

**CRITERIA STANDARDS**

**FOR APPROVED SPECIAL EDUCATION**

**DAY AND RESIDENTIAL**

**SCHOOL PROGRAMS**

**(IDEA, M.G.L. c. 71B,**

**603 CMR Sections 18.00, 28.09, and 46.00)**

**Office of Approved Special Education Schools (OASES)**



**CRITERIA STANDARDS FOR MASSACHUSETTS APPROVED SPECIAL EDUCATION DAY AND RESIDENTIAL SCHOOL PROGRAMS**

**(IDEA, M.G.L. c. 71B, 603 CMR Sections 18.00, 28.00, and 46.00)**

**TABLE OF CONTENTS**

[Area 1: Demonstration of Need and Capacity 4](#_Toc27155034)

[Area 2: Administration – Approvals, Licenses, Certificates, Legal and Financial Documentation 6](#_Toc27155035)

[Area 3: Administration – Manuals and Handbooks 7](#_Toc27155036)

[Area 4: Disclosure of Information 11](#_Toc27155037)

[Area 5: Administration and Admission Procedures 13](#_Toc27155038)

[Area 6: Educational Program Requirements – Student Learning Time 16](#_Toc27155039)

[Area 7: Educational Program Requirements – Curriculum Frameworks and State Assessments 18](#_Toc27155040)

[Area 8: Educational Program Requirements – Individualized Education Programs 20](#_Toc27155041)

[Area 9: Behavior Support and Physical Restraints 22](#_Toc27155042)

[Area 10: Educational Staffing Requirements - Ratios 27](#_Toc27155043)

[Area 11: Educational Staffing Requirements – Personnel Policies 28](#_Toc27155044)

[Area 12: Educational Staffing Requirements – Staff Training 33](#_Toc27155045)

[Area 13: Physical Facility and Equipment Requirements 36](#_Toc27155046)

[Area 14: Requirements for Daily Care 38](#_Toc27155047)

[Area 15: Parent and Student Involvement 40](#_Toc27155048)

[Area 16: Health and Medical Services 42](#_Toc27155049)

[Area 17: Transportation Safety 47](#_Toc27155050)

[Area 18: Student Records 47](#_Toc27155051)

[Area 19: Anti-Hazing 48](#_Toc27155052)

[Area 20: Bullying Prevention and Intervention 49](#_Toc27155053)

# MASSACHUSETTS APPROVED SPECIAL EDUCATION

# DAY AND RESIDENTIAL SCHOOL PROGRAMS

**CRITERIA STANDARDS**

Pursuant to 603 CMR 28.09, the Department of Elementary and Secondary Education (Department) approved special education day and residential school programs providing special education services in Massachusetts are responsible for compliance with all criteria standards. Additionally, 603 CMR 18.00 has been promulgated pursuant to M.G.L. c. 71B, § 10 which governs the program and safety standards for approved special education day and residential school programs that serve publicly funded students. The requirements set forth in 603 CMR 18.00 are in addition to, or in some instances clarify or further elaborate, the program approval standards set forth in 603 CMR 28.09.

The identified monitoring standards applicable for the Program Review and the Mid-cycle Review for the current school year, other required notices and forms as well as the 6 year monitoring cycle are posted on the OASES website at <http://www.doe.mass.edu/oases/>.

Templates such as the Face Sheet, Statement of Assurances, Current IEP & Student Roster, Related Services Roster, Teacher Roster, and Staff Roster can be found in the WBMS Document Library on the DESE Security Portal.

**MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION**

**CRITERIA AND DOCUMENTATION REQUIREMENTS FOR APPROVED SPECIAL EDUCATION DAY AND RESIDENTIAL SCHOOL PROGRAMS**

## Area 1: Demonstration of Need and Capacity

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 1.1  Demonstration of Need for Program  28.09(2)(b)(1); 28.09(2)(c) | A demonstration of the need for the program is required for approval from the Department. The program must provide evidence in the form of a written needs assessment with a summary of the data received and analyzed that shows that the students the program proposes to serve require the services the program is prepared to offer.  Approved Special Education Day and Residential Programs must provide at least three letters of interest signed by public school Superintendents who are potential service purchasers, and any evidence of purchase of services from Massachusetts school districts having placed students there through Individual Student Programs (ISPs). | * + A written needs assessment, including results of studies conducted or data summarized from questionnaires and/or surveys. These must include proof of consultation with existing educational collaborative and approved special education school programs within the geographical area of the proposed program.   + Three letters of interest signed by public school Superintendents who are potential purchasers, and any evidence of purchase of services through Individual Student Programs (ISPs). |
| 1.2  Program & Student Description, Program Capacity  28.09(2)(a)(2);  28.09(2)(b)(2,3,7); M.G.L. c. 71B, §10 | A narrative is provided that describes:  1. Identified population of students to be served  2. Ages of students;  3. Educational characteristics;  4. Behavioral characteristics and  5. Philosophy, goals, and objectives.  6. How each of the following educational services are implemented for the described student population of the program:  a. The content requirements of the Massachusetts Curriculum Frameworks;  b. Self-help, daily living skills;  c. Social/emotional needs;  d. Physical education; adapted physical education;  e. Pre-vocational, vocational, and career education;  f. English language support (for limited English proficient students) and;  g. Other: any other specialized educational service(s) provided by the program.  7. How each of the following related services is or will be provided for the described student population of the program whose IEPs indicate such services:  a. Transportation;  b. Braille needs (blind/visually impaired)  c. Assistive technology devices/services;  d. Communication needs (all students including deaf/hard of hearing students);  e. Physical therapy;  f. Occupational therapy;  g. Recreation services;  h. Mobility/orientation training;  i. Psychological services, counseling services, rehabilitation counseling services, social work services;  j. Parent counseling and training;  k. Health services, medical services, and  l. Other (e.g., music therapy, sensory integration therapy).  8. How the kinds of supplementary aids and services available for students in the program are or will be provided:   * + Supplementary aids and services are defined as “those aids and services – which are not ‘specially designed instruction or related services’ – which enable eligible students to be educated to the maximum extent possible with non-disabled students.” 34 CFR 300.42. These may include aids and services that would typically be available in a less restrictive setting, and their availability would be helpful when the student can be placed in a less restrictive placement (e.g., adapted text, enlarged print, graph paper, peer tutor).   NOTE: Residential programs must reflect the 24-hour nature of the program and indicate how residential services and educational services will be fully coordinated. | * Written narrative addressing these requirements. Please address each item individually. If some services on the list are not proposed to be provided by the program, also provide a description of how such services would be provided if a student having that specific need was enrolled in the program or suddenly required such services.   Residential programs:   * Copy of narrative provided to the Department of Early Education and Care (EEC) for licensing study. * Copy of contract and description of program/services provided to the Department of Children and Families (DCF), if applicable. |

## Area 2: Administration – Approvals, Licenses, Certificates, Legal and Financial Documentation

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 2.1  Legal and Financial Status  28.09(2)(b)(4) | (See Statement of Assurances on this subject)   * Provide a description of the legal status including names of individuals and principal parties with ownership, oversight and key administrative responsibilities. * Provide the name of the Chief Financial Officer * Provide a copy of the proposed program budget that clearly indicates all Full Time Equivalents (FTEs) and programmatic expenditures (i.e., Program Consultants, staff training, supplies and materials) that comprise the proposed/current tuition rate. * Any expenses beyond staffing must be clearly indicated on the program budget, well defined, and thoroughly described in the program application.   **NOTE:** The program must maintain a current program budget and a list of the proposed tuition rates for all publicly and privately funded students attending the school, including students from outside Massachusetts. [808 CMR 1.00]. | * Name of the Chief Financial Officer;   + Names and positions of the Board of Directors;   + Complete documentation about the legal ownership, governance, and management of the school program;   + Copy of the proposed program budget. |
| 2.2  Approvals, Licenses, Certificates of Inspection  18.04(1); 28.09(2)(b)(5); 28.09(5) (b); 28.09(6) (b, c) | The program has current licenses, approvals, and certificates of inspection by state and local agencies.  1. Safety Inspection. The program shall have an appropriate certificate of inspection from the Department of Public Safety or the local building inspector for each building to which students have access;  2. Fire Inspection. The program shall obtain a written report of an annual fire inspection from the local fire department;  3. Lead paint inspection if facility was built prior to 1978 or a written statement that includes the year the building was built. [All buildings, residential or otherwise, utilized by children younger than six or with a mental age younger than six shall be free of lead paint];  4. Local Board of Health permit to be obtained at least twice a year;  5. Local school committee approval from the school district within which the school is located (See M.G.L. c. 76, § 1);  6. Asbestos inspection or date when building was constructed and statement from appropriate authority that building is asbestos free (if asbestos is present, then a containment plan is required);  7. Statement regarding the non-existence of PCBs, or, if PCBs are present, then a containment plan is required;  8. Other inspections that may be required by local or state authorities (please specify); and  9. If applicable, a statement as to whether previous application was submitted to the Department of Elementary and Secondary Education for initial approval, and the action that was taken on it. | * Provide copies of current licenses, approvals, and certificates of inspection for all buildings used by students. |
| 2.3  EEC Licensure  102 CMR 3.00  **(Residential programs only)** | The residential program has a current, full license from the Department of Early Education and Care (EEC) (per 102 CMR 3.00). Approval from EEC to operate a group care facility. | * Provide copy of the EEC license for each site. |

