



**PROVIDER REPORT
FOR**

**Extra Special Teas
2 ELM Street
Great Barrington, MA 02130**

February 14, 2025

Version

Public Provider Report

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

SUMMARY OF OVERALL FINDINGS

Provider	Extra Special Teas
Review Dates	1/14/2025 - 1/17/2025
Service Enhancement Meeting Date	2/4/2025
Survey Team	Danielle Chiaravallotti (TL) Stephanie Baldwin
Citizen Volunteers	

Survey scope and findings for Employment and Day Supports

Service Group Type	Sample Size	Licensure Scope	Licensure Level	Certification Scope	Certification Level
Employment and Day Supports	4 location(s) 13 audit (s)	Targeted Review	DDS 8/9 Provider 40 / 40 48 / 49 2 Year License 02/04/2025-02/04/2027		DDS 0 / 0 Provider 42 / 42 42 / 42 Certified 02/04/2025 - 02/04/2027
Community Based Day Services	2 location(s) 6 audit (s)			DDS Targeted Review	15 / 15
Employment Support Services	2 location(s) 7 audit (s)			DDS Targeted Review	21 / 21
Planning and Quality Management				No Review	No Review Conducted

EXECUTIVE SUMMARY :

Extra Special Teas, Inc. (EST) is a nonprofit organization that provides employment supports and community-based day services (CBDS) to adult individuals with Intellectual Disabilities. Extra Special Teas opened as a tea house business in the center of Great Barrington in April 2016. In January 2022, Extra Special Teas opened an additional location in the center of Housatonic. EST provides both CBDS and employment services at both locations, depending on each individual's preferences and activities offered.

The agency was eligible for and elected to complete a self-assessment on all licensure and certification indicators for the current licensing cycle. The Department of Developmental Services (DDS) Central West Office of Quality Enhancement conducted a targeted review of the eight critical licensing indicators, as well as two licensing indicators that were not met during the previous cycle. The final survey report reflects a combination of ratings from the self-assessment process conducted by EST and the targeted review conducted by DDS, with ratings from DDS prevailing where indicators were rated by both entities.

The targeted review results confirmed that Extra Special Teas provided effective supports in all the areas that were reviewed by DDS OQE. In the area of healthcare, medical treatment protocols were in place for all relevant individuals and staff were trained to implement them as ordered. In the area of safety, individuals were supported to evacuate appropriately in the event of a fire emergency, and all relevant inspections were conducted within the required timelines. Smoke and carbon monoxide alarms were in place and in working order and both locations that were visited were clean and devoid of pest infestations. One location was fully accessible to the needs of individuals supported there, with individuals at the Great Barrington location utilizing a wheelchair lift to get into the building. A handicap accessible bathroom was located on the first floor and the Housatonic location is at grade level. In the domain of human rights, EST shares a human rights committee with another agency located in the Berkshire region of the state. EST's human rights committee maintained the required specialty members, met quorums for all meetings, and met quarterly to review all required information in support of supported individuals.

Some support areas require additional attention from the area to meet compliance. Relative to safety and human rights, the agency needs to ensure that all incident reports are submitted and reviewed within required timelines in HCSIS.

As a result of the agency's self-assessment findings and the targeted review conducted by OQE, Extra Special Teas Inc. will receive a Two-Year License for the day/employment service grouping, with a service group score of 98% of licensing indicators met. This service group is Certified with an overall score of 100%. Follow-up will be conducted by the agency and reported to OQE within sixty days on all licensing indicators that received a rating of Not Met.

SEE below, Extra Special Tea's self-assessment report describing the organization's ongoing quality assurance systems and the agency's current evaluation of compliance with DDS licensing.

Description of Self Assessment Process:

Extra Special Teas' (EST) self-assessment process began with the organization of documents in December of 2024 and the review occurred between January 7 and January 9, 2025. To begin the assessment EST utilized a random sample of 10 participants similar to that selected by the OQE Team from both Community Based Day and Group Supported Employment programs. The Executive Director solicited the assistance of 2 staff members (both of whom have a previous background of working for state agencies - DDS Connecticut and DCF Massachusetts), a member of the human rights committee and a member of the board of directors to assist in performing various parts of the audit. To perform the assessment, EST utilized DDS's certification and licensing tools, including licensing and certification applicability definitions, day/employment services survey worksheet for all 10 participants sampled, the administrative review worksheet and the centralized training review checklist. These tools are available for review upon request. EST performed this audit to mirror the DDS in-person audit in all areas of review. The rating system used was the same as that used by DDS. Each licensing and certification indicator received a met, not met, or not rated. EST applied DDS's 80% threshold in rating any indicator Met.

For administrative review, a random sample of five staff was selected through a computer-generated program. It was determined that this was a fair sampling as it was approximately 30% of the provider's current staff.

EST divided the self-assessment into segmented reviews that included specific targeted licensing indicators, and these segments were assigned to specific "auditors".

