cycle Review Chairperson

Office of Approved Special Education Schools

Nina M. Marchese, M.Ed., Director

Office of Approved Special Education Schools

c: John Papas, President of the Board of Directors

Jeffrey C. Riley, Commissioner of Elementary and Secondary Education

Russell Johnston, Ph.D., Senior Associate Commissioner

Joanne Morris, Supervisor, Office of Approved Special Education Schools

Encl.: Mid-cycle Review Report

Provisional Approval Certificate, Expiration Date: March 31, 2023

Mill Pond Day Program

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| DESE logo  **MID-CYCLE REVIEW REPORT**  **Children's Study Home**  **MCR Onsite Dates:** **06/13/2022 - 06/14/2022**  **Programs under review for the agency:**  **A - Mill Pond Day Program**    State Seal of Massachusetts |
| Jeffrey C. Riley  Commissioner 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, interviews and observations indicated that the program served students consistent with characteristics included in the approved Program & Student Description regarding population of students to be served, ages of students, and educational and behavioral characteristics of 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 #3.1(d) - Evacuation and Emergency Procedures** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and interviews indicated that the program has developed and implemented Evacuation and Emergency Procedures that comply with 603 CMR 18.05(10). |

| **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 maintained copies of all incidents regarding students. |

| **PS Criterion #5.2(a) - Contracts** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of student records indicated the program maintained a signed written contract for each enrolled student consistent with the requirements of 603 CMR 28.06(3)(f). |

| **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 #9.1(a) - Student Separation Resulting from Behavior Support** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of documentation, observations, and staff interviews indicated that the program did not consistently document all student separation from instruction resulting from behavior support. Additionally, observation of time out spaces indicated program staff did not continuously observe or provide immediate availability to the students at all times. Observations indicated space used for the practice of separation was not physically safe and appropriate to the population served by the program. Specifically, time out spaces depicted inappropriate graffiti and graphic messages on the walls. | | | |
| **Department Order of Corrective Action:** | | | |
| The program must document all instances of student separation as a result of behavior according to their previously approved policy and procedures and maintain all time out spaces in a manner which is appropriately supervised, clean and free from hazards. | | | |
| **Required Elements of Progress Reports:** | | | |
| For the 9/26/2022 progress report, the program must provide evidence of Student Separation policy and procedures training for all staff by submitting 1) the staff name(s) and position title(s) conducting the training; 2) the dates and times when this training was held; 3) the length of time allotted for the training; 4) a list of all staff in attendance with their position title; 5) a current all staff roster; 6) a copy of the training materials shared with staff; 7) a copy of the student separation tracking document shared with staff that includes all required elements per DESE regulations; 8) for any staff who did not receive the training, the reason why and when their training is scheduled; 9) the staff name(s) and position title(s) responsible for updating staff records of the training; and 10) a narrative of the plan to review the collected student separation data including timeframes and staff positions involved.  Additionally, for the 9/26/2022 progress report, the program must provide a plan for ensuring that all spaces used for student separation are maintained in a manner that is clean, in good repair and free from graffiti/graphic messages. The plan should include the 1) the staff name(s) and position title(s) for the person(s) responsible to monitor the physical space used for student separation, 2) the frequency that spaces will be monitored, 3) a procedure for staff to notify the person(s) responsible for monitoring the physical spaces, 4) a tracking system to document date physical space is monitored, issues to be addressed/repaired, date issues/repairs resolved, name and position of person who confirmed completion of work done.  For the 12/14/2022 progress report, the program must provide completed time out logs for the time period 10/3/2022-11/30/2022.  Additionally, for the 12/14/2022 progress report, the program must provide a completed tracking sheet used to document physical spaces used for student separation for the period 10/3/2022-11/30/2022. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/26/2022 | 12/14/2022 |  |  |

| **PS Criterion #9.4 - Physical Restraint** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of documentation and staff interviews indicated that the program did not document required weekly individual student restraint reviews or monthly physical restraint data reviews. Therefore, DESE was not able to confirm whether the principal and administrators were following appropriate procedures for analyzing data and following up according to their previously approved policy and procedures. | | | |
| **Department Order of Corrective Action:** | | | |
| The program must consistently complete and document weekly and monthly review of restraint data according to their previously approve Physical Restraint policy and procedures. | | | |
| **Required Elements of Progress Reports:** | | | |
| For the 9/26/2022 Progress Report, the program must submit a detailed plan for completing and documenting required weekly and monthly restraint data review that aligns with the program's approved policy and procedures. The plan must include: 1) position title of person responsible to schedule, oversee and document required weekly and/or monthly restraint data review; 2) list of position titles of individuals required to participate in weekly and/or monthly restraint data review; 3) detailed plan of information to be discussed in the review sessions; 4) copy of specific form or template for each type of data review that includes all required elements to be used to document outcome and follow-up plan based on decisions made during reviews; 5) plan to document student specific information in student records; 6) schedule for data review including dates and times through 12/14/2022.  For the 12/14/2022 Progress Report, the program must submit evidence of weekly and monthly restraint data review based on the DESE approved plan submitted by 9/14/2022 that includes: 1) the dates and times of each review; 2) a list of participants at each review; 3: a copy of documentation  Additionally. for the 12/14/2022 Progress Report the program must provide evidence of training for the Physical Restraint policy and procedures for all applicable staff regarding documentation of physical restraints in both the DESE Security Portal and Student Records that includes: 1) the name and job title of the person conducting the training; 2) the dates and times when this training was held; 3) the length of time of the training; 4) a list of all staff in alphabetical order by last name with their position title; and 5) for any staff who did not receive the training, the reason why and when their training is scheduled. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/26/2022 | 12/14/2022 |  |  |

| **PS Criterion #9.7 - Terminations** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and staff interviews indicated that the program has developed and implements a written termination policy that included provisions related to planned and emergency termination, and that the policy was compliant with regulatory requirements. |

| **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)** |
| --- |
| **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 had been granted an appropriate waiver for the 2021-2022 school year. |

| **PS Criterion #11.5 - Related Services Staff** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation indicated that the staff providing or supervising the provision of related services were appropriately certified, licensed or registered in their professional areas. |

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

| **PS Criterion #11.10 - Supervision of Direct Care Day and Residential Staff** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation, staff records and interviews indicated the program has developed and implemented a written plan that indicated how regularly scheduled supervision of all direct care workers occurred by someone with supervisory and administrative responsibility within the program and how regularly scheduled conferences occurred between direct care workers and supervisor and between teachers, direct care workers and other educational personnel. |

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

| **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. |