



MASSACHUSETTS

Department of Elementary
and Secondary Education

Summit Academy, Inc.

Summit Academy Day Program

Program Review Report

Week of Onsite Visit: February 05, 2024

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Summit Academy Day Program
Provisional Approval
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MASSACHUSETTS DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION

APPROVED SPECIAL EDUCATION SCHOOL PROGRAM REVIEW REPORT

OVERVIEW OF REVIEW PROCEDURES

INTRODUCTION

The Massachusetts Department of Elementary and Secondary Education (Department) is required under M.G.L. c. 71B, §10 to review special education programs in collaborative and approved public day school programs that serve publicly funded students under the provisions of Board of Elementary and Secondary Education Regulations 603 CMR 18.00, 28.09 and 46.00. Each year, the Department's Office of Approved Special Education Schools (OASES) conducts onsite visits to selected collaborative and approved public day school programs to verify the implementation of these programs. In the spring of the previous school year, the schools participating in review cycle were notified of the dates of the onsite visits and were required to conduct a Data Collection before the onsite portion of the review using the Department's Communication Hub and Monitoring Portal (CHAMP). The statewide six-year Collaborative Program Review cycle together with the Department's Mid-cycle monitoring schedule is posted on the Department's Website at <https://www.doe.mass.edu/oases/crs/6ycycle.html>.

SCOPE OF COLLABORATIVE PROGRAM REVIEW

The Office of Approved Special Education Schools of the Massachusetts Department of Elementary and Secondary Education oversees compliance with education requirements through its Collaborative Program Review System (PR), private special education school program reviews, as well as reviews of certain Special Education in Institutional Schools Settings programs. The collaborative reviews cover selected requirements in the following areas: Special Education (CSE)

- Selected requirements from the federal Individuals with Disabilities Education Act (IDEA); the federal regulations promulgated under that Act at 34 CFR Part 300; M.G.L. c. 71B, and the Massachusetts Board of Education's Special Education regulations (603 CMR 28.00), as amended effective March 27, 2018.

Civil Rights Methods of Administration and Other General Education Requirements (CCR)

- Selected federal civil rights requirements, including requirements under Title VI of the Civil Rights Act of 1964; the Equal Educational Opportunities Act of 1974; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act of 1990, together with selected state requirements under M.G.L. c. 76, Section 5, as amended by Chapter 199 of the Acts of 2011, and M.G.L. c. 269 §§ 17 through 19.
- Selected requirements from the Massachusetts Board of Education's Physical Restraint regulations (603 CMR 46.00).
- Selected requirements from the Massachusetts Board of Education's Student Learning Time regulations (603 CMR 27.00).
- Selected requirements governing bullying prevention and intervention under M.G.L. c. 71 § 37H, as amended by Chapter 92 of the Acts of 2010, and as amended by sections 72-74 of the Acts of 2013; M.G.L. c. 71, §37O.
- Various requirements under other federal and state laws.

Approved Public Day Program Standards (APD) (where applicable)

- Selected requirements from the Massachusetts Board of Elementary and Secondary Education Special Education regulations from 603 CMR 28.09.
- Selected requirements from the Massachusetts Program and Safety Standards for Approved Public or Private Day and Residential Special Education School Programs 603 CMR 18.00

The report includes findings in the program areas reviewed organized under three components: Special Education Legal Standards, Civil Rights: Methods of Administration and Other Related General Education Requirements and Approved Public Day Program Standards. The findings in each area explain the "ratings," determinations by the team about the implementation status of the criteria reviewed. The ratings indicate those criteria that were found by the team to be substantially "Implemented". (Refer to the "Definition of Compliance Ratings" section of the report.) Where criteria were found to be either "Partially Implemented," "Implementation in Progress," or "Not Implemented," the collaborative must propose to the Department corrective actions to bring those areas into compliance with the controlling statute or regulation. The collaborative is expected to incorporate the corrective action into their professional development plans.

