

**Settlement Agreement Between the Disability Law Center (“DLC”)
and the Chamberlain International School (“CIS”).**

Whereas the Disability Law Center (“DLC”), as the Protection and Advocacy System for Massachusetts, initiated an investigation in May 2015 into the policies and practices of the Chamberlain International School (“CIS”);

Whereas DLC, upon completion of its investigation, issued a public Report (“Report”) which summarized the results from that investigation and identified a series of concerns at CIS;

Whereas, DLC called on CIS to create a detailed remedial plan to address those identified concerns;

Whereas, DLC and CIS, based upon their joint concern for the welfare of the students at CIS, have worked together cooperatively to address those identified concerns, including CIS devising an effective remedial plan;

Now therefore, DLC and CIS hereby agree as follows:

1. CIS has undertaken significant remedial steps to address the concerns identified in the Report and devised a detailed remedial plan, which is set forth in **Exhibit A** to this Agreement, which is attached hereto and incorporated by reference.
2. Pursuant to the remedial plan set forth in Exhibit A, CIS will periodically report to DLC on its progress generally, as well as in the specific areas of restraints/seclusions and the administration of medication.
3. CIS acknowledges that DLC had the legal authority to initiate and conduct its investigation of CIS. The parties regret that the early stages of the investigation were marked by a level of tension that had negative effect on the process. Chamberlain International School regrets the manner in which it characterized the Disability Law Center’s motive, agenda and impartiality in conducting the investigation. Both parties agree that the Disability Law Center report and the Chamberlain International School response were constructively negotiated in the best interests of the children served by Chamberlain International School, and the mission of the Disability Law Center in conducting its investigation.
4. Upon execution of this Agreement, DLC will dismiss its lawsuit in federal district court, Civ. Action NO. 1:15-cv-1888.
5. Upon execution of this Agreement, CIS will notify DLC that the “Litigation Hold,” dated August 17, 2016, is no longer in effect.
6. This Agreement, along with its Exhibit A, will be posted on DLC’s website.

7. If either party believes that the other party is in breach of this Agreement, it shall provide notice of such breach to the other party, identifying with specificity the nature of the breach. The responding party shall have ten days to address and cure the alleged breach. That ten day period may be extended by mutual agreement. If the breach is not cured within that time frame, the party who believes that the other party has breached the Agreement may seek relief in Superior Court, and, if successful, may obtain reasonable attorneys' fees for the time spent to cure the breach of the Agreement.

For the parties:

Disability Law Center by

 Dated: April 5, 2017

Chamberlain International School by

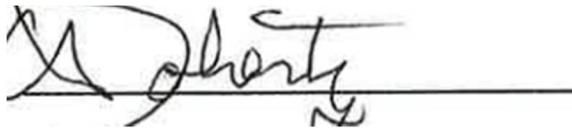
 Dated: April 10/17

EXHIBIT A to Settlement Agreement

Changes implemented at Chamberlain in response to DLC report

1. Policies and practices to effectively identify, prevent and treat students who exhibit or are at risk of serious self-injurious behavior (which should include a plan to provide timely access to clinical staff on evenings and weekends)

Chamberlain response:

Chamberlain has two sets of policies to address self-injurious behavior. One is specific to the diagnostic criteria regarding Self Injury and the other is specific to diagnostic criteria pertaining to suicidal ideation and/or gestures.

Chamberlain's approach to self-injurious behavior is addressed in our Self Injury Policy. This policy was developed after extensive consultation with Dr. Wendy Lader. Dr. Lader is the founder of S.A.F.E. Alternatives which is a nationally recognized program specifically designed to assist students and adults to develop long term coping strategies to reduce or eliminate self-injurious behavior.

Chamberlain's approach to suicidal comments, gestures or ideation is addressed by a series of policies designed to effectively address and monitor students through these periods. These policies represent a system of care and monitoring that is to be followed by all staff. Chamberlain understands the importance of staff being fully trained on these issues and is committed to conducting training for all new staff upon hire and then on an annual basis thereafter. They are designed to address student behavior within a program that operates 24/7 with various staffing patterns that include times that clinicians are available on sight and times that they are not. Embedded into each of these policies is a system to access On Call Administrators, Clinicians and/or psychiatrist.

