



**MASSACHUSETTS**

**Department of Elementary  
and Secondary Education**

## **Whitney Academy, Inc.**

**Whitney Academy Intensive Residential Program**

### **Mid Cycle Review Report**

**Week of Onsite Visit: December 15, 2025**

**Final Report Issued: January 21, 2026**

**Department of Elementary and Secondary Education Onsite Team Members:**

**Lynda Womack, Chairperson**

**Christina Belbute, Team Member**



Approval for special education day and residential school programs operating in Massachusetts is contingent upon meeting the requirements of 603 CMR 28.09, "Approval of Public and Private Day and Residential Special Education School Programs," 603 CMR 18.00, "Program and Safety Standards for Approved Public or Private Day and Residential Special Education School Programs," and 603 CMR 46.00 "Prevention of Physical Restraint and Requirements, If Used." Approval by the Department does not relieve special education day and residential school programs of their obligation to comply with other applicable state or federal statutory or regulatory requirements or with requirements set forth in their contracts with referral sources. The Department may change the approval status at any point during this three-year period if circumstances arise that warrant such a change.

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

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

Whitney Academy Intensive Residential Program

**Provisional Approval**

Expires: July 06, 2023

**Massachusetts Department of Elementary and Secondary Education  
Approved Special Education School Mid-Cycle Review Report  
Overview of Review Procedures**

## **Introduction**

The Massachusetts Department of Elementary and Secondary Education (Department) is required under M.G.L. c. 71B, §10 to review special education programs in approved special education schools that serve publicly funded students under the provisions of Board of Elementary and Secondary Education Regulations 603 CMR 18.00, 28.00, and 46.00. Each year, the Department's Office of Approved Special Education Schools (OASES) conducts onsite visits to selected approved special education school programs to verify the implementation of standard Mid-cycle Review criteria, as well as any criteria from the most recent Program Review that required follow-up due to procedural and programmatic requirements. In the Spring of the previous school year, the schools participating in the review cycle were notified of the dates of the onsite visits and were required to conduct a Data Collection before the onsite portion of the review using the Department's Communication Hub and Monitoring Portal (CHAMP).

The statewide Approved Special Education School Mid-cycle Review cycle together with the Department's six-year Program Review monitoring schedule is posted on the Department's website at <https://www.doe.mass.edu/oases/ps-cpr/default.html>.

## **Approved Special Education School Mid-cycle Review Elements**

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

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

1. Agency review of policies and procedures,
2. Agency review student documentation including a sample of student records,
3. Agency review staff documentation including a sample of staff records, if applicable, and
4. Agency review of facilities, buildings, and grounds.

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

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

### **Onsite Verification Phase:**

This includes activities selected from the following:

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

**Team:** Depending upon the scope of follow-up activities that have been identified based on the Department's Desk Review of the agency's Data Collection, a two-to-four-member Department team will conduct a one to five-day Mid-cycle Review.

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

**Ratings:** The findings explain the "ratings," or determinations by the Department about the implementation status of the compliance criteria reviewed within each of these areas. The ratings indicate those criteria that were found by the OASES monitoring team to be "Implemented," "Implemented Response Required," "Implementation in Progress," "Partially Implemented," or "Not Implemented."

### **Onsite Verification Phase:**

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

## Report Introduction

A two-member team conducted a visit to Whitney Academy, Inc. during the week of December 15, 2025 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:

1. Interviews of 2 leadership staff;
2. Interviews of 1 related services staff;
3. Interviews of 2 teaching staff; and
4. Interviews of 1 direct care staff.
5. 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.
6. Staff record review: A sample of 4 staff records was selected by the Department. Staff records were first examined by the school program's staff and then verified by the OASES monitoring team using standard Department staff record review procedures to make determinations regarding the implementation of procedural and programmatic requirements. An additional number of randomly selected staff records were also reviewed by the OASES monitoring team staff to ensure determinations regarding the implementation of procedural and programmatic requirements remain in effect.
7. Observation of classrooms and other facilities: A sample of instructional classrooms and other facilities used in the delivery of programs and services was observed to determine general levels of compliance with program requirements.