## Area 3: Administration – Manuals and Handbooks

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 3.1  Policies & Procedures Manual    28.09(11) | All approved special education day and residential school programs shall maintain onsite a policies and procedures manual and shall provide written notice to parents of enrolled students that copies of such policies and procedures are available upon request.  The program’s manual must contain a Table of Contents and a policy for all subject areas. The policies and procedures must include, but are not limited to:   1. Reporting Suspected Child Abuse/Neglect to DCF and to the Disabled Persons Protection Commission (Criterion 3.1(c)); 2. Evacuation and Emergency Procedures (Criterion 3.1(d)); 3. Notification of Substantial Changes (Form 1) (Criterion 4.4); 4. Immediate Notification (Form 2) (Criterion 4.5); 5. Student Admissions (Criterion 5.1); 6. State and District-Wide Assessments (Criterion 7.3); 7. Granting of High School Diplomas or Certificates of Attendance (Criterion 7.4); 8. Program Modifications and Support Services for English Learners (ELs) students (Criterion 8.4); 9. IEP Progress Reports (Criterion 8.8); 10. Less Restrictive Placement (Criterion 8.10); 11. Transition Planning (Criterion 8.11); 12. Behavior Support (Criterion 9.1); 13. Student Separation Resulting From Behavior Support (Criterion 9.1 (a)); 14. Runaway Students (Criterion 9.3); 15. Physical Restraint (Criterion 9.4); 16. 3-5 Day Suspensions (Criterion 9.5); 17. 10+ Day Suspensions (Criterion 9.6); 18. Terminations (Criterion 9.7); 19. Supervision of Students (Criterion 11.11); 20. New Staff Orientation and Annual Inservice Training (Criteria 12.1 and 12.2); 21. Visiting, Mail and Telephones (**residential programs only**) (Criterion 14.4); 22. Parent Involvement (Criterion 15.1); 23. Information to be Translated into Languages Other Than English (Criterion 15.3); 24. Change of Student’s Legal Status (Criterion 15.4); 25. Parent Consent and Notification (Criterion 15.5); 26. Registering Complaints and Grievances – parents, students and employees (Criterion 15.8); 27. Student Transportation and Transportation Safety (If staff do not provide transportation, explain the procedures followed for off-site outings such as field trips, doctor’s appointments and emergencies) (Criterion 17.1); 28. Participation of the approved special education program as well as school district representatives at the TEAM and other key meetings, including reviewing/revising the IEP (34 CFR 300.321); 29. Confidentiality of Student Records (Criterion 18.1); 30. Anti-Hazing (Criterion 19); and 31. Bullying Prevention and Intervention (Criterion 20).   **NOTE:** The policies and procedures manual must be kept onsite and be visible in the reception area or other commonly visited area in the program. The policies and procedures manual must be plainly marked. | * Policies and procedures manual containing a Table of Contents and the corresponding policy for required policies and procedures 1-31. * Copy of written notice sent annually to parents which is maintained in each student’s record. |
| 3.1(c)  Child Abuse Reporting  18.05(9)(i); M.G.L. c. 119, §§ 51A and B; M.G.L. c. 19C | The program shall develop and implement written procedures and staff training for the reporting of suspected child/student abuse or neglect to the Department of Children and Families (M.G.L. c. 119, §§ 51A and B­) and, for students 18 and older, the Disabled Persons Protection Commission (M.G.L. c. 19C).   1. Such procedures shall include notification (Form 2) to the Department of Elementary and Secondary Education when an allegation of suspected child abuse/neglect is made against the school or an employee relating to any action taken against a student during the school day. 2. Policy must include procedures staff are to follow for notifying other state agencies as required by law or regulations (such as Department of Developmental Services (DDS), Department of Mental Health (DMH), or Department of Early Education and Care (EEC), when a report is filed against the program or its employee(s) or student(s) outside of school hours that are not required to be submitted to DESE. 3. Policy must clarify that staff may file a report directly with DCF or DPPC, but may include that once reported, the employee can be required to notify program administrators. | * Copy of written procedures for staff to report suspected child/student abuse or neglect to the Department of Children and Families (DCF) from policies and procedures manual and, if applicable, for reporting suspected student abuse or neglect for students 18 or older to the Disabled Persons Protection Commission (DPPC). |
| 3.1(d)  Evacuation and Emergency Procedures  18.05(10) | 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. | * Copy of written policies and procedures for evacuations and emergencies from policies and procedures manual. |
| 3.2  Health Care Manual  18.05 (9) | The program maintains a written and current Health Care Manual containing a Table of Contents and all required health-related policies and procedures. The program’s physician or a registered nurse shall aid the program in the development of the Health Care Manual. The program’s licensed physician or a registered nurse shall approve the Health Care Manual annually.  The manual is readily available to all staff and includes the following policies and procedures:   1. Food and Nutrition (Criterion 14.2); 2. Toileting Procedures (for schools that enroll students who require toilet training or diapering only) (Criterion 14.3); 3. Physician Consultant (Criterion 16.2); 4. Provision of Medical, Nursing, and Infirmary Care (Criterion 16.3) 5. Emergency First Aid and Medical Treatment (Criterion 16.4); 6. Administration of Medications (Criterion 16.5); 7. Administration of Anti-psychotic Medications (Criterion 16.6); 8. Preventive Health Care (Criterion 16.7); 9. Receipt of Medical Treatment – Religious Beliefs (Criterion 16.8); 10. Protection from Exposure Based on Allergy to Food, Chemical or Other Material (Criterion 16.11); and, 11. No Smoking Policy pursuant to G.L. c. 71, § 37H (Criterion 16.12).   **NOTE:** Approved Special Education Day and Residential programs must follow the applicable Department of Public Health regulations.  **NOTE:** The Health Care Manual must be kept accessible to all staff in administrative offices and the school health center, infirmary or nurse’s office. | * Health Care Manual containing a table of contents that is clearly labeled and contains all requirements under this criterion. * Health Care Manual containing a letter/memorandum (dated within the past 12 months) documenting the approval of its contents by a licensed physician or registered nurse. |

## Area 4: Disclosure of Information

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 4.2  Public Information and Postings  28.09(2)(b)(4);  28.09(6)(a-e); 18.05(9)(e)(4); 18.05(10) | Each program maintains onsite and makes available for public information and posting the following:   1. Program information including a statement of purpose; 2. General description of the educational program; 3. Organizational chart; 4. Tuition rate; 5. Current license from the Department of Early Education and Care licensing status (**residential programs only**); 6. Documents granting authority to operate the program and fully identify ownership, such as the names of officers, boards, charters, partnership agreements, articles of organization, and by-laws.   The following information shall be posted in both living quarters and educational facilities:   * First Aid procedures; * Emergency procedures; * Emergency telephone numbers; and * All required policies and procedures. | * Description of where the information   is kept that relates to this criterion.   * Onsite verification of public information and postings. |
| 4.4  Advance Notice of Proposed Program/Facility Change  28.09 (5)(c) | The program shall develop and implement policies and procedures describing how it notifies the Department of substantial changes within its program and identify the person responsible for making such notification for Form 1s.  The program must notify the Department using the Department’s Form 1 <http://www.doe.mass.edu/oases/>  Prior to any substantial change to the program or physical plant, the program must provide written notification of intent to change to the Department. Note the specified notification timelines and prior approval requirements that are listed on the Form 1 and in the related guidance. Notice shall be given with sufficient time to allow the Department to assess the need for the proposed change and the effects of such change on the educational program. The program must also provide notification to the Department of any sudden and/or unexpected changes that may impact the overall health or safety of students and/or the delivery of services required by IEPs. | * Copy of the program’s written policies and procedures for notifying the Department of substantial changes within the program, including the name and position of the contact person responsible for providing such notification, from the policies and procedures manual. |
| 4.5  Immediate Notification    18.03(10); 18.05(7);  28.09(12) (a, b) | 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. Any action taken by a federal, state or local agency that might jeopardize the school’s approval with DESE (i.e., federal or state investigation; closure of intake); 3. Any legal proceeding brought against the school or its employee(s) arising out of circumstances related to the care or education of any of its students; 4. The hospitalization of a student (including out-patient emergency room and urgent care visits) due to physical injury at school or previously unidentified illness, accident or disorder which occurs while the student is in the program; 5. A student run from the program; and 6. Any other incident of serious nature that occurs to a student or staff in the program. (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. | * Copy of the program’s written policies and procedures for notifying all appropriate parties of serious incidents, including the name and position of the contact person responsible for providing such notification. |

