

YEAR ANNUAL STATEMENT OF ASSURANCES
Approved Private Special Education Programs

Special Education Program Name:

The special education program assures that it continues to operate in conformance with all documentation submitted to, and currently approved by, the Connecticut State Department of Education (CSDE) in accordance with the *Principles, Procedures, and Standards for the Approval of Private Special Education Programs (February 2021)*.

1. ☐ This special education program assures that it complies with the provisions of the Individuals with Disabilities Education Act (IDEA); Section 504 of the Rehabilitation Act of 1973, Sections 10-76a through 10-76ee inclusive of the Connecticut General Statutes (C.G.S.) and the regulations adopted thereunder, all local requirements, and all other relevant federal and state laws and regulations.
2. ☐ The program assures that at a minimum, this program provides 900 hours of actual schoolwork during a minimum of 180 school days annually during the regular school year (i.e., between late August and June).
3. ☐ The program assures that it employs or contracts with only administrators, instructional staff, and related services personnel who hold proper state certification or licensure for services performed on behalf of the program. The mix of certification endorsements for instructional staff remains the same (that most recently approved by the CSDE).
4. The following reflects the policy and practice of this program (**check each that applies**).
 - ☐ The program assures that prior to enrolling outplaced local education agency (LEA) students, a program representative participates in a planning and placement team (PPT) meeting convened to develop, review, or modify the student's individualized education program (IEP) and to ensure the special education program can fully implement the student's IEP.
 - ☐ The program assures that prior to enrolling a student placed for other than educational reasons in a residential treatment program of which this program is a component, a knowledgeable program representative first ascertains whether the student is eligible for special education services. If so, the program's representative reviews the student's current IEP. The student is accepted into the program only if their IEP will be fully implemented upon admission. In an emergency situation, the program accepts a student conditionally, and discharges, no later than twenty (20) school days after enrollment, any student whose IEP is not being fully implemented by the program.
5. ☐ The program assures that it maintains a copy of a written contract for each student enrolled for the purpose of implementing an IEP developed by the district's PPT. The program assures that it maintains, and as required, provides the responsible LEA with verification that all specialized instruction and services are being delivered as delineated in the IEP and identified in the contract.

6. ☐ The program assures that it provides to each eligible student all services mandated by the student's current IEP as developed for the student by a PPT convened by their LEA and documented on the LEA's IEP forms. Throughout the student's enrollment in the special education program, one or more of the student's teachers participates in each PPT meeting the LEA convenes regarding the student.
7. Please check **one**.
- ☐ The program assures that it does not provide services to children placed by the Connecticut Department of Children and Families (DCF) in a residential treatment program or receiving home.
- ☐ The program assures that it ensures the provision of educational services to children placed by DCF in a residential treatment program or receiving home in accordance with the CSDE-DCF memorandum dated March 15, 1993.
8. ☐ The program assures that an official provides the data, as required, reporting the use of emergency physical restraint and emergency seclusion with children receiving special education services or being evaluated for special education eligibility.
9. ☐ The program assures that the required emergency physical restraint and emergency seclusion data includes all instances of the use of emergency physical restraint and/or emergency seclusion; the nature of the emergency necessitating its use; and all instances of physical injury due to an emergency physical restraint or emergency seclusion, including serious injuries (defined as requiring attention beyond basic first aid).
10. ☐ The program assures that it submits reports of the use of emergency physical restraint and emergency seclusion in the CSDE's Restraint and Seclusion database within two (2) business days of the incident.
11. ☐ The program assures that it provides notification to parents upon the use of emergency physical restraint and/or emergency seclusion, including a written report within two (2) business days.
12. ☐ The program assures that it also notifies the student's responsible LEA upon the use of emergency physical restraint and emergency seclusion allowing the LEA to maintain a current compilation of the use of emergency physical restraint and emergency seclusion.
13. ☐ The program assures that it provides training to its staff in the use of emergency physical restraint and emergency seclusion. Such training includes, but is not limited to, verbal defusing or de-escalation, prevention strategies, types of emergency physical restraint, the differences between life-threatening physical restraint and other varying levels of physical restraint, the differences between permissible physical restraint and pain compliance techniques, monitoring to prevent harm to a person physically restrained or secluded, and recording and reporting procedures on the use of emergency physical restraint and emergency seclusion.
14. ☐ The program assures that its designated official completes and signs verification of the *ED 126 - Statement of Professional Experience*, ensuring that the experience verified is consistent with the information reported by the school in the Educator Data System. In addition, upon request, the program assures that it provides necessary data allowing districts to complete the required Teacher-Course-Student record to the CSDE.

15. Please check **one**.

- ☐ The program assures that it complies with the C.G.S. and the regulations of the Department of Motor Vehicles (DMV) regarding student transportation.
- ☐ The program assures that it does not transport students as defined in the C.G.S. and the regulations of the DMV.

