



**PROVIDER REPORT  
FOR**

**BROCKTON AREA ARC  
1250 West Chestnut St  
Brockton, MA 02301**

**October 06, 2025**

**Version**

**Public Provider Report**

**Prepared by the Department of Developmental Services  
OFFICE OF QUALITY ENHANCEMENT**

# SUMMARY OF OVERALL FINDINGS

**Provider** BROCKTON AREA ARC

**Review Dates** 9/4/2025 - 9/10/2025

**Service Enhancement Meeting Date** 9/24/2025

**Survey Team** Kayla Condon  
William Muguro (TL)

**Citizen Volunteers**

**Survey scope and findings for Employment and Day Supports**

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
<b>Employment and Day Supports</b>	3 location(s) 15 audit (s)	Targeted Review	DDS 16/19 Provider 43 / 45  59 / 64 2 Year License 09/24/2025-09/24/2027		DDS 0 / 0 Provider 36 / 36  36 / 36 Certified 09/24/2025 - 09/24/2027
Community Based Day Services	2 location(s) 9 audit (s)			DDS Targeted Review	15 / 15
Employment Support Services	1 location(s) 6 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management (For all service groupings)				No Review	No Review Conducted

## **EXECUTIVE SUMMARY :**

The Brockton Area ARC (BAArc), established in 1952, was a local chapter of The Arc of Massachusetts that provided services to children and adults with intellectual disabilities and their families in Brockton and surrounding communities. Services included Employment Supports, Community-Based Day Supports (CBDS) for more than 80 participants, Day Habilitation, Family Support, Recreation, and Advocacy. The agency also operated a bottle redemption center, a lawn service, and a fingerprint identification service, with individuals supported in both group-supported and independent employment within local businesses.

The Department of Developmental Services (DDS) conducted a targeted review of licensing indicators for BAArc's Employment Services and CBDS. In preparation, the agency completed a self-assessment of licensing and certification indicators across all services.

The review identified areas of strength within organizational oversight and service delivery. Staff demonstrated knowledge of what constituted a reportable condition, their responsibilities as mandated reporters, and the procedures for filing with the Disabled Persons Protection Commission (DPPC). Training oversight systems ensured staff completed required trainings within expected timeframes.

At all reviewed locations, fire drills were conducted as required, and documentation confirmed that individuals evacuated safely within appropriate timeframes. Inspections for heating equipment and fire alarm systems were current, and all sites were clean and well maintained.

In the domain of healthcare and medication management, most individuals had emergency fact sheets that included current diagnoses, important contacts, relevant capabilities and limitations, and significant behavioral characteristics. Treatment protocols were in place for all individuals who required them, and each contained the necessary components. Staff were familiar with these protocols and demonstrated knowledge of individual medication needs. During CBDS hours, medications were administered by certified staff through the Medication Administration Program (MAP).

Opportunities for improvement were also identified. Organizationally, the agency needed to ensure sustained full membership of its Human Rights Committee, including members with the required expertise. Restraint reports were not consistently reviewed and finalized within required timelines in HCSIS. Similarly, incident reports required timely review and finalization to meet DDS requirements.

Based on the results of this review, BAArc received a Two-Year License for its Employment and CBDS programs, meeting 92% of licensing indicators. The agency also achieved full Certification in both service areas with a score of 100%. BAArc will conduct its own follow-up and submit documentation of correction for all licensing indicators rated as Not Met to the Office of Quality Enhancement (OQE) within 60 days of the Service Enhancement Meeting.

## **Description of Self Assessment Process:**

At Brockton Area Arc Inc. dba The Arc of Greater Brockton (AGB) we have many systems in place that allow us to complete our self-assessment process. We use information from these sources to rate indicators on the self-assessment sheet. These systems run on an ongoing basis and help us to ensure compliance with all DDS OQE guidelines. The systems include:

Human Rights Committee -AGB HRC meets quarterly to review all incident reports or restrictive plans created for participants.

Safety Committee -AGB safety committee meets bi-monthly to review all safety trainings we offer, do building and vehicle inspections, and review safety concerns for the programs.

Director's Meetings -AGB Directors meet weekly to discuss plans that are upcoming, review and decide on policies and procedures, or any other program changes that need to be made.

KIBU - Kibu is our online data tracking system that allows participant information to be easily accessible to staff, streamlines communications on what participants have going on, and retrieve data about what participants do while in our programs. Satisfaction Surveys - These are done annually for all program participants to give feedback and thoughts on how the program is run.

PBS Leadership Team - PBS is a crucial part of how our team interacts with our participants in the program. Our team meets quarterly and includes participants to train staff and review how we are doing utilizing PBS.

Departmental Staff Meetings - each department has team meetings at least once per month to share important information, review new policies and procedures, and train staff on protocols for individuals.