## Area 5: Administration and Admission Procedures

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 5.1  Student Admissions  28.09(11); 18.05(1)(b)(1-17); 18.05(2); 18.05(3)(c) | The program develops and implements a written admissions policy  that includes the following:   1. A statement that the program maintains a copy of its policies and procedures manual onsite; 2. A statement that the program provides written notice to the parents of the enrolled students that copies of its policies and procedures manual are available upon request; 3. Admission criteria; 4. Admissions procedures; 5. Information required from referring school districts as part of the application process; 6. Procedures followed to determine whether the student will be admitted; 7. Procedures to prepare staff and students in the living unit for new student’s arrival (**residential programs only**); 8. A statement that prior to admission documentation is required from a licensed physician of a complete physical examination of the student not more than twelve (12) months before admission; 9. A statement that in the event of emergency placements, the program shall make provisions for a complete examination of the student within 30 days of admission; and 10. A statement that prior to admission, and upon request, the Director of the program or designee will be available to the parents, student and the public school representative for an interview. The interview shall include an explanation of the program’s purpose and services, policies regarding student and parent rights including student records, the health program including the procedures for providing emergency health care, and the procedures for termination of a student.  The interview will allow for the opportunity for the student and parents to see the facilities, meet the staff members, and to meet enrolled students. | * Copy of written admissions policy from   the policies and procedures manual . |
| 5.1(a)  Admissions Packet  18.05(1)(b); M.G.L. c. 71, § 37O | Prior to admission, the program shall provide to the parents and the local school district a written copy of the following:   1. The program's statement of purpose; 2. The type of services provided; 3. Admission criteria; 4. Parents' rights as described in 18.05(4); 5. Health care, including provisions for emergency health care and/or hospitalization as described in 18.05(9); 6. Planning for both foreseen and emergency terminations as described in 18.05(6)(7); 7. Discipline and behavior support and proper use of non-violent physical restraints as described in 603 CMR 18.05(5) and 603 CMR 46.05; 8. Activities related to daily living skills; 9. Contractual obligations with regard to payment for services. The program shall inform in writing any party, other than a local school district, responsible for placement of a student that said party is financially responsible for any costs incurred as a result of any placement not made pursuant to the requirements of 603 CMR 28.00; 10. Clothing requirements; 11. A description of normal daily routines; 12. Any specific treatment strategy employed by the facility; 13. A description of any normally occurring religious practices; 14. Visiting hours and other procedures related to communication with students and the facility as described in 18.03(9)(a)) (**residential programs only**); 15. Name, position and telephone number of a staff person whom the parents may contact on an ongoing basis; 16. A description of a procedure which the parents or student may use to register complaints regarding the student's education and care at the facility; and 17. A copy of the approved school calendar. | * Copy of the admissions application. * Copy of admissions packet provided to parents, and school districts prior to a student’s admission to the program which includes a written explanation of the 17 items from 603 CMR 18.05(1)(b) provided to parents prior to admission, including a program specific statement for each item. |
| 5.2 (a)  Contracts  28.06(3)(f) | There shall be a signed written contract for each enrolled student consistent with the requirements of 603 CMR 28.06(3)(f).  Written contracts: School districts shall enter into written contracts with all out-of-district placements. Each contract must include, but not be limited to, the following terms:   1. The out-of-district placement shall comply with all elements of the IEP for the student and shall provide, in writing, to the Administrator of Special Education detailed documentation of such compliance through completion of required student progress reports. 2. The out-of-district placement shall allow the placing school district to monitor and evaluate the education of the student and shall make available, upon request, any records pertaining to the student to authorized school personnel from the school district and the Department in accordance with 603 CMR 23.00: *Student Records.* 3. The out-of-district placementshall allow the placing school district and/or the Department to conduct announced and unannounced site visits and to review all documents relating to the provision of special education services to Massachusetts students at public expense. Access to documents for the placing school district shall include general documents available to the public, documents specifically related to the student placed by such district, and other documents only to the extent they are necessary to verify and evaluate education services provided at public expense. 4. The out-of-district placement shall afford publicly-funded students all the substantive and procedural rights held by eligible students, including but not limited to those specified in 603 CMR 28.09, and shall comply with all other applicable requirements of 603 CMR 28.00 and applicable policy statements and directives issued by the Department. 5. No school district shall contract with any out-of-district placement that discriminates on the grounds of race, color, national origin, disability, age, religion, sex, gender identity, or sexual orientation. | * + Onsite verification of contracts. |

## Area 6: Educational Program Requirements – Student Learning Time

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 6.1  Daily Instructional Hours  6.4 School Days Per Year  603 CMR 27.04  603 CMR 27.05(2); 28.09(9)(a) | The program ensures that each student is scheduled to receive an average minimum of the following instructional hours unless otherwise approved by DESE or a student’s IEP provides otherwise:  Elementary – A total of:   * 10-month program – 900 hours * 11-month program – 990 hours * 12-month program – 1080 hours   Secondary – A total of:   * 10-month program – 990 hours * 11-month program –1089 hours * 12-month program – 1188 hours   The program ensures that, unless a student’s IEP provides otherwise, each elementary school student is scheduled for at least 900 hours of structured learning time a year and each secondary school student is scheduled for at least 990 hours of structured learning time a year (including physical education for all students, required by M.G.L. c. 71, § 3), within the required school year schedule. Where the program operates separate middle schools, at the beginning of the school year it designates each one as either elementary or secondary.  **NOTE:** The program ensures that its structured learning time is time during which students are engaged in regularly scheduled instruction, learning or assessments within the curriculum of core subjects and other subjects as defined in 603 CMR 27.02. The program’s structured learning time may include directed study (activities directly related to a program of studies, with a teacher available to assist students); independent study (a rigorous, individually designed program under the direction of a teacher, assigned a grade and credit); technology-assisted learning; presentations by persons other than teachers; school-to-work programs; and statewide student performance assessments. | * Block schedule that includes: * Beginning and ending time for each instructional block; * Subject area for each block; * All non-instructional time (e.g. lunch, recess, transitions between classes, etc.); and * If non-instructional time activities are counted as instructional hours, they must be specified in student’s IEPs and sample IEP goals and objectives must be submitted. * Calculation of the total number of instructional hours per year is determined by completing the Student Learning Time Worksheet. |
| 6.1 (a)  Physical Education Requirements  M.G.L. c. 71, § 3 | The program shall have a written plan to teach physical education as a required subject at all grade levels for all students for the purpose of promoting the physical well-being of students.  **NOTE:** Physical education classes are to be considered part of the student’s structured learning time. | * Copy of program’s written plan that describes the implementation of the physical education requirements and program offered to students. * Submission of written schedules that clearly indicate when and how often physical education classes are provided to students. |
| 6.2  School-to-Work  603 CMR 27.02; 27.04 | Where the program counts independent study or a school-to-work program as structured learning time, it has guidelines that explain clearly how hours spent by students are verified. These guidelines must include a detailed description regarding staff supervision, program oversight responsibilities, and work related and/or independent study opportunities that are reflective of the students IEP goals. | * Description of independent study and/or school-to-work programs. * Copy of written guidelines. |

## Area 7: Educational Program Requirements – Curriculum Frameworks and State Assessments

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 7.1  Curriculum Frameworks  28.05(4)(a, b); 28.09(9)(b);  M.G.L. c. 71B, § 10 | All programs must take steps to provide all students with essential learning opportunities that prepare the students to reach the state graduation standards. | * Description of how the learning standards of the Massachusetts Curriculum Frameworks are incorporated into the program’s instruction. |
| 7.3  State/District Wide Assessments  28.09(9)(d) | All programs shall develop and implement written policies and procedures outlining how they will ensure that all enrolled Massachusetts students participate in state- and/or district-wide assessments in accordance with the state’s assessment participation requirements and the assessment participation information provided on the student’s IEP.  Such procedures shall include:   1. How the approved program will conduct MCAS test administrations and provide test accommodations, as appropriate, and/or administration of alternate assessments as determined by each student’s Team and; 2. A narrative that describes the specific steps the program will take to ensure that the MCAS Alternate Assessment (MCAS-Alt) option is discussed and considered in all IEP Team meetings for any Massachusetts student with a significant cognitive disability, according to guidelines established by the state and available on the Department’s website at <http://www.doe.mass.edu/mcas/alt/essa/>, and: 3. Assurances that MCAS retest opportunities are provided for all students who have previously not yet met the state’s Competency Determination graduation requirements, unless the student’s IEP Team (including the student) agrees that the student is not expected to graduate. | * Copy of written policies and procedures for ensuring participation in state/district wide assessments from policies and procedures manual. * A narrative that describes the specific steps the program will take to ensure MCAS Alternate Assessment (MCAS-Alt) option is discussed and considered in all IEP Team meetings for any student with a significant cognitive disability; and that MCAS retest opportunities are provided to all students who have not yet met the state’s Competency Determination requirements, unless the student’s IEP Team (including the student) agrees that the student is not expected to graduate. * List of the names of Massachusetts students participating in MCAS testing, indicating if they are participating with or without accommodations. * If applicable, list of the names of Massachusetts students participating in MCAS-Alt in the most recent academic year for which MCAS was administered. * If applicable, list of the names of Massachusetts students participating in MCAS retests in the most recent academic year for which MCAS retests were administered. * Name and position title of staff responsible for assuring that all Massachusetts students participate in MCAS and that they are being assessed appropriately. |
| 7.4  High School Diplomas and Certificates of Attendance  M.G.L. c. 69, § 1D;  Admin. Advisory SPED2002-4 revised:  Special Education Students in Out-of-District Placements- Participation in MCAS Testing and HS Graduation Standards | The program shall develop and implement written policies and procedures that describes how it awards Massachusetts students either a high school diploma or a certificate that recognizes achievement, attendance, course completion, or participation.  The policy must be consistent with the content and requirements set forth in Administrative Advisory SPED 2002-4-REVISED: Special Education Students in Out-of-District Placements- Participation in MCAS Testing and High School Graduation Standards. | * Copy of written policies and procedures describing the awarding of diplomas and/or certificates to Massachusetts students from the program’s policies and procedures manual. |