These policies, which are attached as exhibits, include:

- Student Safety Plans (Ex. I-A)
- Close Watch Policy (Ex. I-B)
- Student at Risk of Suicide (Ex. I-C)
- Emergency Mental Health Procedures (Ex. I-D)

Chamberlain has long established policies and practices in place to effectively identify, prevent self-injury or suicide and treat students who exhibit or are at risk of serious self-injurious behavior which include access to clinical staff on evenings and weekends in the form of hospital level mental health assessment teams when the situation reaches that level of care. This system represents a continuum of clinical care, which is activated anytime a student verbally expresses a desire to self-harm or engages in gestures that could cause harm.

Protocol 1: To be followed whenever a clinician is on site

1. Clinician is immediately notified that a student has made verbal statements or engaged in acts of self-harm

2. Clinician conducts a *Clinical Safety Assessment* (a copy of which is attached as Ex. I-E) with the student
3. Based on the Clinical Safety Assessment the clinician has three options:
 - a. Determine that the student does not pose a safety risk to self. Counsel the student on best coping strategies to assist during times of distress. Clinician determines no increase in supervision is required.
 - b. Determine the student requires a higher level of supervision and support in order to maintain safety while practicing coping strategies. In this case the student is placed on *Close Watch Status* and a written plan for supervision is put in place.
 - c. Determine the student is in immediate danger of suicidal actions. In this case the student would be determined to need a Crisis Evaluation at a local emergency room. The student's psychiatrist would be consulted and a Section 12 would be written. The student would be transported via ambulance unless there were extraordinary conditions that either prevented ambulance transport or required Chamberlain to transport directly to the local Emergency Room. In an emergency situation, where transport to an emergency room could not be facilitated, the student would be placed on *At Risk for Suicide* until the transport could be facilitated.

Protocol 2: To be followed when a clinician is not on site

- 1 A supervisor is immediately notified if a student makes verbal statements to self-harm or engages in gestures.
- 2 The supervisor immediately places the student on *Close Watch* and then calls the Administrator On Call.
- 3 The Supervisor and the Administrator On Call have two options:
 - a. If the statements are consistent with the student's previous history and are not determined to pose an immediate threat, they will make a specific plan for *Close Watch*. This plan will be written to address whatever safety issues the student is expressing. The plan will outline precautions to be taken in the milieu. Parents will be notified and their feedback will be taken into consideration. Once a student is placed on *Close Watch* they will remain on this status until a clinician conducts a *Clinical Safety Assessment* to determine level of risk.
 - b. If it is determined that the actions or statements are not likely to respond to increased supervision, have not responded to *Close Watch* or are more serious in nature the Supervisor and Administrator will enact the *Emergency Mental Health Procedures* to seek an immediate crisis evaluation at the Emergency Room. The student's psychiatrist may be contacted to obtain a section 12 or the police may be notified to facilitate the Section 12, in order for an ambulance to

transport the student. In certain circumstances, the school may transport the student directly, if the student is deemed safe for transport or is requesting the evaluation.

4. At any time either the student's psychiatrist or Clinical Director would be notified and/or consulted.

Additional Chamberlain Actions:

Since the issuance of the DLC report, Chamberlain has engaged in much reflection, discussion and taken specific actions. Chamberlain and DLC agree that every effort must be made to provide the safest environment possible within the constraints of a non-secure/locked setting.