Collaborative Program Review Elements

Criteria: The Collaborative Program Review criteria encompass key elements drawn from 603 CMR 18.00, 28.09, 46.00 and the approved public day school program's application for approval. They also include those required by the federal Office for Special Education Programs (OSEP) and revised requirements of the Individuals with Disabilities Education Act, 20 U.S.C. Section 1400 et seq. (IDEA-2004) as described in the Department's Special Education Advisories. Through the Desk Review the OASES chairperson examines the Data Collection submission and determines which criteria will be followed up on through onsite verification activities. The Data Collection and Desk Review are both described below.

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

- Collaborative review of policies and procedures,
- Collaborative review of student documentation including a sample of student records.
- Collaborative review of facilities, buildings, and grounds.

Upon completion of these portions, the collaborative submits the Data Collection to the Department for review.

Desk Review Phase: The OASES chairperson assigned to each collaborative reviews the responses by the collaborative regarding the critical elements for appropriate policies, procedures, and practices, as well as actual documents and data submitted for each criterion. The OASES chairperson also reviews documents, student record data, and explanatory comments. The outcome of this review, along with 3-year trend data from the Problem Resolution System, restraint reports, restraint injuries, serious incidents and notification or prior approval from the Department through its notification system is used to determine the scope and nature of onsite activities.

Onsite Verification Phase:

This includes activities selected from the following:

- Interviews with administrative, instructional, and other staff consistent with those criteria selected for verification.
- Telephone interviews as requested by parents, guardians or members of the general public.
- Review of student records: The Department selects a sample of student records from those the collaborative reviewed as part of its data collection to verify the accuracy of the data. The Department also conducts an independent review of a sample of student records that reflect activities conducted since the beginning of the school year. The Department monitoring team will conduct this review using standard Department procedures to determine whether procedural and programmatic requirements have been implemented.
- Observation of classrooms and other facilities: The team observes a sample of classrooms and other school facilities used in the delivery of programs and services to determine general levels of compliance with program requirements.

Team: Depending upon the scope of follow-up activities that have been identified based on the Department's Desk Review of the collaborative's Data Collection, a two-to-three-member Department team will conduct a two-to-five-day Program Review.

Final Report: A Final Report is then issued via the CHAMP. The Final Report includes findings organized under 4 specified compliance areas. The findings explain the "ratings," or determinations by the Department about the implementation status of the compliance criteria reviewed within each of these areas. The ratings indicate those criteria that were found by the OASES monitoring team to be "Implemented," "Implementation in Progress," "Partially Implemented," or "Not Implemented."

Response: The collaborative program must propose to the Department corrective action to bring into compliance with the required statute or regulation each area found to be not fully "Implemented." In some instances, the team may have found certain requirements to be fully "Implemented" but made a specific comment on the program's implementation methods that also may require response from the collaborative. **Under federal Special Education State Performance Plan requirements pursuant to IDEA-2004, public and approved special education school programs serving disabled students must demonstrate effective resolution of noncompliance identified by the Department as soon as possible but in no case later than one year from the issuance of the Department's Final Program Review Report.**

REPORT INTRODUCTION

A two-member team conducted a visit to Summit Academy, Inc. during the week of February 05, 2024 to evaluate the implementation of selected compliance criteria under the Massachusetts Board of Elementary and Secondary Education Regulations 603 CMR 18.00 (Program and Safety Standards for Approved Public or Private Day and Residential Special Education School Programs) and 603 CMR 28.09 (Approval of Public or Private Day and Residential Special Education School Programs), 603 CMR 46.00 (Prevention of Physical Restraint and Requirements If Used), M.G.L. c. 71B, the federal Individuals with Disabilities Education Act, 20 U.S.C. Section 1400 et seq, as amended in 2004 (IDEA--2004), and civil rights provisions that are pertinent to Approved Special Education School Programs. The team appreciated the opportunity to interview staff, to observe classroom facilities, and to review the program efforts underway.