## Area 8: Educational Program Requirements – Individualized Education Programs

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 8.4  Program Modifications and Support Services for English Learners  M.G.L. c. 71A; Title VI of Civil Rights Act of 1974; 34 CFR Part 100; Equal Educational Opportunities Act (EEOA), 20 USC §1703(f) | The program shall develop a written plan to implement necessary program modifications and support services to identify and effectively serve English learners (ELs). Such program modifications and support services must comply with applicable laws (such as, Title VI and EEOA).   * The program must acknowledge it is responsible to serve ELs. * The program must affirm its willingness to accept EL students into its program; * EL students must be afforded equal opportunities to access and participate in the program’s services, activities and other benefits as all other students; and * EL students must receive: * sheltered content instruction, or instruction through a different research-based English learner program that meets the requirements of the law, from a trained and qualified teacher; and * instruction in English as a Second Language by a licensed ESL teacher. | * Copy of written plan addressing how to effectively serve English Learners (EL) students from policies and procedures manual. |
| 8.5  Current IEP & Student Roster  28.09(5)(a) | The program has on file a current IEP for each enrolled Massachusetts student that has been issued by the responsible public school district and consented to and dated by the student’s parent(s) (or student, when applicable). | * Complete Current IEP & Student Roster template that includes all required information necessary for Massachusetts students, out-of-state students and privately funded students. |
| 8.8  IEP – Progress Reports  28.07(3);  34 CFR 300.320(a)(3)(i, ii) | Progress Reports and Content:   1. Parents receive reports on the student’s progress towards reaching the goals set in the IEP; 2. Progress Report information sent to parents includes written information on the student’s progress toward the annual goals in the IEP; 3. The program shall send copies of progress reports to the parents/guardians, public school districts and state agencies, if applicable; and 4. Progress reports must reflect the IEP most recently issued by the responsible school district and consented to by the parent/student/guardian.   NOTE: Progress Report must contain a description of:   * + - How the child's progress toward meeting the annual goals will be measured; and     - When periodic reports on the progress the child is making toward meeting the annual goals (such as through the use of quarterly or other periodic reports, concurrent with the issuance of report cards) will be provided.   NOTE: Copies of all progress reports shall be maintained in student records, including documentation of all persons receiving such reports. | * + Copy of IEP progress report form used by the program addressing these requirements.   + Description of how the program documents that parents/guardians, public school districts and state agencies, if applicable, receive copies of progress reports from the policies and procedures manual. |
| 8.10  IEP- Less Restrictive Placement  28.09(9)(c) | The program develops and implements a written plan that describes opportunities for enrolled students to gain the capacity to return to a less restrictive educational program. | * Copy of written plan describing opportunities for Less Restrictive Placement from policies and procedures manual. |
| 8.11  IEP - Transition Planning  34 CFR 300.320(b);  300.321(b); 300.322(b)(2); 300.324(c) | The program has a written plan that addresses transition planning, working with the responsible school district to discuss each student’s transition needs annually beginning no later than when the student is 14 years old at the IEP Team meetings, and use of the Department’s Transition Planning Form to document its discussion. If appropriate, the Team considers specially designed, measurable goals based on age-appropriate transition assessments related to training, postsecondary education, employment, and, where appropriate, to independent living skills.  Students are invited to and encouraged to attend part or all of Team meetings at which transition services are discussed or proposed.  **NOTE:** The Department of Elementary and Secondary Education Transition Planning Form must be maintained in the student record. | * Copy of written transition plan from policies and procedures manual. |

## Area 9: Behavior Support and Physical Restraints

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 9.1  Polices and Procedure for Behavior Support  18.03(7)(b)(2); 18.05(5, 6, 7); 28.09(11); 603 CMR 46.00; DESE Advisory on Restraint in Special Education Programs dated 12/20/05. | The program develops and implements a comprehensive set of policies and procedures consistent with regulations 603 CMR 46.00 regarding appropriate responses to student behavior that may require immediate intervention.  Behavior support policies shall be reviewed annually and be provided to program staff and made available to parents of enrolled students. The behavior support policies shall include:   1. Methods for preventing student violence; 2. Methods for preventing self-injurious behavior and suicide; 3. A description and explanation of the program’s alternatives to physical restraint; 4. A description of the program’s training requirements for staff; 5. A description of the program’s reporting requirements and follow-up procedures; 6. A description including timelines of the program’s procedure for receiving and investigating complaints regarding behavior support policies; 7. A description of the procedures to be followed for implementing the behavior support reporting requirements; 8. A description of the program’s procedure for making both oral and written notification to the parent; and 9. A procedure for the use of time-out.   **NOTE**: Meals shall not be withheld as a form of punishment. No student shall be denied or unreasonably delayed a meal for any reason other than medical prescriptions.  **NOTE:** Each Individual Student Behavior Support Plan must be maintained in the student record.  **NOTE:** Behavior support training must be provided to all program staff within the first month of the school year regarding the behavior support policies and the requirements when such procedures are implemented;  OR,  For employees hired after the school year begins, behavior support training must be provided and completed within one month of the date of hire of the employee. | * + Copy of written policies and procedures for Behavior Support that address items 1-9 in this criterion from policies and procedures manual in the required format. |
| 9.1 (a)  Student Separation Resulting from Behavior Support  18.05(5)(i); 18.05(6, 7); 46.02(5)(b) | If the program’s behavior support policy and procedures result in a student separating from the group or program activities, it shall include:   1. A requirement that students shall be continuously observed by a staff member and staff shall be with the student or immediately available to the student at all times. 2. A procedure for obtaining principal approval of time-out for more than 30 minutes based upon the individual student’s continuing agitation; and 3. A requirement that time out shall cease as soon as the student has calmed.   **NOTE:** Documentation related to criterion 9.1(a) must be maintained in student records. | * + - Copy of written policies and procedures regarding behavior management specific to student separation from policies and procedures manual. |
| 9.3  Runaway Students  18.03(10) | The program shall develop and implement a written policy, including a definition of runaways appropriate for the school population and location, as well as procedures for handling students who run away and immediate notification to the Department. | * Copy of written policy and from policies and procedures manual addressing students who run away. |
| 9.4  Physical Restraint  **(Day programs only)**  18.05(5); 603 CMR 46.00 | The program shall have a written policy on the use of physical restraints and administer physical restraints in accordance with the requirements of 603 CMR 46.00.  The program administers physical restraint only in emergency situations of last resort when needed to protect a student and/or 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.  Physical restraint policies and procedures must include the following:   1. Methods for engaging parents and students in discussions about restraint prevention and use; 2. A description and explanation of the method of physical restraint used by the program in an emergency situation; 3. A statement prohibiting seclusion, medication restraint, mechanical restraint and prone restraint unless permitted under 603 CMR 46.03(1)(b); 4. Physical restraint shall be used only in emergency situations of last resort, after other lawful and less intrusive alternatives have failed or been deemed inappropriate; 5. A description of the program’s procedure for conducting periodic review of data and documentation on the program’s use of restraint; 6. A description of the program’s training requirements for all staff; 7. A description of the intensive training for staff who serve as restraint resources for the program; 8. Reporting requirements and follow-up procedures for reports to parents/guardians and to the Department; 9. A procedure for receiving and investigating complaints regarding restraint practices; and 10. The director or his/her designee shall maintain an on-going record of all instances of physical restraint, which shall be made available for review by the Department upon request.   **NOTE:** A residential educational program must comply with DESE  restraint requirements under 603 CMR 46.00 during school hours and the EEC restraint requirements contained in 102 CMR 3.00 during residential hours.  **NOTE:** A program within a program or facility subject to M.G.L. c. 123 or Department of Mental Health Regulations must comply with the restraint requirements of M.G.L. c. 123, 104 CMR 27.12 or 104 CMR 28.05, where applicable.  **NOTE:** Physical restraint training must be provided to all program staff  within the first month of the school year regarding restraint prevention  and the requirements when restraint is used; AND  For employees hired after the school year begins, physical restraint  training must be provided and completed within one month of the date  of hire of the employee. | * Copy of written physical restraint policies and procedures from policies and procedures manual. * Onsite review of the Principal’s weekly restraint log and monthly restraint review data. * Position title and names of current staff who serve as restraint resources within the program and evidence of their intensive training. |
| 9.5  3-5 Day Suspensions  18.05(6) | The program shall develop and implement a written policy on suspensions and provide a copy to the parents and to the school district and/or human service agency that placed the student. Such policy shall contain the following information:   1. Whenever a student is suspended, the program shall immediately notify the parents and the public school or human service agency responsible for the placement. Within 24 hours, the program shall send a written statement explaining the reasons for suspension to the parents and public school district. 2. No student may be suspended and sent home unless a responsible adult is available to receive the student. 3. Once a student has been suspended for three (3) consecutive school days or five (5) non-consecutive school days in a school year, the program, parents, and public school district, consistent with federal requirements, shall explore together all possible program modifications within the school in an attempt to prevent more lengthy suspension of the student from the program. 4. Procedures must be in place to record and track the number and duration of suspensions, including suspensions from any part of the student’s IEP program (including transportation).   **NOTE:** Sending a student home “early” or an in-school suspension of a student who is not receiving instruction from either a licensed teacher or a paraprofessional who is being supervised by a licensed teacher is considered a suspension if the student’s IEP does not allow for the modification of learning time requirements of the Board of Elementary and Secondary Education. | * Copy of written suspension policies and procedures from policies and procedures manual. * Onsite review of tracking mechanism for suspensions. * Documentation regarding tracking the number and duration of suspensions, as well as notification to all appropriate parties, is maintained in each student’s record, if applicable. * Documentation of notification to parents, school districts and other appropriate parties are maintained in student records, if applicable. |
| 9.6  10+ Day Suspensions  34 CFR 300.530-537;  18.05(7) | The program shall develop and implement the following procedures when suspensions constitute a change of placement. A suspension is a change of placement when: 1) it exceeds 10 consecutive school days or 2) it is one of a series of suspensions that constitute a pattern under 34 CFR 300.536.   1. The program requests the student's responsible school district to convene an IEP Team meeting prior to a suspension that constitutes a change in placement of a student with disabilities. 2. The program participates in the TEAM meeting: 3. To develop or review a functional behavioral assessment of the student’s behavior and to develop or modify a behavior intervention plan; 4. To identify appropriate alternative educational setting(s); and 5. To conduct a manifestation determination (i.e. to determine the relationship between the disability and the behavior). 6. If the IEP team determines that the behavior is not a manifestation of the disability, the program may suspend or terminate the student consistent with policies applied to any other student in the program. The responsible school district must, however, offer an appropriate education program to the student that may be in some other setting. 7. If the TEAM determines that the behavior IS a manifestation of the disability, the TEAM, takes steps to modify the IEP, the behavior intervention plan, and/or the placement.   **NOTE:** Sending a student home “early” or an in-school suspension of a student who is not receiving instruction from either a licensed teacher or a paraprofessional who is being supervised by a licensed teacher is considered a suspension if the student’s IEP does not allow for the modification of learning time requirements of the Board of Elementary and Secondary Education. | * + Copy of written suspension policies and procedures from policies and procedures manual.   + Onsite review of tracking mechanism of suspensions. * Documentation regarding tracking the number and duration of suspensions, as well as notification to all appropriate parties, is maintained in each student’s record, if applicable. * Documentation of notification to parents, school districts and other appropriate parties are maintained in student records, if applicable. |
| 9.7  Terminations  18.05(7); 28.09(12)(b) | The program develops and implements a written termination policy that includes provisions regarding both Planned Terminations and Emergency Terminations.  The policy must include the following:   1. Planned Terminations: The program shall notify the public school district of the need for an IEP review meeting and provides notice of this meeting to all appropriate parties ten (10) days in advance of the intended date of the meeting. The purpose of the meeting will be to develop a clear and specific termination plan for the student that shall be implemented in no less than thirty (30) days unless all parties agree to an earlier termination date. 2. Emergency Terminations: In circumstances where the student presents a clear and present threat to the health and safety of him/herself or others, the program shall follow the procedures required under 603 CMR 28.09(12)(b) and immediately notify the Department of Elementary and Secondary Education.   The program shall not terminate the enrollment of any student, even in emergency circumstances, until the enrolling public school district is informed and assumes responsibility for the student. At the request of the public school district, the program shall delay termination of the student for up to two calendar weeks to allow the public school district the opportunity to convene an emergency Team meeting or to conduct other appropriate planning discussions prior to the student's termination from the program. With the mutual agreement of the program and the public school district, termination of enrollment may be delayed for longer than two calendar weeks. | * Copy of written termination policy that clearly delineates between planned and emergency terminations from policies and procedures manual. |