1. Chamberlain engaged a highly regarded expert consultant to assess the current policies and procedures regarding self-injury and suicidal behavior. The consultant met on campus with Chamberlain Psychiatrist, Coordinator of Clinical Care and administration and reviewed all relevant written policies. He also attended a meeting between the DLC and CIS to offer his opinions and recommendations.
2. Chamberlain has reviewed several of our practices and made adjustments to further enhance identification of and response to students who exhibit self-injurious or suicidal behaviors. Specifically, Chamberlain has created a separate Self Injury Treatment Plan to clearly identify those students for whom Safe Alternatives is determined to be the clinically appropriate approach to care. This plan allows the clinician to individualize care for the students while at the same time ensuring all faculty working with the student understand the best approaches to be used for that student (see attached Exhibit I-F) Additionally, daily Morning and Afternoon Meeting notes now contain a section which addresses students for whom SAFE Alternatives is used, as well as, sections for clinical safety assessments or clinical check ins. (see attached Exhibit I-G)
3. Chamberlain has further refined, standardized and formalized the Clinical Safety Assessments. Previously these assessments were done by the clinician based on their professional training and did not include a separate written evaluation tool. This new tool is formalized and in writing. It is designed to identify past risk behaviors, current presenting safety concerns in order to make a determination of current risk. The tool allows the clinician to make specific treatment recommendations for the student along a continuum, which includes such actions as: the clinical support offered by the assessment having resolved the concern, offering additional staff support, additional clinical support, psychiatric assessment, use of Close Watch Status, Use of At Risk for Suicide Status or psychiatric evaluation at a local hospital. Any recommendations made by the Clinical Safety Assessments are communicated to all faculty, both verbally and in writing, through the AM and PM meeting notes. In addition, these recommendations are added to the specific student's dorm communication log to ensure consistent communication between all faculty. All dorm staff are required to read and initial the dorm communication log prior to starting each shift. Any recommendations for Close Watch or AT Risk require a specific form be completed and signed off on by all faculty members each shift. These assessments are done by Clinical staff only and provide more comprehensive context and assessment, in writing, of current or emerging clinical

needs of students which may warrant enactment of the relevant mental health policies.

4. In conjunction with action # 2 on this list, Chamberlain Residential Supervisors and House Managers receive additional training through 7 training modules offered by the Jason Foundation specific to the following topics. Bullying and Suicide, Non suicide self-injury, General overview of youth suicide and prevention, Mental Health Issues Surrounding suicidal ideation, Prevention is Key, The history of suicide prevention and Youth suicide: A silent epidemic. These trainings will be required for all new Residential Supervisors and House Managers. Through our treatment team model, all faculty attend, on a rotating basis, student specific meetings three times per week. Part of the function of this meeting is to further educate staff and practice the application of the concepts learned through formalized training. Clinical staff and direct care address the needs of the student and apply training to make clinically appropriate plans. A Formal Suicide Prevention Training will be added to the list of annual trainings for all faculty members and during orientation for all new faculty.
5. Chamberlain's Individual Student Safety Plan has been further modified to include additional information and tracking to ensure all staff and faculty are fully aware of any student who may need to be monitored based on the clinician's assessment of current level of functioning. The changes include specific written recommendations which should occur in all aspects of the program. These plans cover specific recommendations or supports added for the student during the following times; Community Access, Home Visitation, Peer Interactions, Transition times, Mealtimes, Physical Activity Time, Classroom or Dorm. To ensure and track awareness of these plans, a faculty member signature is required on each plan for any faculty who work directly with the student. This modified plan is addressed twice daily with all staff in the form of Morning and Afternoon Meetings for which verbal and written reports are supplied.

DLC

2. Policies and practices to establish and maintain an adequate level of supervision and undertake effective steps to reduce or eliminate risks from students running away from school's campus

Chamberlain response:

Our staffing ratio as approved by Dept. Early Education and Care is 4:1 during awake hours and 5:1 during awake overnight shift, which we always maintain and typically exceed. As with all services provided at Chamberlain, these ratios are the basis for our OSD (operational services division) who sets our tuition rate. Policies and procedures based on these staffing ratios ("adequate level of supervision") have been in place and approved since 1976. These policies and procedures are reviewed during our bi-annual licensing study with DEEC, to ensure the staffing ratios continue to meet the clinical and behavioral needs of our students. During each bi-annual review these practices have been deemed appropriate

All policies and practices regarding level of supervision are internally reviewed. There are many times when a decision will be made to increase staffing based on the current need of a student and or dorm/classroom above and beyond the established level of supervision/ratio.