Local fire inspection and health inspection reports must be submitted to the CSDE each year by October 15th in its entirety and each report should clearly indicate that the program has passed/received approval status. It is the program's responsibility to always maintain *unexpired* fire and health reports while operating as a CSDE approved private special education program (APSEP).

16. Please choose applicable items.

- a. ☐ The program assures that it currently holds **unexpired fire and health inspection** reports for the site(s) in which educational services are provided. The program assures that each final inspection report for the site(s) clearly indicates the program has passed/received an approval status. **The final reports are attached and submitted in its entirety.**

Current Unexpired Fire Inspection Expiration Date(s): _____

Current Unexpired Health Inspection Expiration Date(s): _____

Please attach information for all sites

- b. ☐ The program assures that it currently holds **expired fire and health inspection** reports for the site(s) in which educational services are provided. The program assures that each final inspection report for the site(s) clearly indicates the program's status. **The final reports are attached and submitted in its entirety.**

Expired Fire Inspection Date(s): _____

Expired Health Inspection Date(s): _____

Please attach information for all sites.

- ☐ The program assures that it currently holds an **unexpired** ☐ FIRE or ☐ HEALTH inspection report AND an **expired** ☐ FIRE or ☐ HEALTH inspection report for the site(s) in which educational services are provided. The program assures that the final **unexpired** fire or health inspection report AND expired fire or health inspection reports clearly indicates the program's status. **The final reports are attached and submitted in its entirety.**

Current Unexpired ☐ Fire Inspection OR Unexpired ☐ Health Inspection Date(s): _____

- ☐ The program assures that the final **expired** ☐ FIRE OR expired ☐ HEALTH inspection report for each site **is also attached/submitted in its entirety.**

Expired Fire Inspection OR Health Inspection Date(s): _____

Please attach information for all sites applies.

17. This program assures that it currently (**check all applicable boxes**):

- ☐ has adequate/valid fire insurance
☐ **does not** have adequate/valid fire insurance
- ☐ has adequate/valid liability insurance
☐ **does not** have adequate/valid liability insurance
- ☐ has adequate/valid workers compensation insurance
☐ **does not** have adequate/valid workers compensation insurance
- ☐ has adequate/valid bonding
☐ **does not** have adequate/valid bonding
- ☐ has adequate/unexpired automobile insurance/coverage
☐ **does not** have adequate/unexpired automobile insurance/coverage

18. ☐ The program assures compliance with the regulations on the administration of medication in schools (Regulations of Connecticut State Agencies [RCSA] Sections 10-212a-1 through 10-212a-10), which apply to an APSEP and has policies and procedures that align with current laws and regulations related to medication administration.

19. ☐ The program assures that it is a component of a school or facility of which at least one other component provides education services to school-aged children.

20. ☐ The program assures that all administrative, instructional, and related service personnel for each component of the school or facility that provides education services to school-aged children holds appropriate certification, except as provided in RCSA Section 10-145d-610(c) and shall be on file with the State Board of Education.

21. ☐ The program assures that before hiring staff, who will work directly with students, it requires that prior work references be on record for all applicants and the applicant submits to a DCF Child Abuse and Neglect Registry records check.

22. ☐ The program assures that it obtains the information listed on the State of Connecticut Educational Employer Verification form from ALL the applicant's current or former employer(s) if such employer was a local or regional board of education, an APSEP, a governing council of a state or local charter school, an interdistrict magnet school operator, or if the employment caused the applicant to have contact with children.

23. ☐ The program assures that is in compliance with C.G.S. Section 10-221d, regarding background and employment verification checks of applicants or employees.

24. ☐ The program assures that anyone administering the Alternate Assessment is trained by the CSDE. The program assures that it has designated a program administrator for assessments and the contact information has been submitted in the CSDE Comprehensive Assessment Program Portal.

25. ☐ Additionally, as appropriate, in a setting where the students participate in the Connecticut Scholastic Aptitude Test School Day Program, the program assures that it has appointed and registered a **test center supervisor** with the CSDE and College Board. The program also assures that it has appointed a **services coordinator for students with disabilities**.

26. ☐ The program assures it is implementing a current CSDE approved plan for teacher and administrator evaluation and support that is aligned to the [Connecticut Guidelines for Educator Evaluation](#). The program may elect to implement *Connecticut's System for Educator Evaluation and Development (SEED) - Adapted for CSDE-Approved Private Special Education Programs* in its entirety, propose variations of SEED-APSEPs, or develop its own plan that is consistent with the Connecticut Guidelines for Educator Evaluation.

*The program's chief administrator must complete, sign, and date below. **Not the education director.***

Print/Type Name: _____
CHIEF ADMINISTRATOR

SIGN: _____
CHIEF ADMINISTRATOR SIGNATURE DATE