The Department is submitting the following Approved Special Education School Program Review Report containing findings made pursuant to this onsite visit. In preparing this report the team reviewed extensive documentation regarding the operation of the school programs, together with information gathered by means of the following Department program review methods:

- Interviews of 2 leadership staff;
- Interviews of 2 related services staff;
- Interviews of 2 teaching staff; and
- Interviews of 2 direct care staff.
- Student record review: A sample of 6 Massachusetts student records was selected by the Department. Student records were first examined by the school program's staff and then verified by the OASES monitoring team using standard Department student record review procedures to make determinations regarding the implementation of procedural and programmatic requirements. An additional number of randomly selected student records were also reviewed by the OASES monitoring team to ensure determinations regarding the implementation of procedural and programmatic requirements remain in effect.
- Observation of classrooms and other facilities: A sample of instructional classrooms and other facilities used in the delivery of programs and services was observed to determine general levels of compliance with program requirements.

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

Implemented

- The requirement is totally or substantially met

Implemented Response Required

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

Implementation in Progress

- This rating is used for criteria containing new or updated legal requirements and means that the agency has implemented any old requirements contained in the criterion and is training staff or beginning to implement the new requirements in such a way that the onsite team anticipates that the new requirements will be implemented by the end of the school year.

Partially Implemented

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

Not Implemented

- The requirement is totally or substantially not met.

Policies & Procedures					
Criteria	Implemented	Implemented Response Required	Implementation In Progress	Partially Implemented	Not Implemented
1.2 Program & Student Descriptions, Program Capacity	All				
3.1(d) Evacuation and Emergency Procedures	All				
4.4 Advance Notice of Proposed Program/Facility Change				Summit Academy Day Program	
4.5 Immediate Notification	All				
6.1 Daily Instructional Hours/6.4 School Days Per Year	All				
8.4 Program Modifications and Support Services for English	All				
9.1(a) Student Separation Resulting from Behavior Support	All				
9.7 Terminations	All				
11.1 Staff Policies and Procedures Manual	All				

11.12 Equal Access	All				
12.1 New Staff Orientation and Training				Summit Academy Day Program	
12.2 In-Service Training Plan and Calendar				Summit Academy Day Program	
15.1 Parental Involvement and Parents' Advisory Group	All				
15.5 Parent Consent and Required Notification				Summit Academy Day Program	
15.8 Registering Complaints and Grievances-Parents, Students and Employees	All				
16.7 Preventive Health Care				Summit Academy Day Program	

Staff Documentation

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

Student Documentation

Criteria	Implemented	Implemented Response Required	Implementation In Progress	Partially Implemented	Not Implemented
5.2(a) Contracts	All				
8.5 Current IEP & Student Roster	All				

8.8 IEP - Progress Reports	All				
10.2 Age Range	All				
15.3 Information to be Translated into Languages Other Than English	All				
16.11 Student Allergies	All				
18.1 Confidentiality of Student Records	All				
19 Anti-Hazing	All				

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

Policies & Procedures

4.4 Advance Notice of Proposed Program/Facility Change

Requirements

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 notifications.

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 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.

Immediate notification for:

1. Unexpected building change as the result of an emergency

15 business days notification for:

1. 20% decrease in enrollment of students based on the most recently approved DESE student enrollment
2. Vacancy in an approved staff position not filled by another appropriately licensed or waived staff person that has a direct impact on the service delivery to students.
3. Closure of a program or site

Prior Approval from DESE Required:

1. Change in approved special education school program's ownership
2. Change in approved special education school program's name
3. Proposed changes to program building(s)/physical facilities that are not due to an emergency, but are related to relocation, renovation or expansion of building(s)
4. Request to increase or decrease the ages of the students OR change the gender of students being served
7. Each proposed 20% increase in enrollment of students based on the most recently approved DESE student enrollment
8. Adding, eliminating, or changing staff position

*Indicates required field

Legal Standards

[28.09 \(5\)\(c\)](#)

Confirmed Findings

Applies To	Rating	Response Required	Finding Description
Summit Academy Day Program	Partially Implemented	Yes	A review of documentation indicated that the program did not provide notification to the Department, as required, for a 20% decrease in the enrollment of students based on the most recently approved DESE staffing plan.