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

## Implemented

1. The requirement is totally or substantially met

## Implemented Response Required

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

## Implementation in Progress

1. 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

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

## Not Implemented

1. 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	-	-	-	-
4.5 Immediate Notification	All	-	-	-	-
5.1 Student Admissions	All	-	-	-	-
* 9.1(a) Student Separation Resulting from Behavior Support	-	-	-	Whitney Academy Intensive Residential Program	-
9.5 3-5 Day Suspensions	All	-	-	-	-
9.6 10+ Day Suspensions	All	-	-	-	-
9.7 Terminations	All	-	-	-	-
12.1 New Staff Orientation and Training	All	-	-	-	-
12.2 In-Service Training Plan and Calendar	-	-	-	Whitney Academy Intensive Residential Program	-

## Staff Documentation

Criteria	Implemented	Implemented Response Required	Implementation In Progress	Partially Implemented	Not Implemented
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
8.5 Current IEP & Student Roster	All	-	-	-	-
15.3 Information to be Translated into Languages Other Than English	All	-	-	-	-

## Buildings/Facilities

Criteria	Implemented	Implemented Response Required	Implementation In Progress	Partially Implemented	Not Implemented
2.2 Approvals, Licenses, Certificates of Inspection	All	-	-	-	-
2.3 EEC Licensure (Residential Programs Only)	All	-	-	-	-
* 4.2 Public Information and Postings	-	-	-	Whitney Academy Intensive Residential Program	-

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

## Policies & Procedures

### 9.1(a) Student Separation Resulting from Behavior Support

#### Requirements

If implementation of the program's behavior support policy and procedures results in a student separating from planned instruction 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 administrator 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.
4. A description of how students are monitored.
5. Reasons students would need to be separated from the planned instruction or educational activities.
6. Description of the procedures staff follow when a student needs to be separated from the classroom or educational activities within the classroom.
7. A description of all time-out spaces.
  1. Guidelines for staff in the utilization of such an area,
  2. Time out rooms shall not be locked, and

- 3. Any room or space used for the practice of separation must be physically safe and appropriate to the population served by the facility.
- 8. How the end of the student separation is determined.
- 9. How the program documents student separation.

NOTE: Documentation related to criterion 9.1(a) must be maintained in student records.

**Legal Standards**

[18.05\(5\)\(i\)](#); [18.05\(6, 7\)](#); [46.02\(5\)\(b\)](#)

[46.02\(5\)\(b\)](#)

**Confirmed Findings**

Applies To	Rating	Response Required	Finding Description
Whitney Academy Intensive Residential Program	Partially Implemented	Yes	During the facility tour and review of program policies, it was evident that the program's procedures for using time-out did not align with DESE requirements.

**Corrective Action Plan**

**Department Order of Corrective Action** - The program must submit revised policies and procedures regarding Student Separation resulting from Behavior Support, ensuring the removal of non-compliant language.

**Due Date: Progress Report 1** - 03/09/2026

**Required Elements: Progress Report 1** - The program must submit: 1) the program's updated policy and procedure, 9.1a, to include utilizing time-out by removing any reference to time, and immediately stop using current practices that involve timing. 2) evidence that training has been provided to all staff on the new Student Separation Resulting from Behavior Support policies and procedures. 2) a draft of the new policy and procedure that aligns with the new DESE amendment guidance to be implemented by August 17, 2026.

**Due Date: Progress Report 2** - 07/06/2026

**Required Elements: Progress Report 2** - The program must submit: 1) the program's final draft of the new policy and procedures that align with the new DESE amendment guidance to be implemented by August 17, 2026. 2) evidence that all staff have been trained in the new policy and procedures, and for any staff who did not receive the training, provide a scheduled make-up date.

