

# Farr Academy

**Farr Academy Summer Program Farr Academy Day Program**

# Program Review Report

**Week of Onsite Visit: October 30, 2023 Draft Report Issued: January 22, 2024**

**Final Report Issued: April 16, 2024 Corrective Action Plan Due: May 14, 2024**

**Department of Elementary and Secondary Education Onsite Team Members: Karen Brann, Chairperson**

**Khalilah Caruthers, Team Member Joanne Morris, Team Member Helen Murgida, Team Member**



## {agency.signatureName}

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Approval for special education day and residential school programs operating in Massachusetts is contingent upon meeting the requirements of 603 CMR 28.09, “Approval of Public and Private Day and Residential Special Education School Programs,” 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.” Approval by the Department does not relieve special education day and residential school programs of their obligation to comply with other applicable state or federal statutory or regulatory requirements or with requirements set forth in their contracts with referral sources. The Department may change the approval status at any point during this three-year period if circumstances arise that warrant such a change.

For special education day and residential school programs that do not meet all requirements for Full Approval, the Department may issue a Provisional Approval effective for a period not to exceed 6 months, provided that the Department has determined that the health and safety of the students are protected and the program demonstrates the ability to implement the goals and objectives of each enrolled student’s IEP. During this period, the special education day or residential school program must submit progress reports that addresses the issues that did not meet approval requirements.

For a special education day or residential school programs that substantially meets all requirements evaluated during the review the Department will issue a Full Approval. Full Approval will remain in effect for three school years and will expire on August 31st of the third school year.

## Farr Academy Summer Program

**Full Approval**

Expires: August 31, 2027

## Farr Academy Day Program

**Full Approval**

Expires: August 31, 2027

### 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 In the Spring of the previous school year, the schools participating in the review cycle were notified of the dates of the onsite visits and were required to conduct a Data Collection before the onsite portion of the review using the Department's Communication Hub and Monitoring Portal (CHAMP).

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

Website at [http://www.doe.mass.edu/oases/ps-cpr/6yrcycle.html.](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 Data Collection submission and determines which criteria will be followed up on through onsite verification activities. The Data Collection and Desk Review are both described below.

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

 Agency review of policies and procedures,

 Agency review student documentation including a sample of student records,

 Agency review staff documentation including a sample of staff records, if applicable, and  Agency review of facilities, buildings, and grounds.

Upon completion of these portions, the agency submits the Data Collection 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 submitted for each criterion. The OASES chairperson also reviews student record data, staff record data, and explanatory comments. 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 its notification system is used to determine the scope and nature of the onsite activities.

**Onsite Verification Phase:**

This includes activities selected from the following:

 Interviews with administrative, instructional, and other staff consistent with those criteria selected for verification.  Telephone interviews as requested by parents, guardians 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 data collection 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 Department 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 Data Collection, a two-to-three-member Department team will conduct a two-to-five-day Program Review.

**Final Report:** A Final Report is then issued via the CHAMP. The Final Report includes findings organized under 4 specified compliance areas. The findings explain the “ratings,” or determinations by the Department 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 into compliance with the required statute or regulation in each area found to be not fully “Implemented”. 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 four-member team conducted a visit to Farr Academy during the week of October 30, 2023 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 2 leadership staff;

 Interviews of 2 related services staff;  Interviews of 2 teaching staff; and

 Interviews of 2 direct care 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.

**1. Summary of Compliance Criteria Included In This Report Requiring Corrective Action Plan Development In Response to the Following Program Review Report Findings**

**Implemented**

 The requirement is totally or substantially met

**Implemented Response Required**

 The requirement is met, but the Agency is required to provide additional information.

**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.

**Partially Implemented**

 The requirement, in one or several important aspects, is not entirely met.

**Not Implemented**

 The requirement is totally or substantially not met.

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| **Policies & Procedures** |
| **Criteria** | **Implemented** | **Implemented Response Required** | **Implementation In Progress** | **Partially Implemented** | **Not Implemented** |
| **1.2 Program & Student Descriptions, Program Capacity** | All |  |  |  |  |
| **3.1(d) Evacuation and Emergency Procedures** | All |  |  |  |  |
| **4.4 Advance Notice of Proposed Program/Facility Change** | All |  |  |  |  |
| **4.5 Immediate Notification** |  |  |  | All |  |
| **6.1 Daily Instructional Hours/6.4 School Days Per Year** | All |  |  |  |  |
| **8.4 Program Modifications and Support Services for English** | All |  |  |  |  |
| **9.1(a) Student Separation Resulting from Behavior Support** | All |  |  |  |  |
| **9.7 Terminations** | All |  |  |  |  |
| **11.1 Staff Policies and Procedures Manual** | All |  |  |  |  |
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| **11.12 Equal Access** | All |  |  |  |  |
| **12.1 New Staff Orientation and Training** | All |  |  |  |  |
| **12.2 In-Service Training Plan and Calendar** | All |  |  |  |  |
| **15.1 Parental Involvement and Parents' Advisory Group** | Farr Academy Day Program |  |  |  |  |
| **15.5 Parent Consent and Required Notification** |  |  | All |  |  |
| **15.8 Registering Complaints and Grievances-Parents, Students and Employees** | All |  |  |  |  |
| **16.7 Preventive Health Care** |  |  | All |  |  |