12.1 New Staff Orientation and Training

Requirements

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 other mandated training topics have been covered.

Legal Standards

[18.05\(11\)\(g, i\)](#); [28.09\(7\)\(f\)](#); [46.04\(2\)](#)

Confirmed Findings

Applies To	Rating	Response Required	Finding Description
Summit Academy Day Program	Partially Implemented	Yes	Although staff interviews indicate new staff orientation and trainings were provided at the time of hire, the program did not maintain documentation of such training in individual staff records. Therefore, the Department was not able to verify that all staff received trainings on all mandated DESE trainings topics prior to their direct care duties with students.

12.2 In-Service Training Plan and Calendar

Requirements

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:

- Reporting abuse and neglect of students to the Department of Children and Families and/or the Disabled Persons Protection Commission;
- Student discipline and behavior support procedures;
- Program's use of physical restraints;
- Runaway policy;
- Emergency procedures including Evacuation Drills and Emergency Drills utilization of the alarm system and evacuations in instances of fire or natural disaster;
- Civil rights responsibilities (discrimination and harassment) regarding race, color, sex, gender identity, religion, national origin, sexual orientation, disability and homelessness;
- Bullying Prevention and Intervention;
- Medication administration, if applicable;
- Discussion of medications students are currently taking and their possible side effects;
- Transportation safety (for staff with transportation-related job responsibilities); and
- 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.

Legal Standards

[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](#)

Confirmed Findings

Applies To	Rating	Response Required	Finding Description
Summit Academy Day Program	Partially Implemented	Yes	While staff interviews revealed that in-service training occurs, a review of documentation and staff records show that staff in-service trainings are not all consistently documented in individual staff records. Therefore, the Department was not able to verify that all staff receive all mandated trainings annually. In addition, the written In-Service Training Plan and Calendar does not include specific procedures for how staff will make-up missed trainings.

15.5 Parent Consent and Required Notification

Requirements

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

Required Annual Consent:

- Emergency medical treatment
- Medication Administration, if applicable

When applicable:

- Research

- b. Experimentation
- c. Fundraising
- d. Publicity and
- e. Observation

Required Annual Notification:

1. The program's policies and procedures shall include, when applicable, notification pursuant to Parental Notification Law M.G.L. c. 71, § 32A concerning curriculum that primarily involves human sexual education or human sexuality issues.
2. Policies and Procedures Manual (Criterion 3.1).
3. Behavior Support Policy and Procedures (Criterion 9.1).
4. Physical Restraint Policy and Procedures (Criterion 9.4).
5. Bullying Prevention and Intervention Plan (Criterion 20).

Legal Standards

[18.05\(8\); 18.05\(9\)\(f\)\(1\); 18.05 \(9\)\(i\); M.G.L. c. 71, § 32A](#)

Confirmed Findings

Applies To	Rating	Response Required	Finding Description
Summit Academy Day Program	Partially Implemented	Yes	A review of student records and interviews with staff indicated that not all required consents and annual notification to parents/guardians were documented or maintained in student records.

16.7 Preventive Health Care

Requirements

The program shall describe in writing a plan for the preventive health care of students:

1. 603 CMR 18.05(9)(g)(1) Dental
The program, in cooperation with the student's parents and/or human service agency which is responsible for payment, shall make provision for each student to receive an annual comprehensive dental examination.
2. 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.
3. 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.
4. 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.
5. Where appropriate, the program shall provide or arrange for the provision of family planning information, subject to any applicable state or federal legislation.
6. The program shall require that all students have necessary immunizations as required by the Department of Public Health.

Legal Standards

[18.05\(9\)\(g\)](#)
[M.G.L. c. 71, § 57](#)
[M.G.L. c. 111, § 111.](#)

Confirmed Findings

Applies To	Rating	Response Required	Finding Description
Summit Academy Day Program	Partially Implemented	Yes	A review of student records indicated that not all students have current dental examinations and efforts to obtain such documentation was not evident.