The level of direct supervision given is based on the student's clinical progress as described in our therapeutic management system. Student's progress through this system on a continuum of supervision levels based on their clinical progress from Stage 1 which is the highest level of direct supervision to Stage 5 which is the most independent level of supervision.

These policies are clinically and therapeutically grounded in expert opinion obtained through nationally recognized consultants.

Action:

1. During the course of the DLC report Chamberlain met with the Middleboro Chief of Police to collectively look at Chamberlain's runaway policy and make any appropriate changes. These extensive changes have been made and staff has been trained in the new run away and out of location policy and procedure. These changes include more specific language and instructions for staff in actions to be taken before, during and after a student goes out of location or runs away. Specifically, we define the difference between a run away and a student who is out of location. We have developed a Student Strategy plan that can be used to prevent either out of locations or run aways by addressing the specific student's lagging skills, through the use of Collaborative Problem Solving strategies, which is contributing to the behavior and the steps that can be taken to support the student during times of distress. Additionally, communication protocols with the local police are clearly identified for both student run-aways and out of locations.
2. Prior to and during the course of the investigation Chamberlain used the terminology of "run-away" for any student who left grounds without permission whether they were in the company of staff or not. Most commonly students who left property were not an actual "run-away" rather they were walking out of location in an effort to relieve anxiety or manage stress/frustration/anger more appropriately than other alternatives such as explosive behavior. The new runaway and out of location policy and procedure, (which is attached as Ex. II-A) outlines these changes in detail.
3. Chamberlain has changed the incident report to properly identify if a student is out of location versus an actual "run-away"
4. Chamberlain has instituted additional supervisory procedures designed to quickly examine and address any areas of concern, which may have contributed to a student run away. The findings of these are then reviewed with administrators to further refine best practices for supervision. This procedure includes a supervisor's worksheet that is completed and submitted to the Program Director. This worksheet asks the supervisor to review and determine if all protocols were completed. It requires a review of video coverage, if it is available. The goal of the worksheet is to determine first that protocols were followed and then to make recommendations to prevent future similar incidents. These worksheets are internal documents that are used as part of ongoing supervision between the Program director and Residential Director and Supervisors.
5. Chamberlain has clear policies for the supervision and oversight of residential staff. Each dorm has an identified leader for each shift. That person may be The House

Manager, Assistant House Manager, Weekend Lead Manager or designee. This dorm leader has direct oversight over the staff and student assigned for that shift. In addition, there is always a designated Residential Supervisor present on campus. The Supervisor provides oversight of the shift, visits all the dorms and responds to crisis or assistance needed for each dorm. The Supervisor on each shift reports directly to The Administrator On Call any concerns regarding student care.

6. Residential Staff and all staff have clearly outlined supervision of student standards to be followed. These standards are based on the student's progress in our stage system. Student's stage placement is based on the student's ability to sustain safety and appropriate behavior over time. Student stage placement is reviewed and approved by the student's entire treatment team. Proximity to staff and degree of direct supervision is gradually decreased as the student moves up the stage system. These stage guidelines are what dictate the level of supervision each student requires in the program.

DLC

3. Policies and practices to establish an effective anti-bullying program, consistent with the requirements of the Massachusetts anti-bullying law.

Chamberlain response:

Chamberlain's anti-bullying policy was developed after we had attended multiple trainings and conferences conducted by the Mass Aggression Reduction Center (MARC) prior to the passage of the MA law beginning in 2008. We had multiple administrators attend workshops and trainings conducted by MARC. The definitions, trainings, practices and policies developed by Chamberlain, were all based on the best practices outlined by MARC. Once the law was enacted in 2010, MARC conducted additional trainings, which we attended to further refine our policy. This final policy was submitted to DESE and is periodically submitted during our licensing reviews to ensure it meet the criteria in the MA state law. Additionally, we sent several staff to MARC's "train the trainer" seminars to become certified trainers so that our staff trainings represented the most current best practices. Since that time, we have consistently completed the following anti-bully activities designed to reduce the prevalence of this behavior and respond to any allegations:

1. Staff are trained or retrained annually on our Safe Schools Policy (Bullying Prevention)
2. Students are surveyed annually to identify any areas of concern
3. All students attend a 4 week clinical group designed to address the causes of bully behavior, cyber bullying and identify preventative methods. This curriculum includes reporting, taking action and creating a positive culture
4. Annual Cyber Bully training which is conducted by a representative from the Plymouth District Attorney's Office for all students. This training is specifically designed for students. While faculty members attend this training, they are not the identified audience. Faculty trainings for bully prevention cover topics related to Cyber Bullying.
5. Positive culture building activities to highlight and encourage positive behaviors and enhance school climate, such as daily Student Achievement Awards, celebration of national days of recognition, such as Day of Pink and Random Acts of Kindness Day.
6. Students participate in Community Service Activities to build acceptance and tolerance.

7. All students address any social skills deficits they may be experiencing through ongoing work with their individual therapist, group therapist, speech therapist or occupational therapist.
8. Additional student support is offered through peer role models or mentoring within the milieu.

Actions:

Most recently, Chamberlain has completed the following in order to further refine its anti-bully policy and program:

1. As has been done since Massachusetts Anti Bullying Law was passed, every September, Chamberlain clinicians present a four-week anti-bullying curriculum to all students. This was completed during the student's academic day within their classrooms.
2. We devised a separate and distinct incident report to refine the reporting of allegations of bully behavior
3. We have modified and updated our Bully Investigation Report to ensure the investigations are more factually based and identify bully versus conflict more clearly.
4. We consulted with Anne Gilligan from DESE for advice about how to best proceed it choosing a new curriculum or making cultural changes
5. We consulted with Lynn Sanford, LICSW to identify potential clinical experts who could assist us in developing anti-bully activities and/or programs for students on the autism spectrum for whom social skills deficits are a part of ongoing treatment.
6. Chamberlain's Program Director and Assistant Program Director attended the International Bully Prevention Conference November 6-8 in Louisiana. Information gathered at this conference will be used to further refine our staff trainings, student activities and to enhance school climate.
7. Chamberlain purchased the "Bullying Proofing" curriculum, which is approved by DESE. We are in the process of reviewing both the Middle School and High School Curriculum with the goal of incorporating both. This curriculum will be interwoven into both the school day and residential components. Teachers and Clinical Faculty will provide instruction. Target date March 1.
8. We have further developed our student achievement recognition program. Each day the faculty nominate students for an "achievement award" based on something positive they did or progress they have made. Students not only receive this faculty recognition, they also receive an award and are posted on our community bulletin board. After a student receives 3 of these awards they then meet with an administrator and are recognized with a prize.
9. We have created a school climate committee, including faculty representation from all

departments as well as student volunteers. This committee meets monthly to develop ideas and action plans for anti-bullying efforts at Chamberlain. Thus far the committee is working on a “random acts of kindness” program, identifying a guest speaker/sports figure to come on campus to do a workshop with our students, initiate a weekly news bulletin which will be done by the students to highlight positive events/news to share with student body, and positive/uplifting videos to be streamed in the cafeteria during lunch periods.

10. Bully prevention faculty training is scheduled for February 28th with Dr. Elizabeth Englander from M.A.R.C.
11. The clinicians/treatment team review incidents of bullying and develop safety plans for the target as well as a support plan for aggressor as needed. The needs of both the target and aggressor will be reviewed and addressed accordingly.
12. All faculty members, upon hire and annually thereafter will undergo training in Chamberlain’s Bully Prevention Policy. Chamberlain will continue to offer MARC trainings for staff on site, based on M.A.R.C availability. Chamberlain will continue to seek out additional off site Bully Prevention Professional Development training opportunities and support faculty attendance at these in order to stay current with the best practices.

DLC

4. Policies and practices to eliminate verbal, nonverbal and mental and emotional harassment and other inappropriate treatment of students by staff.

RESPONSE:

Chamberlain had and continues to have policies and practices that expressly prohibit verbal, nonverbal and mental and emotional harassment and other inappropriate treatment of students by staff.