## Area 10: Educational Staffing Requirements - Ratios

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 10.1  Staffing for Instructional Groupings  28.06(6)(d); 28.09(7)(e) | The program shall have instructional groupings that do not exceed  1) the proposed Student: Licensed Educator Ratio and  2) the proposed Student: Licensed Educator and Aide Ratio.  Student: Licensed Educator Ratio is defined as the number of licensed special education teachers, licensed regular education teachers or licensed related service providers to the number of students within an instructional group.  Student: Licensed Educator and Aide Ratio is defined as the number of licensed special education teachers, licensed regular education teachers or licensed related service providers, and the number of aides (teacher aide, paraprofessional, direct care staff, behaviorist) to the number of students within an instructional group. | * Block schedules that clearly display the numbers and names of students, and the numbers and names of licensed educators and aides in all classrooms for all periods throughout the school day. Indicate on the schedule if staff are licensed educators or aides. |
| 10.2  Age Range  28.06(6)(f, g) | The program shall ensure that the ages of the youngest and oldest child in any instructional grouping shall not differ by more than forty-eight months (4 years).  Prior to exceeding the forty-eight month age span, an Age Span Waiver (<http://www.doe.mass.edu/>oases/) must be requested and approved by the Department. | * Block schedules for every classroom and every period indicating the names of students with corresponding dates of birth. |
| 10.4  Student: Direct Care Worker Ratios  (Residential Schools Programs only)  18.03(2) | The program must demonstrate that it is in compliance with the proposed student: direct care worker ratio. | * Statement of the student: direct care worker ratio * Ratios must specify the types of staff included within the ratio (i.e., Direct Care Supervisors), as well as the shift (e.g., sleeping hours, non-school day waking hours, or school day waking hours) for which the ratio is calculated |

## Area 11: Educational Staffing Requirements – Personnel Policies

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 11.1  Staff Policies and Procedures Manual  18.05(11); 18.05(11)(c)(1); 28.09(7); 28.09(11)(a);  M.G.L. c. 71, § 38R; DESE Advisory on CORI revised 5/7/07; 603 CMR 26.00 | The program shall develop and implement written policies and procedures for staff, maintained in a manual that describes:   1. Criteria and procedures for hiring. This must include the program’s Criminal Offender Record Information (CORI) policy regarding CORI checks on employees, volunteers and interns whose responsibilities bring them into direct and unmonitored contact with students. Such checks shall be conducted upon initial hire and every three years thereafter. [**NOTE:** A residential program licensed by EEC does not need to conduct independent CORI checks where those checks have been done through EEC]; 2. Procedures for Criminal History Record Information (CHRI); 3. Procedures for the evaluation of staff; 4. Procedures for disciplining of staff (including suspensions and dismissals); 5. Procedures for handling staff complaints (See Criterion 15.8); 6. A plan for using volunteer and/or intern services; and Statement of equal employment/educational opportunities in regard to race, color, sex, gender identity, religion, national origin, sexual orientation, disability, or age. | * Staff policies and procedures manual that only address the required elements of this criterion. * Staff performance evaluations are scheduled and written copies maintained in the staff records for all staff as outlined in the program’s staff policies and procedures manual. * Evidence of completed CORI checks prior to initial hire and every three years thereafter. * Evidence of CHRI’s completed upon hire. |
| 11.2 Administrative Responsibility  18.05(11)(a, b) | The program shall designate one person who will have administrative responsibility over the operation of the program.  The administrator or designee shall at all times be on the premises of the program while the program is in operation. All staff on duty shall know who is responsible for administration of the program at any given time. | * Position and name of designated administrator. |
| 11.3  Educational Administrator Qualifications  28.09(5)(a); 28.09(7)(a);  603 CMR 44.00 | At least one staff member shall be designated as the educational administrator for the program. Such person shall be assigned to supervise  the provision of special education services in the program and to ensure that the services specified in each student’s IEP are delivered.  The educational administrator shall either possess licensure as a special education administrator or possess all of the following:   1. License as a special educator; 2. A minimum of a master's degree in special education or a related field; and 3. A minimum of one year of administrative experience. | * Name of educational administrator. * Verification of qualifications of educational administrator:   + Copy of licensure as a special education administrator   **or** **ALL of the following:**   * Copy of DESE license as a special educator or copy of ELAR activity sheet; * Evidence of Master’s Degree in special education or a related field; and * Evidence of a minimum of one year of administrative experience (acceptable documentation includes a current resume.) |
| 11.4  Teachers  (Special Education Teachers and General Education Teachers)  18.05(11)(f); 28.09(2)(b)(6); 28.09(5)(a); 28.09(7)(b, c); 34 CFR 300.321 | The program must ensure that all teaching staff have teaching licenses and endorsements (where required) appropriate to meet the needs of the population being served pursuant to the requirements of 603 CMR 7.00 and, additionally, must adhere to the following requirements:   1. All teaching staff shall be re-licensed pursuant to the requirements of 603 CMR 44.00 including obtaining supervisor approval of Professional Development Plans pursuant to 603 CMR 44.04, if applicable. 2. To the extent that unlicensed teaching staff is providing special education services, such services shall be provided, designed, or supervised by a special educator. 3. To the extent that general education teachers are providing special education services, they shall do so in coordination with the special education teacher. 4. A program’s teacher who has knowledge about the education and learning progress of the student must be in attendance at the IEP meeting for the student.   The number of special education teachers and, if applicable, general education teachers must correspond with the Full Time Equivalents (FTEs) on the proposed program budget as well as the proposed Staff Roster. | * Teacher Roster Form Template that includes all required information. * In instances when general education teaching staff are providing special education services, the name and license of the special educator providing supervision. * In instances where teachers do not hold Massachusetts licensure for the area in which they are employed, a copy of a current certification waiver is provided or ELAR activity sheet. |
| 11.5  Related Services Staff  28.09(7)(d) | All staff providing or supervising the provision of related services (including medical personnel identified in criterion 16.2 Physician Consultation, 16.3 Nursing, as well as all consultants) shall be appropriately certified, licensed or registered in their professional areas.  Specifically for UFR numbers:   * 105/121- Physician * 108 - Registered Nurse * 109 – Licensed Practical Nurse * 111 – Occupational Therapist * 112 – Physical Therapist * 113 – Speech and Language Pathologist * 122 – Psychologist * 124 – LICSW * 125 – LCSW * 126 – LSW * 127 – Licensed Counselor * 201 – Direct Care Service | * Related Services Staff Template that includes all required information. * Copy of DESE License and/or Massachusetts State Board of Registration. |
| 11.6  Staff Roster  28.09(7) | The program maintains a complete list of ALL staff for every position within the program. The staff positions must correspond to the proposed program budget. This list must include job titles along with their corresponding Uniform Financial Report (UFR) titles, UFR numbers, and full-time equivalents (FTE’s). | * Staff Roster Form Template that includes all required information and matches the proposed program budget FTEs. |
| 11.7  Job Descriptions  18.05(11)(d) | The program has written job descriptions for all staff positions that shall be made available to staff as well as parents, if requested.  The responsibilities contained in the job description of the Educational Administrator shall include supervising the provision of special education services in the program and ensuring that the services specified in each student’s IEP are delivered. | * Written job descriptions with UFR title numbers for all positions within the program. * Job descriptions that clearly explain the roles and responsibilities of the position, the licenses and qualifications necessary to fulfill the requirements of the position, and the person to whom the individual in the position reports. |
| 11.9  Organizational Structure  28.09(7) | The program shall demonstrate that its organizational structure provides for the effective and efficient operation of the program, supervision of program staff, and supervision of students. | * Submission of organizational chart that illustrates and describes lines of supervision for staff and students * Organizational charts must include the program position titles for all staff. |
| 11.10  Supervision of Direct Care Day & Residential Staff  18.03(4) | Each program shall provide ongoing and regular supervision of all direct care workers by someone who has supervisory and administrative responsibility within the program.  Regularly scheduled conferences must occur between direct care workers and supervisors; and between teachers, direct care workers and other educational personnel. | * Staff roster identifying all direct care supervisors including their   + Names;   + Qualifications;   + Position titles;   + Shift schedule;   + Names of staff they supervise;   + Residence and/or classroom to which they are assigned. * Plan indicating how regularly scheduled conferences will occur between direct care workers and supervisors to review ongoing case logs and to share information relative to the needs of individual students. * Plan indicating how regularly scheduled conferences will occur between teachers, direct care workers and other educational personnel to ensure coordination among all components of an individual student’s program. |
| 11.11  Supervision of Students  18.03(1)(a) | The program shall develop and implement a detailed plan that describes how appropriate supervision is provided to students while they are engaged in any program-related activity on and off school grounds. | * + Copy of supervision plan for program-related activities, and a written plan for supervision of individual and group recreational programs from the policies and procedures manual. |
| 11.12  Equal Access  Title VI: 42 U.S.C. 2000d; 34 CFR 100.3(a), (b); EEOA: 20 USC 1703(f); Title IX: 20 U.S.C. 1681; 34 CFR 106; Section 504: 29 U.S.C. 794; 34 CFR 104; Title II: 42 U.S.C. 12132; 28 CFR 35.130; ESSA, Title I, Part A; 42 USC 11431; Mass. Const. amend. art 114; M.G.L. c. 76, § 5; 603 CMR 26.00 | The program provides all students with equal access to services, facilities, activities and benefits regardless of race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness. | * Equal Access Policy that includes all protected categories. |