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| **Staff Documentation** |
| **Criteria** | **Implemented** | **Implemented Response Required** | **Implementation In Progress** | **Partially Implemented** | **Not Implemented** |
| **10.1 Staffing for Instructional Groupings** | All |  |  |  |  |
| **11.2****Administrative Responsibility** | All |  |  |  |  |
| **11.3 Educational Administrator Qualifications** | All |  |  |  |  |
| **11.4 Teachers (Special Education Teachers and General Education Teachers)** | All |  |  |  |  |
| **11.5 Related Services Staff** | All |  |  |  |  |
| **11.6 Staff Roster** | All |  |  |  |  |

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| **Student Documentation** |
| **Criteria** | **Implemented** | **Implemented Response Required** | **Implementation In Progress** | **Partially Implemented** | **Not Implemented** |
| **5.2(a) Contracts** | All |  |  |  |  |
| **8.5 Current IEP & Student Roster** | All |  |  |  |  |
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| **8.8 IEP - Progress Reports** | All |  |  |  |  |
| **10.2 Age Range** | All |  |  |  |  |
| **15.3 Information to be Translated into Languages Other Than English** | All |  |  |  |  |
| **16.11 Student Allergies** | All |  |  |  |  |
| **18.1****Confidentiality of Student Records** | All |  |  |  |  |
| **19 Anti-Hazing** | All |  |  |  |  |

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| **Buildings/Facilities** |
| **Criteria** | **Implemented** | **Implemented Response Required** | **Implementation In Progress** | **Partially Implemented** | **Not Implemented** |
| **2.2 Approvals, Licenses, Certificates of Inspection** | All |  |  |  |  |
| **4.2 Public Information and Postings** | All |  |  |  |  |

### Policies & Procedures

**4.5 Immediate Notification Requirements**

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 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 the death of a student or an emergency termination, which is for both school and residential hours.

1. 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;
2. The hospitalization of a student (including out-patient emergency room and urgent care visits) due to physical injury at school or PREVIOUSLY UNKNOWN illness, accident or disorder which occurs while the student is in the program;
3. A student run from the program; and
4. Any other incident of serious nature that involves a student. (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 death of any student (immediate verbal notification to the student’s parent(s)/guardian(s), responsible public school district, Department of Elementary and Secondary Education, and any other state agency involved in the education and care of this student).
2. The emergency termination of a student pursuant to 28.09(12)(b). NOTE: All incident reports must be maintained in student records. **Legal Standards**

[18.03(10)](https://www.doe.mass.edu/lawsregs/603cmr18.html?section=03); [18.05(7)](https://www.doe.mass.edu/lawsregs/603cmr18.html?section=05); [28.09(12) (a, b)](https://www.doe.mass.edu/lawsregs/603cmr28.html?section=09)

**Confirmed Findings**

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| **Applies To** | **Rating** | **Response Required** | **Finding Description** |
| All | Partially Implemented | Yes | A review of student records indicated that the notification to DESE was not documented for incidents as required. |

**Requirements**

**15.5 Parent Consent and Required Notification**

**15.5 Parent Consent and Required Notification**

The program shall develop and implement policies and procedures to work with school districts to obtain the following consents:

#### Required Annual Consent:

* 1. Emergency medical treatment
	2. Medication Administration, if applicable

When applicable:

1. Research
2. Experimentation
3. Fundraising
4. Publicity and
5. Observation

#### Required Annual 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).

**Legal Standards**

[18.05(8); 18.05(9)(f)(1); 18.05 (9)(j)](https://www.doe.mass.edu/lawsregs/603cmr18.html?section=05); [M.G.L. c. 71, § 32A](https://malegislature.gov/Laws/GeneralLaws/PartI/TitleXII/Chapter71/Section32A)

**Confirmed Findings**

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| **Applies To** | **Rating** | **Response Required** | **Finding Description** |
| All | Implementation in Progress | Yes | A review of documentation indicated that Parent Consent and Required Documentation was not evident in the student record; therefore, DESE was not able to confirm the requirement was met. |
| **Applies To** | **Rating** | **Response Required** | **Finding Description** |
| All | Implementation in Progress | Yes | A review of documentation indicated that Parent Consent and Required Documentation was not evident in the student record; therefore, DESE was not able to confirm the requirement was met. |

**16.7 Preventive Health Care Requirements**

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 parents 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 shall 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.

**Legal Standards**

[18.05(9)(g)](https://www.doe.mass.edu/lawsregs/603cmr18.html?section=05)

[M.G.L. c. 71, § 57](https://malegislature.gov/laws/generallaws/parti/titlexii/chapter71/section57)

[M.G.L. c. 111, § 111.](https://malegislature.gov/laws/generallaws/parti/titlexvi/chapter111)

**Confirmed Findings**

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| **Applies To** | **Rating** | **Response Required** | **Finding Description** |
| All | Implementation in Progress | Yes | A review of student records indicated that all required elements were not included in the student record. |