The administrative review was performed by the Executive Director, 1 staff member and a board member. The administrative review worksheet was used during this process and those listed indicators were audited individually by each auditor. The auditors also utilized the centralized training review checklist. Supporting documents such as DPPC policies, incident reports, staff trainings, hiring practices, staff job descriptions, staff evaluations, satisfaction surveys, and strategic planning documents were reviewed by the auditors in assessing these indicators. The auditors also reviewed human rights meeting minutes, bylaws and member composition and attendance to meetings, grievance policies and forms, and board meeting minutes over the last 24 months. A post-audit meeting was held in which each indicator was reviewed by comparing each auditor's notes regarding whether a particular indicator was met, not met, or not rated using DDS's applicability definitions. Once a consensus was reached, the executive director noted the rating on a scoring template to be used to execute the final report to DDS.

The second segment of the self-assessment was performed by a group consisting of the executive director, a human rights committee member, a board member and 2 staff members. Each auditor utilized a day/employment survey worksheet in this process. This segment of the audit focused on Personal Safety. Documents reviewed by the auditors included emergency evacuation safety plans, fire drill logs, emergency back up plans, individual safety assessments, incident reports, running notes, staff trainings, grievance policies, facility checklists, and cleaning and disinfecting policies. Walks through both EST locations were performed in this audit segment. Staff interviews were executed by a staff member.

The third segment of the self-assessment process was performed by the executive director, human rights committee member and one staff member. Each auditor utilized the day/employment survey worksheet in this process. This segment of the audit focused on the environmental and personal safety of the individuals sampled. A thorough walk through of both EST locations were performed, and indicators were rated on the site as they were observed. Documents reviewed were annual inspections and facility checklists; emergency backup plans; incident reports; on-site testing of fire alarms and water temperatures were performed. A staff member conducted participant and staff interviews.

The fourth segment of the self-assessment was performed by the executive director and another staff member. This segment of the audit focused on competent workforce. Each auditor utilized a day/employment survey worksheet in this process. Documents reviewed by the auditors included staff

trainings, agency policies, running notes, monthly recaps which look for trends and patterns, tracking systems, staff meeting minutes and staff evaluations. Staff interviews were conducted.

The fifth segment of the self-assessment was performed by the executive director, staff member and a member of the human rights committee. This segment of the audit focused on health and health related supports and protective equipment. Each auditor utilized a day/employment survey worksheet in this process. Documents reviewed during this process included emergency fact sheets and staff training on unique needs. The assessment of the unique needs of participants included a review of medical protocols developed by a health care professional and the observable symptoms that would require monitoring and action steps that staff should take if needed

The sixth segment of the self-assessment was performed by the executive director, a member of the human rights committee, a member of the board of directors and a staff member. This segment of the audit focused on relationships, goal accomplishment, skill building, community access and integration, human rights, choice, communication, and control. Individual and staff interviews were conducted. Documents reviewed included ISP's, goals, objectives, data collection, assessments (including a new provider generated assessment for vocational and pre-vocational skills specific to the provider's jobs and programs; assisted tech; career interests; and career path to employment), interest surveys to create participant schedules pertaining to their interests; staff trainings, participant trainings, agency policies, individual records, staff evaluations, and person-centered planning.

Following all sections of the self-assessment, post-audit meetings were held in which each indicator was reviewed by comparing each auditor's notes regarding whether a particular indicator was met, not met, or not rated using DDS's applicability definitions. Once a consensus was reached, the executive director noted the rating on a scoring template used to execute the final report to DDS.

The provider utilizes tracking sheets and checklists for quality assurance and compliance. Tracking sheets are utilized to track staff trainings, annual consents, and facility maintenance. All participant notes, ISP goals to be tracked, staff handbook and any pertinent staff handouts are available to all staff through our Google Classroom. All deadlines are posted on the google calendar which all staff have access to.

The provider solicits feedback from participants, families, caretakers, guardians, and other stakeholders on an annual as well as ongoing basis. All stakeholders are encouraged to share their feedback about the program and staff and this information is used to make service improvements.

The Executive Director regularly accesses and is subscribed to an online staff training platform and staff are sent training opportunities through DDS Learning Matters quarterly. Once it is identified that staff would like to take an online training or it is required, they are signed up for the online class by the Executive Director. It was noted that several staff not only had completed training in the DDS required trainings, but several staff have additional training certificates (deaf culture, trauma, communication, de-escalation, understanding autism, career and benefit training to name a few), which have enhanced the organization's ability to serve the participants' interests or individual needs.

The provider and the members completing the self-assessment found the process to be challenging, yet enlightening, as the provider strives to meet all indicators of licensing and certification. The provider feels it has a deeper understanding of the indicators after thoroughly reviewing the provided worksheets, indicators and interpretations. After reviewing of the hierarchy chart for management of the day/employment and group supported programs, it was identified that some tweaking of management roles could benefit the organization. Although the provider felt that all indicators regarding safety checks were met, the provider would like to be more proactive and do more periodic checks for things like water temperature, emergency fact sheets (med changes as they occur), first aid/PPE materials, and van maintenance/supplies. It was noted that the participants who were interviewed felt satisfaction in their choice of activities and job tasks. Participants felt active in the community, which is enhanced by community events hosted by the provider. Staff confirmed they were informed of the policies and procedures of the provider and were familiar with each participant's individual needs. It was particularly helpful to have a board member and member of the human rights committee assist with the self-assessment process, as they brought a fresh eye to this audit.

LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
Organizational	7/7	0/7	
Employment and Day Supports	41/42	1/42	
Community Based Day Services Employment Support Services			
Critical Indicators	6/6	0/6	
Total	48/49	1/49	98%
2 Year License			
# indicators for 60 Day Follow-up		1	

**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.	One of two incident reports was not submitted and finalized within the required timelines. The agency must ensure that all incident reports are submitted and finalized within the required timelines in HCSIS.

CERTIFICATION FINDINGS

	Reviewed By	Met / Rated	Not Met / Rated	% Met
Certification - Planning and Quality Management		6/6	0/6	
Employment and Day Supports	DDS 0/0 Provider 36/36	36/36	0/36	
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	
Total		42/42	0/42	100%
Certified				

MASTER SCORE SHEET LICENSURE

Organizational: Extra Special Teas

Indicator #	Indicator	Reviewed by	Met/Rated	Rating(Met,Not Met,NotRated)
Ⓜ L2	Abuse/neglect reporting	DDS	1/1	Met
L3	Immediate Action	Provider	-	Met
L4	Action taken	Provider	-	Met
L48	HRC	DDS	1/1	Met
L74	Screen employees	Provider	-	Met
L76	Track trainings	Provider	-	Met
L83	HR training	Provider	-	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	4/4	Met
L7	Fire Drills	L	Provider		-	-	-	Met
L8	Emergency Fact Sheets	I	Provider		-	-	-	Met
L9 (07/21)	Safe use of equipment	I	Provider		-	-	-	Met
Ⓜ L11	Required inspections	L	DDS	2/2		2/2	4/4	Met
Ⓜ L12	Smoke detectors	L	DDS	2/2		2/2	4/4	Met
Ⓜ L13	Clean location	L	DDS	2/2		2/2	4/4	Met
L14	Site in good repair	L	Provider		-	-	-	Met
L15	Hot water	L	Provider		-	-	-	Met
L16	Accessibility	L	DDS	2/2		2/2	4/4	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L17	Egress at grade	L	Provider		-	-	-	Met
L18	Above grade egress	L	Provider		-	-	-	Met
L20	Exit doors	L	Provider		-	-	-	Met
L21	Safe electrical equipment	L	Provider		-	-	-	Met
L22	Well-maintained appliances	L	Provider		-	-	-	Met
L26	Walkway safety	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	1/1		4/4	5/5	Met
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
L77	Unique needs training	I	Provider		-	-	-	Met
L80	Symptoms of illness	L	Provider		-	-	-	Met
L81	Medical emergency	L	Provider		-	-	-	Met
L85	Supervision	L	Provider		-	-	-	Met

Ind. #	Ind.	Loc. or Individ.	Reviewed by	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L86	Required assessments	I	Provider		-	-	-	Met
L87	Support strategies	I	Provider		-	-	-	Met
L88	Strategies implemented	I	Provider		-	-	-	Met
L91	Incident management	L	DDS	1/2			1/2	Not Met (50.0 %)
L93 (05/22)	Emergency back-up plans	I	Provider		-	-	-	Met
L94 (05/22)	Assistive technology	I	Provider		-	-	-	Met
L96 (05/22)	Staff training in devices and applications	I	Provider		-	-	-	Met
#Std. Met/# 42 Indicator							41/42	
Total Score							48/49	
							97.96%	

MASTER SCORE SHEET CERTIFICATION

Certification - Planning and Quality Management

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C1	Provider data collection		-	Met
C2	Data analysis		-	Met
C3	Service satisfaction		-	Met
C4	Utilizes input from stakeholders		-	Met
C5	Measure progress		-	Met
C6	Future directions planning		-	Met

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C7	Feedback on staff / care provider performance	Provider	-	Met

Community Based Day Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
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	-	Met
C8	Family/guardian communication	Provider	-	Met
C22	Explore job interests	Provider	-	Met
C23	Assess skills & training needs	Provider	-	Met
C24	Job goals & support needs plan	Provider	-	Met
C25	Skill development	Provider	-	Met
C26	Benefits analysis	Provider	-	Met
C27	Job benefit education	Provider	-	Met
C28	Relationships w/businesses	Provider	-	Met
C29	Support to obtain employment	Provider	-	Met

Employment Support Services

Indicator #	Indicator	Reviewed By	Met/Rated	Rating
C30	Work in integrated settings	Provider	-	Met
C31	Job accommodations	Provider	-	Met
C32	At least minimum wages earned	Provider	-	Met
C33	Employee benefits explained	Provider	-	Met
C34	Support to promote success	Provider	-	Met
C35	Feedback on job performance	Provider	-	Met
C36	Supports to enhance retention	Provider	-	Met
C37	Interpersonal skills for work	Provider	-	Met
C47	Transportation to/ from community	Provider	-	Met
C50	Involvement/ part of the Workplace culture	Provider	-	Met
C51	Ongoing satisfaction with services/ supports	Provider	-	Met