## Area 12: Educational Staffing Requirements – Staff Training

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 12.1  New Staff Orientation and Training  18.05(11)(g, i); 28.09(7)(f); 46.04(2) | The program shall develop and implement a written plan for new staff orientation and training that is consistent with the needs of the student population and ensures an understanding of the school’s philosophy, organization, program, practices and goals. The program shall describe in writing its plan for using volunteer services and how they shall be provided appropriate orientation, training and supervision.  The written plan must also include evidence that each new staff has received the DESE mandated training topics (12.2 a-g).  **NOTE:** New staff must receive restraint training within one month of hire and shall not use restraint until training has been completed. New staff may not have direct care duties with students until all mandated training topics have been covered. | * Position title and name of current staff responsible for coordination and implementation of new staff orientation and training. * Copy of written orientation and training program for new staff from policies and procedures manual. |
| 12.2  Inservice Training Plan and Calendar  28.09(7)(f); 28.09(9)(b); 28.09(10);  18.03(3); 18.05(9)(e)(1); 18.05(10); 18.05(11)(h)  Title VI: 42 U.S.C. 2000d; 34 CFR 100.3; EEOA: 20 U.S.C. 1703(f); Title IX: 20 U.S.C. 1681; 34 CFR 106.31-106.42; M.G.L. c. 76, § 5; 603 CMR 26.00 | All staff, including new employees, interns and volunteers, must participate in annual in-service training on average at least two hours per month.  The following topics are required in-service training topics and must be provided annually to all staff:   1. Reporting abuse and neglect of students to the Department of Children and Families and/or the Disabled Persons Protection Commission; 2. Student discipline and behavior support procedures; 3. Program’s use of physical restraints; 4. Runaway policy; 5. Emergency procedures including Evacuation Drills and Emergency Drills utilization of the alarm system and evacuations in instances of fire or natural disaster; 6. Civil rights responsibilities (discrimination and harassment) regarding race, color, sex, gender identity, religion, national origin, sexual orientation, disability and homelessness; 7. Bullying Prevention and Intervention; 8. Medication administration, if applicable; 9. Discussion of medications students are currently taking and their possible side effects; 10. Transportation safety (for staff with transportation-related job responsibilities); and 11. Student record policies and confidentiality issues.   The following additional topics are required in-service training topics and must be provided annually to all teaching staff:   * How the learning standards of the Massachusetts Curriculum Frameworks are incorporated into the program’s instruction and * Procedures for inclusion of all students in MCAS testing and/or alternate assessments. | * Position title, job description, and name of current staff person responsible for the development and implementation of the in-service training program/calendar from policies and procedures manual. Annual detailed in-service training plan. This plan must reflect a minimum of: * 20 training hours for a 10 month program, or * 22 training hours for an eleven month program, or * 24 training hours for a twelve month program,   **and**   * All training topics provided; * Name and position title of the person conducting the individual training sessions; * The audiences to whom the training will be offered (i.e., special education teachers, direct care staff, social workers and volunteers/interns); * The dates and times when the various training topics will be offered; * The length of time allotted for each topic (i.e., two hours, ½ day); and * Plans for outside training opportunities (i.e., MAAPS Conference, conferences on autism, etc.). * Description of how the program tracks and records individual staff attendance at trainings. |
| 12.2(c)  Required Training-  CPR Certification  18.05(9)(e) | The program shall develop and implement a training plan for CPR Certification, which identifies:  1. the staff positions/titles of staff to be trained;  2. how many staff in each position/title will be trained; and  3. the frequency of CPR training and certification. | * A copy of the training plan from policies and procedures manual or health care manual. * The name and qualifications of the certified instructor providing the CPR training. * List of staff who are CPR trained, their position and expiration date of their current CPR certification. |
| 12.2(d)  Required Training-  Medication Training  18.05(9)(f)(3)(c) | Training about the nature of a medication, potential side effects and any special precautions or requirements shall be provided by a physician or registered nurse to all staff providing care or instruction to students for whom any staff administers medication. | * Medication training policy from policies and procedures manual (or health care manual). |
| 12.2 (f)  Required Training-  Emergency Procedures  18.05(10); 28.09(11) | The program shall conduct at least **two** **evacuation drills** per shift at each location annually (including all day programs, and residences in the evening and overnight) to ensure that all students are able to leave the building safely.  The program shall conduct **emergency drills** (ex. lock down of building, flood preparedness, use of firefighting equipment, gas leak, etc.,) for staff, at least **quarterly** and under varied conditions, in order to:   1. Assure that all personnel on all shifts are trained to perform assigned tasks; 2. Assure that all personnel on all shifts are familiar with the use of firefighting equipment in the facility; and 3. Evaluate in writing the effectiveness of emergency plans and procedures after each emergency drill.   **NOTE:** A written log of each evacuation and emergency drill must be kept onsite that includes the date, time, and list of names of participants (student, staff and visitors.) | * Written log of drills. |

## Area 13: Physical Facility and Equipment Requirements

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 13.2  Description of Physical Facility  18.04; 28.09(8) | 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. | * A narrative description and floor plans of all buildings for each school and/or program (including residences). The narrative and floor plan must include the number of floors and rooms in each building, and the size and function of each room (e.g., dining room, classroom). |
| 13.4  Physical Facility/Architectural Barriers  603 CMR 18.04(8); Section 504:  29 U.S.C. 794; 34 CFR 104.21,104.22; Title II: 42 U.S.C. 12132; 28 CFR 35.149, 35.150 | The program shall assure that students with limited mobility have access, free from barriers to their mobility, to those areas of the buildings and grounds to which such access is necessary for the implementation of the IEPs for such students. All programs receiving federal funds shall meet the requirements of Section 504 of the Rehabilitation Act of 1973.  A program which enrolls students requiring wheelchairs shall have at least one entrance without steps and wide enough for a wheelchair, for each building utilized in carrying out the IEPs for such students.  If any art of the program is not accessible to students with limited physical mobility, a plan and timetable shall be provided that describes how the program will make all programs and appropriate buildings accessible. | * Narrative descriptions and floor plans indicating accessibility status. * Any program which is not accessible must submit the following documentation:   + A plan that details steps to be taken to comply with Section 504 of the Rehabilitation Act of 1973;   + The name of the person responsible for implementation of the plan; and   + A timetable for completion of the above plan including periodic written progress reporting to the Department of Elementary and Secondary Education. |
| 13.7  Library/Resource Room  18.04(6)(b) | In addition to the regular instructional area, the program shall have a variety of materials appropriate to the age and abilities of the students enrolled, and available to all enrolled students. | **Documentation:** Description of library or resource area including types of materials available for student use.  **Observation:**   * Observation to ensure the program has a variety of materials appropriate to the age and abilities of the students enrolled, and are available to all enrolled students. |
| 13.9  Outdoor Space  18.04(7)(b) | The program shall maintain or have access to an outdoor play area of at least seventy-five square feet per student using it at any one time.  Outdoor play areas shall be accessible to direct sunlight and free from hazards and/or harsh or abrasive materials. If adjacent to a highway or other dangerous area, it shall be fenced with a non-climbable barrier at least five feet high. | * Description of outdoor area available for student use. * Schedule of outdoor activities for students. |

