

**Seven Hills Foundation, Inc.**

## Seven Hills at Groton Day Program - Groton Seven Hills Stetson Residential Program - Barre

**Mid Cycle Review Report**

#### Week of Onsite Visit: May 27, 2024 Final Report Issued: August 21, 2024

**Department of Elementary and Secondary Education Onsite Team Members: Lynda Womack, Chairperson**

**Megan Bowie, Team Member**



### Russell D. Johnston, Ph.D. Acting Commissioner

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.

### Seven Hills at Groton Day Program - Groton

#### Full Approval

Expires: August 31, 2027

### Seven Hills Stetson Residential Program - Barre

#### Provisional Approval

Expires: February 21, 2025

##### MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION APPROVED SPECIAL EDUCATION SCHOOL MID-CYCLE 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, 28.00, 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 standard Mid-cycle Review criteria, as well as any criteria from the most recent Program Review that required follow-up due to procedural and programmatic requirements. 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 Approved Special Education School Mid-cycle Review cycle together with the Department’s six-year Program Review 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 Mid-cycle Review Elements

**Criteria:** The Mid-cycle Review criteria encompass key standard 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 Data Collection 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 leadership, teaching staff, 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, if applicable: The Department selects a sample of student records and staff records, if applicable, 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 records and staff records, if applicable 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-four-member Department team will conduct a one to five-day Mid-cycle Review.

**Final Report:** A Final Report is then issued via CHAMP. The Final Report includes findings organized under 4 specified compliance areas: Policies and Procedures, Staff, Student, and Building/Facilities.

**Ratings:** 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,” “Implemented Response Required, “Implementation in Progress,” “Partially Implemented,” or “Not Implemented.”

**Onsite Verification Phase:**

**Response:** The Department issues corrective action required 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 follow-up 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 Report.**

##### REPORT INTRODUCTION

A two-member team conducted a visit to Seven Hills Foundation, Inc. during the week of May 27, 2024 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 4 leadership staff;

 Interviews of 4 related services staff;  Interviews of 4 teaching staff; and

 Interviews of 4 direct care staff.

 Student record review: A sample of 8 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 5 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 Mid Cycle 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** |  |  |  | Seven Hills Stetson Residential Program - Barre |  |
| **4.5 Immediate Notification** | All |  |  |  |  |
| **6.1 Daily Instructional Hours/6.4 School Days Per Year** | All |  |  |  |  |
| **9.1(a) Student Separation Resulting from Behavior Support** | All |  |  |  |  |
| **9.7 Terminations** | All |  |  |  |  |
| **12.1 New Staff Orientation and Training** | All |  |  |  |  |
| **12.2 In-Service Training Plan and Calendar** | All |  |  |  |  |

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| --- |
| **Staff Documentation** |
| **Criteria** | **Implemented** | **Implemented Response Required** | **Implementation In Progress** | **Partially Implemented** | **Not Implemented** |
| **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 |  |  |  |  |
| **8.8 IEP - Progress Reports** | All |  |  |  |  |

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| --- |
| **Buildings/Facilities** |
| **Criteria** | **Implemented** | **Implemented Response Required** | **Implementation In Progress** | **Partially Implemented** | **Not Implemented** |
|  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **2.2 Approvals, Licenses, Certificates of Inspection** | All |  |  |  |  |
| **2.3 EEC****Licensure (Residential Programs Only)** | All |  |  |  |  |
| \* **13.2 Description of Physical Space** |  |  |  | Seven Hills Stetson Residential Program - Barre |  |

\*Criterion was not previously included in the standard review cycle, but was reviewed during the Onsite visit.

###### Policies & Procedures

3.1(d) Evacuation and Emergency Procedures

**Requirements**

The program shall develop and implement a plan including procedures on emergencies and evacuations that complies with 603 CMR 18.05(10) and include:

1. Two evacuation drills conducted for each shift at each location annually;
2. Helping all students to understand the nature of the drills;
3. Special provisions for the evacuation of any mobility-impaired student in the facility;
4. A written log of each evacuation drill that includes date, time elapsed, participants (students and staff), witnesses, etc.; and
5. Evaluation of effectiveness of evacuation plan.

The program shall develop and implement emergency drills (ex. lock down of building, flood preparedness, gas leak) that includes:

1. The assignment of personnel to specific tasks and responsibilities in emergency situations;
2. Instructions for the use of alarm systems and signals;
3. Systems for notification of appropriate persons;
4. Specification of evacuation routes and procedures; and
5. Evaluation of effectiveness of emergency plan.

**Legal Standards**

[18.05(10)](https://www.doe.mass.edu/lawsregs/603cmr18.html?section=05)

**Confirmed Findings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applies To** | **Rating** | **Response Required** | **Finding Description** |
| Seven Hills Stetson Residential Program - Barre | Partially Implemented | Yes | The program policy contains relevant information; however, during the on-site visit, it was not evident that staff had easy access to the emergency procedures and policies in both Cutting and Cottington residences. |

Corrective Action Plan

**Department Order of Corrective Action - Due Date: Progress Report 1 -** 09/25/2024

**Required Elements: Progress Report 1 -** For the Progress Report due on September 25, 2024, the Agency must provide a plan demonstrating that staff can conveniently access the program's emergency procedures. The plan should specify the location of the emergency procedures at each residence and identify the person(s) responsible for ensuring they are easily accessible at all times.