Relias - Relias is our online staff training platform that tracks all required trainings for staff, as well as giving them access to a large pool of useful trainings relevant to their roles.

ISP Meetings - our case managers conduct annual ISP meetings for each of our participants which allows us to focus on person centered planning, communicate important information to each person's team, and review status for each participants goals.

Performance Evaluations - our directors conduct annual performance evaluations on all employees to give feedback and guidance to ensure all of our staff are improving and executing policies and procedures. As part of our on-going feedback, participants are asked to provide feedback on staff, that is shared with the staff on an annual basis.

Board of Directors - Our executive director meets with our board of directors monthly to discuss goals of the program, update on plans for the future, and decide on important company decisions.

Meetings with DDS-the directors of each program have a scheduled bi-monthly meeting with leaders at the Brockton DDS to discuss contract changes, future plans for the program, and give updates on how participants are doing.

Medication Administration -we have 3 current MAP Certified staff who oversee the medication administration and track all the pertinent information.

Operations Leadership Team - this consists of key staff members who review certification and licensure indicators to identify needs that the programs have to meet compliance. This team discusses the need, decides on a solution, and oversees the implementation of those solutions.

- Satisfaction Surveys - annually giving participants the opportunity to provide feedback on the current offerings of the program, staff members, and future plans for how the program will move forward.

By utilizing these systems on an on going basis we are able to know for certain that our programs are running as they should following the OQE guidelines that we have received. This gives us confidence for each indicator that is listed as "Met" is being executed consistently and across the company. Any indicator that is "Not Met" is identified, and an action plan is put in place to bring us to compliance.

We have an operations leadership team that meets bi-weekly to discuss each indicator and establish new processes to stay compliant with current guidelines.

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	<b>8/10</b>	<b>2/10</b>	
<b>Employment and Day Supports</b>	<b>51/54</b>	<b>3/54</b>	
Community Based Day Services Employment Support Services			
<b>Critical Indicators</b>	<b>8/8</b>	<b>0/8</b>	
<b>Total</b>	<b>59/64</b>	<b>5/64</b>	<b>92%</b>
<b>2 Year License</b>			
<b># indicators for 60 Day Follow-up</b>		<b>5</b>	

**Organizational Areas Needing Improvement on Standards not met/Follow-up to occur:  
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	For 5 out of eight meetings of the Human Rights Committee (HRC) required membership and attendance of a licensed clinician was not met, the agency needs to ensure that members with required expertise attend all as mandated by the HRC by-laws.
L65	Restraint reports are submitted within required timelines.	For eight Restraint incident reports, required review and finalization in HCSIS was not completed, agency needs to ensure that all Restraint incident reports are reviewed and finalized within required timelines.

**Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:  
From DDS review:**

Indicator #	Indicator	Area Needing Improvement
L91	Incidents are reported and reviewed as mandated by regulation.	For one incident report, required review and finalization was not completed within required timelines, agency needs to ensure that required review and finalization of incident reports is completed within required timelines.

**Employment/Day Areas Needing Improvement on Standards not met/Follow-up to occur:  
From Provider review:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Issue identified</b>	<b>Action planned to address</b>
L78	Staff are trained to safely and consistently implement restrictive interventions.	Staff were not trained in approved DDS Restraint Training.	Agency is working with DDS to adopt a DDS approved training
L79	Staff are trained in safe and correct administration of restraint.	Staff were not trained in approved DDS Restraint Training.	Agency is working with DDS to adopt a DDS approved training

## CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
<b>Certification - Planning and Quality Management</b>		<b>0/0</b>	<b>0/0</b>	
<b>Employment and Day Supports</b>	<b>DDS 0/0 Provider 36/36</b>	<b>36/36</b>	<b>0/36</b>	
Community Based Day Services	DDS 0/0 Provider 15/15	15/15	0/15	
Employment Support Services	DDS 0/0 Provider 21/21	21/21	0/21	
<b>Total</b>		<b>36/36</b>	<b>0/36</b>	<b>100%</b>
<b>Certified</b>				

## MASTER SCORE SHEET LICENSURE

Organizational: BROCKTON AREA ARC

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓜ L2	Abuse/neglect reporting	1/1	Met
L3	Immediate Action	4/4	Met
L4	Action taken	2/2	Met
L48	HRC	0/1	Not Met(0 % )
L65	Restraint report submit	0/8	Not Met(0 % )
L66	HRC restraint review	8/8	Met
L74	Screen employees	4/4	Met
L75	Qualified staff	4/4	Met
L76	Track trainings	4/4	Met
L83	HR training	4/4	Met