## Area 14: Requirements for Daily Care

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 14.1  Clothing, Grooming and Hygiene  **(Residential programs only)**  18.03(5) | The program shall make provisions with parents or, where appropriate, state agencies, to ensure that all students are provided with adequate, clean, appropriate and seasonal clothing as well as with personal grooming and hygiene articles and materials necessary to meet his/her individual needs. The provision of such articles shall not be contingent upon behavior and may not be part of a level or privilege system. | * + - * Written description addressing maintenance of student clothing and personal belonging for students whose clothing is provided by a state agency.       * Provide a written description of how such students are provided with the opportunity to participate in the selection of their own clothing. |
| 14.2  Food and Nutrition  603 CMR 18.03(7); G.L. c. 69, § 1(C); See also memo dated April 26, 2013 posted at <http://www.doe.mass.edu/news/news.aspx?id=7422>; Section 504 of the Rehabilitation Act: 29 U.S.C. 794 | Sending school districts and approved special education day programs must collaborate to make breakfast and lunch available to publicly-funded students with disabilities if they would have had access to such meals in their sending school district. Also, if a student is eligible for free or reduced price meal benefits, that benefit must be available to the student while the student attends the approved special education day program. School districts are required to communicate with such out-of-district programs whenever a student is determined to be eligible for a free or reduced price breakfast and/or lunch and/or whenever a student's eligibility status for school meals changes.  The approved special education day program’s staff shall provide for the nutritional and special dietary requirements of the students enrolled and provide an appropriate number of meals daily (three meals daily for residential programs), at reasonably appropriate times, which constitute a nutritionally adequate diet.   1. The program shall prepare and serve meals in a manner and amount appropriate to the nutritional needs of each student, including special dietary needs, consistent with applicable state and federal regulations. 2. The program shall encourage students to eat a well-balanced diet, but no student shall be force fed or otherwise coerced to eat against his/her will except where medically prescribed. 3. The program shall serve meals to students that are substantially the same as those served staff, unless age differences or special dietary needs require differences in diet. 4. The program shall allow students to eat at a reasonable, leisurely rate. 5. Staff shall be present to assure that each student receives adequate amounts and variety of food. 6. Programs that serve meals to students shall prepare written menus each week and shall maintain copies of menu plans for typical weeks. 7. Programs shall provide or arrange for nutritional or mid-morning snacks for students, where appropriate. | * Copy of written plan that describes how the required communication between the approved special education day programand sending school district(s) occurs addressing lunch and breakfast where applicable. * Position title and name of current staff responsible for oversight of communication addressing lunch and breakfast. * Evidence of communication with public school districts. * Copy of written plan that describes the methods for purchase, storage, preparations and serving of food from the health care manual. * Position title and name of current staff responsible for oversight of purchase, storage, preparations and serving of food. |
| 14.3  Toileting Procedures and Individual Plans  18.03(8) | The program shall develop and implement a written plan describing procedures for regular toileting and diapering, disposal or laundering of soiled clothing or diapers, maintenance of extra clean, dry indoor clothing and protecting the personal privacy of all students.  The program shall toilet train students requiring such training in accordance with the plan requested by the parents or the IEP for the student and in accordance with the student’s physical and emotional disabilities. | * Copy of written toileting plan. * Position title and name of current staff responsible for oversight. |
| 14.4  Visiting, Mail and Telephones  (Residential programs only)  18.03(9)(a) and (b) | Programs shall develop and implement written policies and procedures pertaining to visiting and other forms of communication with family, friends and others.  Written and telephone communication shall not be prohibited, nor shall a student’s right to open and send mail which is unread by staff be infringed upon, except in accordance with the circumstances described in 603 CMR 18.03(9)(b)(1-5). | * Copy of visiting, mail and telephone policy and procedures from policies and procedures manual. * Position title and name of current staff responsible for oversight. |

## Area 15: Parent and Student Involvement

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 15.1  Parental Involvement and Parents’ Advisory Group  18.05(4)(a) | The program shall have a written plan for involving parents and shall have a Parents’ Advisory Group that shall advise the program on matters that pertain to the education, health and safety of the students in the program.  The program shall designate a staff person to support the Parents’ Advisory Group. | * Parent involvement plan that describes outreach to parents and steps to be taken to seek parental input on matters pertaining to student health, education and safety from policies and procedures manual. * Position title, job description, and name of current staff person assigned to work with Parents’ Advisory Group. * Schedule for Parent Advisory Group meetings for the school year. |
| 15.3  Information to be Translated into Languages Other Than English  Title VI; EEOA: 20 U.S.C. 1703(f); M.G.L. c. 76, § 5; 603 CMR 26.02(2) | When students have parents or guardians with limited English language skills, the program ensures that important program information is sent to them in a timely manner and provided to them in a language that they understand, either through written translations of documents or through oral interpreters. | * Copies of important program announcements and notices published in languages other than English. * Description of how the program will respond promptly to parent/guardian requests to have other important program information translated on demand, either orally or in writing. |
| 15.4  Change of Student’s Legal Status  18.05(4)(b) | The program shall develop and implement written policies and procedures for assuring that it is informed by a parent or guardian of any changes in a student’s legal status, and of the results of all judicial and administrative proceedings concerning the student. Written procedures shall additionally address disseminating this information to appropriate staff. | * Copy of written procedures addressing changes in students’ legal status from policies and procedures manual. |
| 15.5  Parent Consent and Required Notification  18.05(8); 18.05(9)(f)(1); 18.05 (9)(j); M.G.L. c. 71, § 32A | The program shall develop and implement policies and procedures to work with school districts to obtain the following consents:  **Annual:**   1. Emergency medical treatment 2. Medication Administration, if applicable   **When applicable:**   1. Research 2. Experimentation 3. Fundraising 4. Publicity and 5. Observation   **Required 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). | * + Consent and notification forms used by the program.   + Copy of policies and procedures to work with school districts to obtain required consents and documentation of written notification to parents/guardians. |
| 15.8  Registering Complaints and Grievances –Parents, Students and Employees  18.05(1)(b)(16);  Title VI: 42 U.S.C. 2000d; 34 CFR 100.3 (a),(b), EEOA: 20 U.S.C. 1703(f); Title IX: 20 U.S.C. 1681; 34 CFR 106; Section 504: 29 U.S.C. 794; 34 CFR 104; Title II: 42 U.S.C. 12132; 28 CFR 35.130;ESSA, Title I, Part A: 42 U.S.C. 11431; Mass. Const. amend. Art 114; M.G.L. c. 76 § 603 CMR 26.00 | 1. The program shall develop, implement and make available to parents and, when applicable,students a set of written procedures that may be used to register complaints regarding the student’s education and care at the program that includes specific timelines and the appeals process. 2. The program must also adopt and publish grievance procedures for studentsproviding for prompt and equitable resolution of complaints alleging discrimination based on legally protected categories (race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness) that includes specific timelines and the appeals process. 3. The program must also adopt and publish grievance procedures foremployeesproviding for prompt and equitable resolution of complaints alleging discrimination based on legally protected categories (race, color, sex, gender identity, religion, national origin, sexual orientation, disability or homelessness) that includes specific timelines and the appeals process. | * Position title and name of current staff responsible for investigating and resolving complaints regarding students’ education and care. * Copy of complaint procedures from policies and procedures manual. * Position title and name of current staff responsible for investigating and resolving discrimination complaints made on behalf of employees and students. * Copy of grievance policies and procedure for students. * Copy of grievance policies and procedure for employees. * Copy of written procedures that are made available to students, parents and employees for the purpose of registering such complaints. |

