

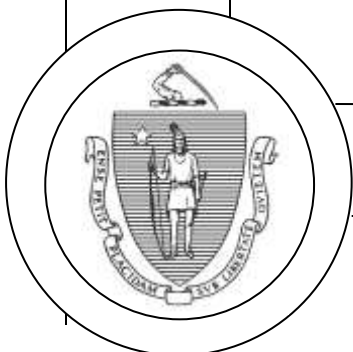


MID-CYCLE REVIEW REPORT
The Guild for Human Services, Inc.
MCR Onsite Dates: 02/28/2019 - 03/01/2019

Programs under review for the agency:

A - Day Program

B - Residential Program



Jeffrey C. Riley
Commissioner of Elementary and Secondary Education

MID-CYCLE REVIEW REPORT

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 #2.3 - EEC Licensure (Residential Programs Only)

Rating:

Implemented

Applies To:

B - The Guild for Human Services Residential Program

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 #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 #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 #9.1 - Policies and Procedure for Behavior Support

Rating:

Implemented

Applies To:

All

Basis for Findings:

A review of documentation and staff interviews indicated that the program has developed and is implementing written Policies and Procedures for Behavior Support consistent with the regulations under 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention. Behavior Support Policies and Procedures are reviewed annually, and are provided to staff annually and made available to parents of enrolled students.

PS Criterion #9.1(a) - Student Separation Resulting from Behavior Support

Rating:

Implemented

Applies To:

All

Basis for Findings:

A review of documentation and staff interviews indicated that the policies and procedures regarding Student Separation Resulting from Behavior Support include that a student must be continuously observed by a staff member at all times, that staff shall be with the student or immediately available to the student at all times, that procedures are in place for obtaining principal approval of student separation for more than 30 minutes based upon the student's continuing agitation, and that student separation shall cease as soon as the student has calmed.

PS Criterion #9.4 - Physical Restraint

Rating:

Partially Implemented

Applies To:

All

Basis for Findings:

A review of documentation and staff interviews indicated that the program administer physical restraints only in emergency situations of last resort when needed to protect a student and/or a member of the school community from assault or imminent, serious, physical harm and with extreme caution in order to prevent or minimize any harm to the student as a result of the use of physical restraint.

However, the principal's log of physical restraints, student records and staff interviews indicated that prone restraint is being used for some students without all required documentation.

Department Order of Corrective Action:

The program must re-train all staff on the 9.4 Physical Restraint Policy highlighting that Prone Restraint is prohibited except on an individual student basis, and only under the following circumstances:

1. The student has a documented history of repeatedly causing serious self-injuries and/or injuries to other students or staff;
2. All other forms of physical restraints have failed to ensure the safety of the student and/or the safety of others;
3. There are no medical contraindications as documented by a licensed physician;
4. There is psychological or behavioral justification for the use of prone restraint and there are no psychological or behavioral contraindications, as documented by a licensed mental health professional;
5. The program has obtained consent to use prone restraint in an emergency as set out in 603 CMR 46.03(1)(b), and such use has been approved in writing by the principal; and,
6. The program has documented 603 CMR 46.03(1)(b)1-5 in advance of the use of prone restraint and maintains the documentation.

The program must submit the procedure the program will follow to notify all staff when the program has obtained all required documentation for Prone Restraint for any particular student, and how it will train staff to make the determination that Prone Restraint is a permissible and safe intervention for that particular student.

The program must submit evidence of weekly Individual Student Reviews and Monthly Administrative Reviews to the Department demonstrating the weekly and monthly review of all restraint data to ensure proper use of prone restraints, including the names and roles of staff responsible for conducting these reviews and documentation indicating whether prone restraints occurred. As to any prone restraints documented in the Individual Student Reviews and Monthly Administrative Reviews, the program must submit a statement of assurance that program administration has ensured that prior consent and all required documentation has been obtained for that individual student, consistent with 603 CMR 46.03(1)(b)1-5.

PS Criterion #9.4 - Physical Restraint

Required Elements of Progress Reports:

By May 15, 2019, the programs must submit copies of the materials used for the re-training of all staff on the 9.4 Physical Restraint elements, including: 1) name/job title of person conducting training; 2) dates/times when training was held; 3) the length of time allotted for training; 4) a list of all staff in alphabetical order by last name with position titles; 5) the date and time each staff received this training, 6) training materials, and 7) for any staff who did not receive training, reason why and when their training is scheduled. Ensure that training materials address how staff make the determination that Prone Restraint is a permissible and safe intervention for that particular student.

Also by May 15, 2019, the programs must submit a description of how the program will notify staff when the program has obtained consent and other required documentation for Prone Restraint for any particular student. Provide an example of such notification.

Finally, by May 15, 2019, the programs must submit copies of two months of records documenting the weekly Individual Student Reviews and Monthly Administrative Reviews of all restraint data, the procedure for ensuring these reviews occur when staff are absent, and statements of assurance that, should the reviews indicate the use of Prone Restraint, appropriate consent and other required documentation was obtained prior to use of Prone Restraint.

Progress Report Due Date(s):

05/15/2019			
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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, 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:
Partially Implemented

Applies To:
All

Basis for Findings:
A review of documentation indicated that at the time of the Mid-cycle Review that not all teaching staff were appropriately licensed or had been granted an appropriate waiver for the 2018-2019 school year.

Department Order of Corrective Action:
The Guild must ensure that teachers are appropriately licensed or maintain current waivers and do not teach outside of their approved license/waivered areas for more than 20% of the school day. Prior to the start dates of the new school year the director must validate teacher license areas through access of ELAR. As teacher schedules are being developed, careful consideration must be given to any out of license area teaching assignments assigned to teachers. If out of license area teaching assignments are given to any teacher, the percentage of teaching time must be calculated based on total instruction time.

Required Elements of Progress Reports:
By May 15, 2019, the programs must submit updated Teacher Rosters that include all teachers and copies of teacher licenses or approved waivers, using the Teacher Roster available in the WBMS Document Library with all sections completed.

Also by May 15, 2019, the programs must also provide a description of an internal monitoring system used on a regular basis to ensure that all teachers have appropriate licenses or approved waivers. The description must include, at a minimum, the following: name and role of staff responsible for monitoring teacher licensure, the frequency of monitoring, and a description of actions taken where internal monitoring indicates teaching staff are not appropriately licensed.

By June 28, 2019, the programs must provide evidence of the internal monitoring* of teacher licensure.

*Please note when conducting administrative monitoring the collaborative must maintain the following documentation and make it available to the Department upon request: a) List of documentation reviewed; b) Date of the review; c) Name(s) of the person(s) who conducted the review, with role(s) and signature(s).

Progress Report Due Date(s):			
05/15/2019	06/28/2019		

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 - Master Staff Roster**Rating:**

Implemented

Applies To:

All

Basis for Findings:

A review of documentation indicated the Master Staff Roster contained the names, program job titles, corresponding Uniform Financial Report (UFR) title numbers and full-time equivalents (FTEs) for all staff. The Master Staff Roster also accurately corresponded to the most recently approved DESE staffing plan.