### Employment and Day Supports:

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L1	Abuse/neglect training	I	Provider		-	-	-	Met
L5	Safety Plan	L	Provider		-	-	-	Met
Ⓜ L6	Evacuation	L	DDS			2/2	2/2	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	DDS	6/6		7/9	13/15	Met (86.67 %)
L9 (07/21)	Safe use of equipment	I	Provider		-	-	-	Met
L10	Reduce risk interventions	I	Provider		-	-	-	Met
Ⓜ L11	Required inspections	L	DDS			2/2	2/2	Met
Ⓜ L12	Smoke detectors	L	DDS			2/2	2/2	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Reviewed by</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
Ⓡ L13	Clean location	L	DDS			2/2	2/2	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Met
L16	Accessibility	L	Provider		-	-	-	Met
L17	Egress at grade	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L25	Dangerous substances	L	Provider		-	-	-	Met
L26	Walkway safety	L	Provider		-	-	-	Met
L27	Pools, hot tubs, etc.	L	Provider		-	-	-	Met
L28	Flammables	L	Provider		-	-	-	Met
L29	Rubbish/com bustibles	L	Provider		-	-	-	Met
L30	Protective railings	L	Provider		-	-	-	Met
L31	Communication method	I	Provider		-	-	-	Met
L32	Verbal & written	I	Provider		-	-	-	Met
L37	Prompt treatment	I	Provider		-	-	-	Met
Ⓡ L38	Physician's orders	I	DDS			8/8	8/8	Met
L39	Dietary requirements	I	Provider		-	-	-	Met
L44	MAP registration	L	Provider		-	-	-	Met
L45	Medication storage	L	Provider		-	-	-	Met
Ⓡ L46	Med. Administration	I	DDS			5/5	5/5	Met

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Reviewed by</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
L49	Informed of human rights	I	Provider		-	-	-	Met
L50 (07/21)	Respectful Comm.	I	Provider		-	-	-	Met
L51	Possessions	I	Provider		-	-	-	Met
L52	Phone calls	I	Provider		-	-	-	Met
L54 (07/21)	Privacy	I	Provider		-	-	-	Met
L55	Informed consent	I	Provider		-	-	-	Met
L56	Restrictive practices	I	Provider		-	-	-	Met
L63	Med. treatment plan form	I	Provider		-	-	-	Met
L64	Med. treatment plan rev.	I	Provider		-	-	-	Met
L77	Unique needs training	I	Provider		-	-	-	Met
L78	Restrictive Int. Training	L	Provider		-	-	-	Not Met
L79	Restraint training	L	Provider		-	-	-	Not Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
Ⓡ L82	Medication admin.	L	DDS			2/2	2/2	Met
L85	Supervision	L	Provider		-	-	-	Met
L86	Required assessments	I	Provider		-	-	-	Met
L87	Support strategies	I	Provider		-	-	-	Met
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	DDS	0/1		1/2	1/3	Not Met (33.33 %)
L93 (05/22)	Emergency back-up plans	I	Provider		-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L96 (05/22)	Staff training in devices and applications	I	Provider		-	-	-	Met
<b>#Std. Met/# 54 Indicator</b>							51/54	
<b>Total Score</b>							59/64	
							92.19%	

## MASTER SCORE SHEET CERTIFICATION

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### Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met
C8	Family/guardian communication	Provider	-	Met
C13	Skills to maximize independence	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C38 (07/21)	Habilitative & behavioral goals	Provider	-	Met
C39 (07/21)	Support needs for employment	Provider	-	Met
C40	Community involvement interest	Provider	-	Met
C41	Activities participation	Provider	-	Met
C42	Connection to others	Provider	-	Met
C43	Maintain & enhance relationship	Provider	-	Met
C44	Job exploration	Provider	-	Met
C45	Revisit decisions	Provider	-	Met
C46	Use of generic resources	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met

## Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	<b>Met</b>
C8	Family/guardian communication	Provider	-	<b>Met</b>
C22	Explore job interests	Provider	-	<b>Met</b>
C23	Assess skills & training needs	Provider	-	<b>Met</b>
C24	Job goals & support needs plan	Provider	-	<b>Met</b>
C25	Skill development	Provider	-	<b>Met</b>
C26	Benefits analysis	Provider	-	<b>Met</b>
C27	Job benefit education	Provider	-	<b>Met</b>
C28	Relationships w/businesses	Provider	-	<b>Met</b>
C29	Support to obtain employment	Provider	-	<b>Met</b>
C30	Work in integrated settings	Provider	-	<b>Met</b>
C31	Job accommodations	Provider	-	<b>Met</b>
C32	At least minimum wages earned	Provider	-	<b>Met</b>
C33	Employee benefits explained	Provider	-	<b>Met</b>
C34	Support to promote success	Provider	-	<b>Met</b>
C35	Feedback on job performance	Provider	-	<b>Met</b>
C36	Supports to enhance retention	Provider	-	<b>Met</b>
C37	Interpersonal skills for work	Provider	-	<b>Met</b>
C47	Transportation to/ from community	Provider	-	<b>Met</b>
C50	Involvement/ part of the Workplace culture	Provider	-	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	Provider	-	<b>Met</b>