**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:

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

- l. How the learning standards of the Massachusetts Curriculum Frameworks are incorporated into the program's instruction and
- m. 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; 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 ; 34 CFR 100.3](#)

## Confirmed Findings

Applies To	Rating	Response Required	Finding Description
Whitney Academy Intensive Residential Program	Partially Implemented	Yes	While some interviewees indicated several in-service trainings were conducted, a review of documentation and staff records showed that not all staff received the required annual in-service training. All in-service trainings were not clearly documented; therefore, the Department was not able to verify that staff received all in-service trainings annually.

## Corrective Action Plan

**Department Order of Corrective Action** - Once the Department has approved the In-service Training Plan, the program must provide evidence of training for the 2025-2026 calendar for all volunteers, interns, and staff.

**Due Date: Progress Report 1** - 03/09/2026

**Required Elements: Progress Report 1** - The program must submit: 1) evidence of a new procedure for tracking and reviewing all required annual mandated DESE in-service training. 2) procedures to show that all staff received in-service mandated DESE training. 3) designated staff positions for each step of the process and a plan for how missed trainings will be made up.

**Due Date: Progress Report 2** - 07/06/2026

**Required Elements: Progress Report 2** - The program must submit: 1) documentation to show evidence that the new procedures for tracking and reviewing mandated DESE in-service training annually have been implemented. 2) evidence to show the required staff received the training and the scheduled make-up date(s) for any missed training,

## Buildings/Facilities

### 4.2 Public Information and Postings

#### Requirements

Each program maintains onsite and makes available for public information 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. Complete documentation about the legal ownership, governance, and management of the school program, including:
  1. Registration with the Secretary of the Commonwealth of MA
  2. Documentation of FEIN number issued by the IRS
  3. Names of officers,
  4. List of Board of Directors,
  5. Charters,
  6. Partnership agreements,
  7. Articles of organization, and
  8. By-laws.

The following information shall be made readily available to all staff:

1. First Aid procedures;
2. Emergency procedures;
3. Emergency telephone numbers;
4. Evacuation Routes; and
5. All required policies and procedures.

The following shall be posted in both school and residences:

1. Emergency telephone numbers
2. Copy of most recent DESE Approval Certificate
3. Copy of most recent EEC Approval Certificate (if applicable)

Once approved, the program must make the DESE approval status available for public review.

### Legal Standards

[28.09\(2\)\(b\)\(4\)](#); [28.09\(6\)\(a-e\)](#); [18.05\(9\)\(e\)\(4\)](#); [18.05\(10\)](#)

### Confirmed Findings

Applies To	Rating	Response Required	Finding Description
Whitney Academy Intensive Residential Program	Partially Implemented	Yes	The program had emergency procedures; however, the procedures were not easily accessible to staff and did not include relevant emergency information related to the program.

### Corrective Action Plan

**Department Order of Corrective Action** - The program must submit a plan for how to make emergency policies and procedures readily accessible to all staff.

**Due Date: Progress Report 1** - 03/09/2026

**Required Elements: Progress Report 1** - The program must submit: 1) a plan to show that emergency policies and procedures are relevant to the program and readily accessible to all staff.

WHITNEY ACADEMY, INC.

## Whitney Academy Intensive Residential Program

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

### Provisional Approval

This approval status expires on July 06, 2023 and is a result of a Program Review conducted in the  
2022-2023 school year. The next expected Mid Cycle Review will be conducted in the 2025-2026  
school year.

### Program-Specific Information

Main Address: 85 Dr Braley Rd., East Freetown, MA, US, 02717  
Program Type: Residential Program  
Number of Months in Session: 12 months  
Approved Student: Licensed Educator Ratio: 4:1  
Approved Student: Licensed Educator: Aide Ratio: 7:1:1  
Program Rate Based on: 45 students  
DESE Approved Student Enrollment: 45 students

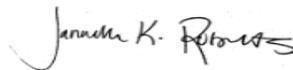
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