Chamberlain has always taken any violation of this policy with the utmost seriousness. Chamberlain has as part of its well-established policies and procedures for a reporting system of any such violation and we respond immediately to any situation that may be against policy. Chamberlain conducts an internal investigation and when appropriate reports any potential abuse or neglect to the appropriate agencies for further investigation and/or oversight. These policies include: Code of Conduct (Ex IV-A), Procedure for Filing a Complaint Regarding Care of Children (Ex IV-B), Professional Boundaries Training (Ex IV-C), Mandated Reporter Training (Ex IV-D), Civil Rights Responsibilities Training (Ex IV-E) Employee Grievance Policy (Ex IV-F). All faculty members receive training in these policies and procedures upon hire during orientation and then annually thereafter.

Chamberlain employees must sign a code of conduct, which includes the following: All employees will treat students and their families with courtesy, respect, and fairness. Employees will not discriminate in the provision of care, treatment and education on the basis of race, religion, gender, national origin, or sexual preference. Further, all employees will take

cognizance of the personal values and beliefs of students in the process of the delivery of care, treatment and education.

All employees will use professional boundaries during all interactions with students.

Employees are not permitted to maintain personal relationships with current or past students, this includes: visits, phone contact, emails or social networking sites. Employees are not permitted to call student cell phones unless prior approval from a supervisor is given. Professional boundaries are critical in this atmosphere. It is our expectation that these boundaries remain in effect for those no longer employed at C.I.S., as well as for current employees.

Similarly, it is the responsibility of all employees to report to his or her supervisor unprofessional conduct of other employees. This conduct will include, but not be limited to, unprofessional relationships between employees and students; any act of harassment, sexual, racial, or other, telling sexist or racist jokes; making racial or ethnic slurs.

Sexual relationships between employees and students are strictly forbidden and criminal charges could be filed if appropriate.

It is the professional responsibility of all employees to report to his or her supervisor, knowledge of staff behavior, which can negatively affect the student's course of care, treatment and education. This behavior will include, but not be limited to, the physical, sexual or psychological abuse of any student and any student's abuse of alcohol or drugs.

The following reporting points exists.

Faculty are required to report any concerns to:

- their supervisor
- their Department Head
- The Program Director
- The Executive Director
- As per the Mandated reporter training, employees may also report directly to Department of Children and Families to file a 51A individually

Parents sign upon enrollment that they have read, reviewed and understand our parent handbook, which includes system of reporting. Parents and Students may report concerns to:

- Any faculty member of Chamberlain including but not limited to clinician, teacher, dorm worker or supervisor
- Their consultant or advocate
- Their referral source or funding agency
- Any other outside agency involved

Action:

1. The following wording has been added to the Code of Conduct:

“Chamberlain has zero tolerance for employee abuse and neglect of any sort towards our students which includes verbal, non-verbal, mental and emotional harassment. Progressive discipline will ensue should this policy be violated up to and including termination of employment and criminal charges”

2. During the course of the DLC investigation Chamberlain staff had been registered for and attended The AAIE Child Protection Leadership Training Workshop and Level 1 Certification Program with globally renowned panel of child protection child safety experts. Additionally Chamberlain reviewed and compared its own policies and procedures with the Center for Disease Control ‘Preventing Child Sexual Abuse Within Youth-Serving Organizations Policies and Procedures’ manual. Though Chamberlain’s existing policies and procedures are in accordance with the vast majority of the information obtained by both of these agencies, Chamberlain is in the process of implementing additional specific language and questions into the pre-hiring and ongoing supervision meetings. These conversations and questions are designed to help identify any areas of concern which may not have been brought forward through our other reporting systems, which are covered above.

DLC

5. A process and timeline for periodic reporting to DLC on the continued progress in moving CIS to a restraint-free campus,

Action:

Chamberlain will provide an updated reporting to DLC, including providing actual monthly metrics on the number of restraints and seclusions that occur. on the 15th of February, May and December of 2017

DLC

6. A process and timeline for periodic reporting to DLC on the continued effort to address medication issues.

Action:

Chamberlain will provide an updated reporting to DLC on the 15th of February, May and December 2017

7. Provide supplemental information to DLC on the 15th of May and December 2017 on other additional efforts CIS is making to address the concerns identified in the DLC Report.