***Massachusetts Department of***

***Elementary and Secondary Education***

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

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| Jeffrey C. Riley*Commissioner* |  |

March 27, 2023

Deana Tyler

Regional (Executive) Director

Specialized Education Services, Inc.

High Road School of Massachusetts

450 Pleasant Street

East Bridgewater, MA 02333

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

  A - High Road Day Program

B - High Road Summer Program

Dear Ms. Tyler:

Enclosed is the Department of Elementary and Secondary Education’s (“Department”) Approved Special Education Schools Mid-cycle Review Report based on the Mid-cycle Review conducted in your approved special education school programs in March 2023.

This report includes the Department's findings regarding the implementation status and effectiveness of corrective action taken and subsequent progress reports submitted in response to your previous Program Review Report issued on March 12, 2021. This report also includes detailed findings describing the determinations of the Department about the implementation status of selected Mid-cycle review criteria as well as the implementation of new state or federal special education requirements enacted since your programs’ last Program Review.

For requirements not found to be fully implemented, the Department has prepared a Corrective Action Plan for the programs 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 programs to fully implement special education requirements.

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

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

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

Please go into the WBMS and upload your program’s written assurance into Additional Documents no later than **April 14, 2023**. You can do this by accessing: > MCR > Self-Assessment > Additional Documents.

The Department will notify you of your programs’ next regularly scheduled Program Review several months before it is to occur. At this time, we anticipate the next routine monitoring visit to occur sometime during the 2025-2026 school year, unless the Department determines that there is some reason to schedule this visit earlier.

The approval certificates enclosed with this correspondence shall remain in effect until August 31, 2026 and will be contingent upon continued compliance with all regulations contained within 603 CMR 28.00 “Special Education Regulations,” 603 CMR 18.00 “Program And Safety Standards For Approved Public Or Private Day And Residential Special Education School Programs,” and 603 CMR 46.00 “Prevention of Physical Restraint and Requirements If Used.” The Department may change this approval status at any point during this three-year period if circumstances arise that warrant such a change.

**Please be advised that the attached Department Approval Certificates must be conspicuously posted in a public place within the programs 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 review process. Should you require any additional information, please do not hesitate to contact the Team Chairperson.

Sincerely,

Christina Belbute, Chairperson

Office of Approved Special Education Schools

Nina M. Marchese, M.Ed., Director

Office of Approved Special Education Schools

c: Dave Wood, President of the Board of Directors, Specialized Education Services, Inc.

 Gary Hunt, Regional Vice President, Specialized Education Services, Inc.

 Jeffrey C. Riley, Commissioner of Elementary and Secondary Education

 Russell Johnston, Ph.D., Deputy Commissioner

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

Encl.: Mid-cycle Review Report

Full Approval Certificate, Expiration Date: August 31, 2026

 High Road Day Program

 High Road Summer Program

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| DESE logo**MID-CYCLE REVIEW REPORT** **Specialized Education Services, Inc.****MCR Onsite Dates:** **03/01/2023 - 03/03/2023****Programs under review for the agency:****A - High Road Day Program****B - High Road Summer Program** State Seal of Massachusetts |
| Jeffrey C. RileyCommissioner of Elementary and Secondary Education |
| **MID-CYCLE REVIEW REPORT** |

| **PS Criterion #1.2 - Program & Student Descriptions, Program Capacity** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation, 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 |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation and observations indicated that there were current approvals, licenses and certificates of inspection from appropriate local authorities for all buildings used by the students. |

| **PS Criterion #3.1(d) - Evacuation and Emergency Procedures** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **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 |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation and student records indicated that the policy on Immediate Notification Regarding Serious Incidents met the current requirements and included notification to appropriate parties of such incidents, as well as the person responsible for oversight. A review of student records showed that the program maintains copies of all incidents regarding students. |

| **PS Criterion #5.2(a) - Contracts** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **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 |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that all students were scheduled to receive the required number of instructional hours per year, and that the required number of school days per year was scheduled for all students. |

| **PS Criterion #8.5 - Current IEP & Student Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation and 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 |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of student records indicated that parents receive reports on students’ 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 #9.7 - Terminations** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation and staff interviews indicated that the program has developed and implements a written termination policy that includes provisions related to planned and emergency termination, and that the policy is compliant with regulatory requirements. |

| **PS Criterion #11.1 - Staff Policies and Procedures Manual** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that the program implements personnel policies and procedures that include the following: criteria and procedures for hiring, Criminal Offender Record Information, Criminal History Record Information fingerprint requirements, staff evaluation, discipline of staff, the handling of staff complaints, a plan for using volunteer and/or intern services and a statement of equal access for employment and/or educational opportunities. |

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

| **PS Criterion #11.4 - Teachers (Special Education Teachers and General Education Teachers)** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that at the time of the Mid-cycle Review the teaching staff were appropriately licensed or had been granted an appropriate waiver for the 2022-2023 school year. |

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

| **PS Criterion #11.6 - Staff Roster** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation indicated that at the time of the Mid-Cycle Review, the Staff Roster contained the names, program job titles, corresponding Uniform Financial Report (UFR) title numbers and full-time equivalents (FTE) 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 |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| Review of documentation, staff records and interviews indicated the program has developed and implemented a written plan to indicate how regularly scheduled conferences occur between residential childcare workers and residential supervisors. Review of documentation, staff records and interviews also indicated the program provided regular supervision of all direct care workers by someone who has supervisory and administrative responsibility within the program and regularly scheduled conferences occurred between direct care workers and supervisor and between teachers, direct care workers and other educational personnel. |

| **PS Criterion #12.1 - New Staff Orientation and Training** |
| --- |
| **Rating:** |
| Partially Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of staff records and staff interviews indicated that all staff who work directly with students did not receive the required new staff orientation and training within the DESE mandated timeframes and prior to providing direct care services to students. |
| **Department Order of Corrective Action:** |
| The program must ensure that all new staff receive all DESE mandated orientation and training within required timeframes and maintain documentation of the training in staff records. |
| **Required Elements of Progress Reports:** |
| The program must submit a plan to describe how new hire staff will receive restraint training within one month of hire and all mandated topics before direct care duties with students. The program will also show tracking and administrative review of process as well as documentation examples for any new staff hired after March 8, 2023. |
| **Progress Report Due Date(s):** |
| 06/16/2023 |  |  |  |

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

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

| **PS Criterion #16.7 - Preventive Health Care** |
| --- |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **Basis for Findings:** |
| A review of documentation and review of student records 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. Observations 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 |
| **Applies To:** |
| All |
| **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. |