###### Buildings/Facilities

**Requirements**

**13.2 Description of Physical Space**

Kitchen, Dining, Bathing/Toilet and Living Areas:

The program shall ensure that all kitchen, dining, bathing/toilet and living areas are of an adequate type, size and design appropriate to the ages and needs of the students. The program shall also:

1. Maintain areas which are clean, well ventilated and free from hazards;
2. Provide students with equipment, supplies and materials (e.g., kitchen equipment, dining utensils, toilets, sinks, individual furniture and storage space) which are clean, safe, safely stored, well maintained and appropriate to the ages and needs of the students; and
3. Design all living areas to simulate the functional arrangements of a home and to encourage a personalized atmosphere for small groups of students, unless the school can justify that another arrangement is necessary to serve the particular needs of the students enrolled in the school.

Classroom Space:

Each room or area that is utilized for the instruction of students shall be adequate with respect to the number of students, size and age of students and students’ specific educational needs, physical capabilities and educational/vocational activities.

Indoor Space:

The program shall have a minimum of thirty-five (35) square feet of activity space per student exclusive of hallways, lockers, toilet rooms, isolation rooms, kitchen, closets, offices or areas regularly used for other purposes.

Additionally, all programs must:

1. Ensure that all areas, including but not limited to, floors, ceilings and walls, are clean, well maintained and free from safety hazards;
2. Protect all steam and hot water pipes by permanent screen guards, insulations, or any other suitable device which prevents students from coming in contact with them;
3. Maintain room temperatures at not less than 68 degrees Fahrenheit at zero Fahrenheit outside and at not more than the outside temperature when the outside temperature is above 80 degrees Fahrenheit; and
4. Designate space separate from classroom areas for administrative duties and staff or parent conferences.

**Legal Standards**

[18.04](https://www.doe.mass.edu/lawsregs/603cmr18.html?section=04); [28.09(8)](https://www.doe.mass.edu/lawsregs/603cmr28.html?section=09)

**Confirmed Findings**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applies To** | **Rating** | **Response Required** | **Finding Description** |
| Seven Hills Stetson Residential Program - Barre | Partially Implemented | Yes | During the on-site visit, it was observed that two residential dorms (Cutting and Cottington) were not well-maintained by the agency. There were areas that were not clean and free from hazards. Additionally, the walls of the programs had holes and graffiti that needed maintenance and repair. The time-out areas were observed to have holes and loose carpet material. |

Corrective Action Plan

**Department Order of Corrective Action - Due Date: Progress Report 1 -** 09/09/2024

**Required Elements: Progress Report 1 -** For the September 25, 2024 Progress Report, the agency must submit a comprehensive maintenance plan that ensures the safety and well-being of the residents. This plan should include specifics regarding regular checks for cleanliness, including but not limited to floors, ceilings, and walls that are clean, well-maintained, and free from safety hazards. The procedure should also include a notification system for broken fixtures and furniture and a timely method for replacement or repair. Ensure the plans has the following: 1. Staff name(s) and position title(s) for the person(s) responsible for monitoring the physical spaces 2. Frequency that spaces will be monitored, 3. Procedure for staff to notify the person(s) responsible for monitoring the physical spaces 4. The tracking system will document the date physical space is monitored, issues to be addressed/repaired, date issues/repairs are resolved, and the name and position of the person who confirmed the completion of work done.

**Due Date: Progress Report 2 -** 12/13/2024

**Required Elements: Progress Report 2 -** For the December 13, 2024 Progress Report, the agency must provide evidence of implementing the department-approved procedures for timely reviews. Submit the following: 1. Evidence of timely monitoring of physical spaces. 2. Evidence of reported repairs and timely resolution within 60 days. 3. Pictures of the Cutting and Cottington residential area showing a clean environment, including but not limited to floors, ceilings, and walls that are clean, well-maintained, and free from safety hazards.



SEVEN HILLS FOUNDATION, INC.

# Seven Hills at Groton Day Program - Groton

an approved private special education program operated pursuant to 603 CMR 18.00, 28.09, and 46.00 is granted

# Full Approval

This approval status expires on August 31, 2027 and is a result of a Mid Cycle Review conducted in the 2024-2025 school year. The next expected Program Review will be conducted in the 2026-2027 school year.


## Program-Specific Information

**Main Address:** 22 Hillside Avenue,22 Hillside Ave,MA,US,01450

**Program Type:** Day Program

**Number of Months in Session:** 12 months

## Approved Student: Licensed Educator Ratio: N/A

**Approved Student: Licensed Educator: Aide Ratio:** 8:1:2

**Program Rate Based on:** 54 students

**DESE Approved Student Enrollment:** 54 students

## Issued by the Office of Approved Special Education Schools:

Lynda Womack, Educational Specialist Karen Brann, M.Ed., C.A.E.S., Supervisor



SEVEN HILLS FOUNDATION, INC.

# Seven Hills Stetson Residential Program - Barre

an approved private special education program operated pursuant to 603 CMR 18.00, 28.09, and 46.00 is granted

# Provisional Approval

### This approval status expires on February 21, 2025 and is a result of a Mid Cycle Review conducted in the 2024-2025 school year. The next expected Program Review will be conducted in the 2026-2027 school year.

**Program-Specific Information Main Address:** 455 South Street,Barre,MA,US,01005

**Program Type:** Residential Program

**Number of Months in Session:** 12 months

## Approved Student: Licensed Educator Ratio: 8:1

**Approved Student: Licensed Educator: Aide Ratio:** 12:1:3

**Program Rate Based on:** 60 students

**DESE Approved Student Enrollment:** 72 students

## Issued by the Office of Approved Special Education Schools:

Lynda Womack, Educational Specialist Karen Brann, M.Ed., C.A.E.S., Supervisor