***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* |  |

July 12, 2023

Kathleen Lovenbury

Executive Director

Crystal Springs, Inc.

38 Narrows Road

Assonet, MA 02702

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

A - Crystal Springs Residential Program

Dear Ms. Lovenbury:

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 2023.

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 July 22, 2021. 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 **July 26, 2023**. 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 **2025-2026** 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 **January 12, 2024** 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,

Christina M. Belbute, M.Ed., Mid-cycle Review Chairperson

Office of Approved Special Education Schools

Nina M. Marchese, M.Ed., Director

Office of Approved Special Education Schools

c: Timothy Kelleher, President of the Board of Directors, Crystal Springs, Inc.

Alda Binsaid, Educational Director, Crystal Springs Residential School

Jeffrey C. Riley, Commissioner of Elementary and Secondary Education

Russell Johnston, Ph.D., Deputy Commissioner of Elementary and Secondary Education

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

Encl.: Mid-cycle Review Report

Provisional Approval Certificate, Expiration Date: December 29, 2023

Crystal Springs Residential Program

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| DESE Logo  **MID-CYCLE REVIEW REPORT**  **Crystal Springs, Inc.**  **MCR Onsite Dates:** **06/13/2023 - 06/14/2023**  **Programs under review for the agency:**  **A - Crystal Springs Residential 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 #2.3 - EEC Licensure (Residential Programs Only)** |
| --- |
| **Rating:** |
| Implemented |
| **Basis for Findings:** |
| A review of documentation and observations indicated that there was a current license from the Department of Early Education and Care for all residential facilities. |

| **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 maintains 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 #9.7 - 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 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:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| While staff interviews indicated that all staff received CORIs upon hire and every three years thereafter, a review of documentation and staff records indicated that completed CORIs were not evident for all staff. | | | |
| **Department Order of Corrective Action:** | | | |
| Program must submit documentation for evidence of their internal collection, tracking, filing, maintenance, and administrative review process to ensure records show all staff receive CORIs upon hire and every three years thereafter. Since some CORI documentation is missing and cannot be recreated, program must include in narrative how they will denote the absence of documentation in records for ongoing reference. | | | |
| **Required Elements of Progress Reports:** | | | |
| For the 9/8/2023 progress report, the program must submit 1) a narrative to describe the updated and newly implemented tracking/organization process to show all required elements for collecting and maintaining CORI checks upon hire and every three years for all employees; 2) name(s) of the staff position titles(s) who will be tracking, filing, and maintaining this information in program and/or staff records; and 3) name(s) of the staff position titles(s)who will be completing administrative review of the process including expected timeframes for such review. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/08/2023 |  |  |  |

| **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:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of documentation, staff records, and interviews indicated that at the time of the Mid-Cycle Review not all teaching staff were appropriately licensed or on an approved waiver. | | | |
| **Department Order of Corrective Action:** | | | |
| The program must ensure that teachers are appropriately licensed or on approved waivers and teaching in the subject and grade levels for which they are licensed. | | | |
| **Required Elements of Progress Reports:** | | | |
| For the 9/8/2023 progress report, the program must submit: (1) a narrative of newly implemented plan/process for ensuring that all teaching staff have current licenses or waivers in the appropriate teaching areas; 2) name(s) of staff position titles(s) of who will maintain staff records, submit timely requests into ELAR, and complete an administrative review of licensing statuses; 3) a completed teacher roster with all current teaching staff listed; and 4) copies of applicable teaching licenses or approved waivers for each teaching staff on roster. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/08/2023 |  |  |  |

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

| **PS Criterion #11.6 - Staff Roster** |
| --- |
| **Rating:** |
| Implemented |
| **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 |
| **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 #12.2 - In-Service Training Plan and Calendar** | | | |
| --- | --- | --- | --- |
| **Rating:** | | | |
| Partially Implemented | | | |
| **Basis for Findings:** | | | |
| A review of documentation, staff records, and staff interviews indicated that not all DESE mandated annual trainings were clearly documented in all staff records; therefore, the Department was not able to verify that all staff received all mandated annual trainings. | | | |
| **Department Order of Corrective Action:** | | | |
| The program must review and modify current plan/procedure/system to ensure moving forward that all DESE mandated annual trainings are completed by all staff, that missed trainings are made up and tracked, that documentation is added into staff records, that information is tracked for record keeping, and that administrative review occurs on a timely basis. | | | |
| **Required Elements of Progress Reports:** | | | |
| For the 9/8/2023 progress report, the program must submit 1) a narrative to describe the documentation procedure and review process for tracking annual mandated DESE training for all staff and how training will be made up when missed; 2) the staff position(s) of who will follow up with staff to schedule missed training, who will update staff records and tracking documents, and who will complete administrative review of the overall process for completion with timelines; 3) a narrative or sample copy of how training attendance will be collected; 4) a current copy of the program tracking document filled out with the list of all annual mandated DESE training for the 2023-2024 school year including dates, times, length of training, training title, and name of training presenter with position title; and 5) a copy of the program's staff roster that is current at the time of annual training. | | | |
| **Progress Report Due Date(s):** | | | |
| 09/08/2023 |  |  |  |