Jeffrey C. Riley

*Commissioner*

Massachusetts Department of Elementary and Secondary Education

*75 Pleasant Street, Malden, Massachusetts 02148-4906 Telephone: (781) 338-3000 TTY: N.E.T. Relay 1-800-439-2370*

March 29, 2023

Nancy Fuller Executive Director

Community Therapeutic Day School 187 Spring Street

Lexington, MA 02421

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

A - Community Therapeutic Summer Program

B - Community Therapeutic Day Program Dear Ms. Fuller:

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

This report includes the Department's findings regarding the implementation status and effectiveness of corrective taken and subsequent progress reports submitted in response to your previous Program Review Report issued on May 13, 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.

Because the Department determined all requirements were found to be fully implemented during the 2020 Program Review, this Mid-cycle Review Report includes detailed findings describing the determinations of the Department about the implementation status of selected Mid-cycle Review criteria. This report also includes findings regarding 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 12, 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 virtual review process. Should you require any additional information, please do not hesitate to contact the Team Chairperson.

Sincerely,

Lynda Womack, Chairperson

Office of Approved Special Education Schools

Nina M. Marchese, M.Ed., Director

Office of Approved Special Education Schools

c: Nancy Fuller, 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

Full Approval Certificate, Expiration Date: August 31, 2026 Community Therapeutic Summer Program Community Therapeutic Day Program

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| DESE logo  **MID-CYCLE REVIEW REPORT**  **Community Therapeutic Day School MCR Onsite Dates: 01/30/2023 - 02/01/2023**  **Programs under review for the agency:**  **A - Community Therapeutic Summer Program**  **B - Community Therapeutic Day Program**  State Seal of Massachusetts |
| Jeffrey C. Riley  Commissioner of Elementary and Secondary Education |

**MID-CYCLE REVIEW REPORT**

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| **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. |

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| **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. |

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| **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). |

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| **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. |

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| **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). |

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| **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. |

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| **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. |

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| **PS Criterion #9.1(a) - Student Separation Resulting from Behavior Support** | | | |
| **Rating:** |  |  |  |
| Partially Implemented |  |  |  |
| **Applies To:** |  |  |  |
| All |  |  |  |
| **Basis for Findings:** | | | |
| A review of documentation submitted indicated that the policy and procedures specific to Student Separation Resulting from Behavior Support contained all required elements, a review of student records and on-site documentation indicated that all required elements were not evident. Additionally, interviews indicated that not all staff were aware that notification to Administration is required after 30 minutes of student separation. Finally, there was no evidence that staff had received training on the appropriate procedures that they are required  to implement. | | | |
| **Department Order of Corrective Action:** | | | |
| The program must develop and implement a detailed plan to train staff on all components of the approved Student Separation as a Result of Behavior policy and procedures. The plan must include a description of how the program will document and track staff training and follow-up regarding missed training as well as examples of updated separation logs. The program must include the position title and name of the person(s) completing the training and implementing/reviewing the plan as well as person(s) adding training documentation into staff  records. | | | |
| **Required Elements of Progress Reports:** | | | |
| The program must provide evidence of Student Separation policy and procedures training for all staff by submitting 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 allotted for the training; 4) a list of all staff in attendance with their position title; 5) a current staff roster; 6) a copy of the training materials shared with staff; 7) for any staff who did not receive the training, when their training is scheduled; 8) a copy of the student separation tracking document shared with staff that includes all required elements per DESE regulations; 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.  For the 9/26/2023 progress report, the program must provide completed student separation tracking log that includes all required elements for the time period 6/21/2023-9/20/2023. | | | |
| **Progress Report Due Date(s):** | | | |
| 06/21/2023 | 09/26/2023 |  |  |

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| **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. |

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

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

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| **PS Criterion #11.5 - Related Services Staff** |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **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. |

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| **PS Criterion #11.6 - Staff Roster** |
| **Rating:** |
| Implemented |
| **Applies To:** |
| All |
| **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 last approved staffing plan. |

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| **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 supervision of all direct care workers by someone who has 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. |

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| CPRPrivateFindingsMasterTemplate.dot version: 200116 | |
| File Name: | CommunityTherapeutic\_50250000\_PRDraft\_2020.doc |
| Last Revised on: | 03/29/2023 |
| Prepared by: | LW |