## Area 16: Health and Medical Services

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 16.2  Physician Consultation  18.05(9)(a)  M.G.L c. 71, §§ 53, 53A, and 53B | The program shall have a licensed school physician available for consultation.  **NOTE:** School Physician means a physician appointed by a School Committee or Board of Health in accordance with M.G.L c. 71, §§ 53, 53A, and 53B or by the Board of Directors. | * Name and address of licensed school physician employed or contracted by the program. * Description of the services the physician provides to the program. |
| 16.3  Nursing  18.05(9)(b)  M.G.L c. 112  M.G.L. c. 71, §§ 53,53A,and 53B | The program shall have a registered nurse available as deemed necessary by the Department depending upon the health care needs of the program’s population. | * Name(s) of Registered Nurses.      * Shift schedules. * Explanation of how nurse’s availability is sufficient to meet the medical needs of the student population. |
| 16.4  Emergency First Aid and Medical Treatment  18.05(9)(e, f) | The program shall develop and implement policies and procedures for emergency first aid and medical treatment, including:   1. No emergency first aid or medical treatment is administered to a student without written authorization from a parent. Such authorization shall be renewed annually; 2. Secure storage of adequate first aid supplies, including but not limited to bandages, body substance isolation gloves, gauze, adhesive tape, and cleaning solutions; 3. Easy access to first aid supplies in major activities areas; 4. Procedures to be followed in the case of illness or emergency, including methods of transportation and notification of parents; 5. A procedure for informing parents, or the Department of Children and Families if appropriate, of any medical care administered to their child other than basic first aid. (For students in the Department of Children and Families care or custody, an Educational Surrogate Parent shall not have authority to consent to routine or other medical care. For such students, consent shall be obtained consistent with the applicable Department of Children and Families requirements); and 6. Procedures to be followed in the case of illness or emergency if parents cannot be reached. | * + Copy of written policies and procedures for emergency first aid and treatment from the health care manual. |
| 16.5  Administration of Medication  18.05(9)(f)(8) | The program shall develop and implement written policy and procedures regarding the administration of medication including, but not limited to, the following:   1. No medication is administered to a student without written authorization from a parent. Such authorization shall be renewed annually. 2. No prescription medication shall be administered to a student without the written order of the physician prescribing the medication to that student. 3. The program maintains written policies and procedures regarding prescription and administration of medication including authorization, prepackaging and staff training. 4. Any change of medication or dosage must be authorized by a new order from a physician. 5. A written record shall be maintained of the prescription of medication to students. A written record shall also be maintained of the administration of prescribed medication to students and train staff by a licensed physician or registered nurse. Significant side effects of medications shall also be recorded. 6. All medicine shall be kept in a locked, secure cabinet and labeled with the student's name, the name of the drug and the directions for its administration. 7. The program shall dispose of or return to the parents any unused medication. 8. Medications must be delivered to the school by a responsible adult in a container labeled by the physician or pharmacist. 9. Provisions must be made for refrigeration of medications, when necessary. 10. The program shall have a written policy regarding the amount of medication to be kept on the premises at any one time for each student receiving medication. 11. A review of medications administered to a student shall be incorporated into all case reviews conducted at the program with staff regarding the student. | * Copy of written policy and procedures for administration of medication from health care manual. |
| 16.6  Administration of Antipsychotic Medication  18.05(9)(f)(9) | The program shall develop and implement written policy and procedures for the administration of antipsychotic medication. The policy shall include that the school shall not administer or arrange for the administration of antipsychotic medication (drugs used in treating psychoses and alleviating psychotic states) **except under the following circumstances**:   1. Antipsychotic medication shall be prescribed by a licensed physician for the diagnosis, treatment and care of the child and only after review of the student's medical record and actual observation of the student. 2. The prescribing physician shall submit a written report to the program detailing the necessity for the medication, staff monitoring requirements, potential side effects that may or may not require medical attention and the next scheduled clinical meeting or series of meetings with the student. 3. No antipsychotic prescription shall be administered for a period longer than is medically necessary and students on antipsychotic medication must be carefully monitored by a physician. 4. Staff providing care to a student receiving antipsychotic medication shall be instructed regarding the nature of the medication, potential side effects that may or may not require medical attention and required monitoring or special precautions, if any. 5. Except in an emergency, as defined in 18.05 (9)(g), the program shall neither administer nor arrange for the prescription and administration of antipsychotic medication unless informed written consent is obtained. If a student is in the custody of his/her parent(s), parental consent in writing is required. Parental consent may be revoked at any time unless subject to any court order. If the parent does not consent or is not available to give consent, the referral source shall be notified and judicial approval shall be sought. If a student is in the custody of a person other than the parent, a placement agency or an out-of-state public or private agency, the referral source shall be notified and judicial approval shall be sought. 6. In an emergency situation, antipsychotic medication may be administered for treatment purposes without parental consent or prior judicial approval if an unforeseen combination of circumstances or the resulting state calls for immediate action and there is no less intrusive alternative to the medication. The treating physician must determine that medication is necessary to prevent the immediate substantial and irreversible deterioration of a serious mental illness. If the treating physician determines that medication should continue, informed consent or judicial approval must be obtained as required by 18.05(9)(e). 7. The program shall inform a student twelve years of age and older, consistent with the student's capacity to understand, about the treatment, risks and potential side effects of such medication. The program shall specify and follow procedures if the student refuses to consent to administration of the medication. | * Copy of written policy and procedures for administration of antipsychotic medication from health care manual. |
| 16.7  Preventive Health Care  18.05(9)(g)  M.G.L. c. 71, § 57  M.G.L. c. 111, § 111. | 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. | * Copy of written plan for preventive health care of students for elements of this criterion from the health care manual. |
| 16.8  Receipt of Medical Treatment – Religious Beliefs  18.05(9)(k) | The program shall develop and implement a written policy and procedures regarding receipt of medical treatment based on religious beliefs. The policy must include that programs shall not require a student to receive medical treatment when a parent objects on the grounds of sincere religious belief, absent emergency or epidemic of disease declared by the Department of Public Health. | * Copy of policy regarding receipt of medical treatment on the basis of religious belief from the health care manual. |
| 16.11  Student Allergies  18.05(9)(h) | The program shall develop and implement written policies and procedures for protecting a student from exposure to foods, chemicals, or other materials to which they are allergic, as stated by their physician/medical assessment. | * Copy of policy regarding student allergies from the health care manual. |
| 16.12  No Smoking Policy  M.G.L. c. 71, § 37H | The program shall develop and implement a written policy that prohibits the use of any tobacco products within the program buildings, the program facilities or on the program grounds or on buses by any individual, including program personnel. | * Copy of no smoking policy. |

## Area 17: Transportation Safety

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 17.1  Transportation Safety  28.09(11)(b) | If there are staff from the program who transport students, the program shall develop and implement transportation procedures that ensure that vehicles are safe, insured, and operated by qualified and trained individuals, and that students are transported in a safe manner that is responsive to individual students’ needs and provisions of their IEPs.  Programs that use staff to transport students must have a copy of the current license of the employee onsite. | * Copy of written transportation procedures from policies and procedures manual. * Names and positions of approved drivers. * Copy of current driver’s license for staff who are approved by the program to transport students. |

## Area 18: Student Records

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 18.1  Confidentiality of Student Records  28.09(5)(a); 28.09(10);  603 CMR 23.00  M.G.L. c. 71, § 34H; 34 CFR 300.610-300.626 | Programs shall keep current and complete files for each publicly funded enrolled Massachusetts student and shall manage such files consistent with the Massachusetts Student Record Regulations 603 CMR 23.00 and M.G.L. c. 71, § 34H.   1. The program shall make the individual records of enrolled Massachusetts students available to the Department of Elementary and Secondary Education upon request. 2. Staff notes or reports regarding a student shall be legibly dated and signed by persons making entries. 3. A log of access shall be kept as part of each student’s record. If parts of the student record are separately located, a separate log shall be kept with each part. The log shall indicate all persons who have obtained access to the student record, stating:  * the name, position and signature of the person releasing the information; * the name, position and, if a third party, the affiliation of the person who is to receive the information; * the date of access; * the parts of the record to which access was obtained; and * the purpose of such access.   **NOTE:** Unless student record information is to be deleted or released, this log requirement shall not apply to authorized school personnel who inspect the student record, administrative office staff and clerical personnel who add information to or obtain access to the student record and the school nurses who inspect the student health record. | * + Position title and name of current staff n responsible for oversight and maintenance of student records**.**   + Copy of log of access form. |

## Area 19: Anti-Hazing

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 19 Anti-Hazing  M.G.L. c. 269 §§ 17 through 19; 603 CMR 33.00 | 1. The principal/education director of each school program serving secondary school age students issues a copy of M.G.L. c. 269 §§ 17 through 19, to every student enrolled full-time, and every student group, student team, or student organization, including every unaffiliated student group, student team, or student organization, **as well as** a copy of the school program's anti-hazing disciplinary policy approved by the program's Board of Director's. 2. Each school program serving secondary school age students files, at least annually, a report with the Department certifying 3. Its compliance with its responsibility to inform student groups, teams, or organizations, and every full-time enrolled student, of the provisions of M.G.L. c. 269 §§ 17 through 19; 4. Its adoption of a disciplinary policy with regard to the organizers and participants of hazing; and 5. That the hazing policy has been included in the student handbook or other means of communicating school program policies to students. | * Report must be on file with Department on or before October 1st each year. * Copies of student handbooks or disciplinary code distributed to students. * Documentation of all secondary age students’ receipt of a copy of the anti-hazing law, M.G.L. c. 269 §§ 17 through 19. * Documentation of all secondary age students’’ receipt of a copy of the anti-hazing disciplinary policy approved by the program's Board of Director's. |

## Area 20: Bullying Prevention and Intervention

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| CRITERION NUMBER, TOPIC AND LEGAL STANDARD | REQUIREMENTS | DOCUMENTATION REQUIREMENTS |
| 20 Bullying Prevention and Intervention  M.G.L. c. 71, § 37H; M.G.L. c. 71, § 37O(d) and (e)(1) & (2); 603 CMR 49.00 | 1. Employee and student handbooks/policies and procedures must contain relevant sections of the Bullying Prevention and Intervention Plan relating to the duties of faculty and staff and relevant provisions addressing the bullying of students. 2. Each year all programs must give parents and guardians annual written notice of the student-related sections of the local plan. 3. Each year all programs must provide all staff with annual written notice of the plan. 4. The highest level administrator or designee of the program must communicate with the chief of police department about the implementation of the anti-bullying and retaliation plan before the beginning of the school year. 5. Timely notice of bullying and retaliation will be given to the parents of the victim and aggressor and the school’s procedures for responding to the bullying or retaliation. Notice will be provided in the home language. The program may not disclose information from a student record of a target or aggressor to a parent unless the information is about the parent’s **own** child. 6. The program shall notify the local law enforcement agency if it has a reasonable basis to believe that criminal charges may be pursued against the aggressor. 7. All programs must implement, for all staff, professional development that includes developmentally appropriate strategies to prevent bullying incidents; developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents; information regarding the complex interaction and power differential that can take place between and among a perpetrator, victim and witnesses to the bullying; research findings on bullying, including information about specific categories of students who have been shown to be particularly at risk for bullying in the school environment; information on the incidence and nature of cyber-bullying; and internet safety issues as they relate to cyber-bullying. | * A description of how the Bullying Prevention and Intervention Plan information was distributed to parents, students and school staff. * A description of the professional development offered by the program for all staff for the school year and evidence of its implementation, to include dates and copies of the agendas. |