



**PROVIDER REPORT  
FOR**

**LABBB Collaborative  
123 CAMBRIDGE ST  
Burlington, MA 01803**

**April 05, 2026**

**Version**

**Public Provider Report**

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

# **SUMMARY OF OVERALL FINDINGS**

<b>Provider</b>	LABBB Collaborative
<b>Review Dates</b>	1/27/2026 - 1/29/2026
<b>Service Enhancement Meeting Date</b>	2/19/2026
<b>Survey Team</b>	Jennifer Conley-Sevier (TL) Makayla Gallant
<b>Citizen Volunteers</b>	

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

<b>Service Group Type</b>	<b>Sample Size</b>	<b>Licensure Scope</b>	<b>Licensure Level</b>	<b>Certification Scope</b>	<b>Certification Level</b>
<b>Employment and Day Supports</b>	1 location(s) 5 audit (s)	Full Review	35/47 Defer Licensure		7 / 21 Certified with Progress Report
Community Based Day Services	1 location(s) 5 audit (s)			Full Review	3 / 15
Planning and Quality Management				Full Review	4 / 6

## **EXECUTIVE SUMMARY :**

Established in 1974, LABBB (Lexington, Arlington, Burlington, Bedford, Belmont) Collaborative provides educational programming and support services for over 350 special needs students from over 65 school districts. LABBB serves students with a variety of special needs including students on the autism spectrum, students with multi-handicaps, pervasive development disorders, developmental delays, language deficits and social/emotional challenges. LABBB recognized a need for program development to assist students who aged out of children's services and were now young adults serviced by the Department of Developmental Disabilities. In 2020 LABBB opened its first Community Based Day Supports program in Lexington and is currently serving 8 individuals.

The scope of this survey conducted by the Office of Quality Enhancement (OQE) was a full licensing and certification review of CBDS inclusive of one location and 5 individual audits.

Several positive practices were identified within the Employment and Day Supports service grouping. In the general safety domain, staff were supporting individuals to evacuate successfully, based on the criteria outlined in the agency's safety plan. Individuals were evacuating with minimal staff support and doing so under the 75 seconds noted in the safety plan. Review of fire drill logs confirmed staff had been properly documenting evacuations to ensure all required components were present for each drill. The agency developed several safety protocols and plans, covering a variety of emergency situations, to support staff in effectively promoting continued individual safety in the community. For instance, the agency had created a community emergency protocol, van evacuation protocol, and had developed a general search plan to prepare staff in the event an individual went missing. These findings reflect the agency's commitment to being sufficiently prepared to handle a variety of emergencies, should they arise.

In the communication domain, staff's communication with and about individuals was respectful and individualized. Staff demonstrated knowledge of individuals' communication style and provided support during interviews to ensure individuals understood questions and felt comfortable sharing information with surveyors. Within the scope of certification, the agency had established a system to check in with guardians weekly to share information, which advanced the continuity of care for individuals.

Within the realm of licensing, several areas requiring improvement were identified. At an organizational level, the agency needs to ensure they have an effective human rights committee and system for ensuring staff are trained properly, as the human rights committee was not comprised of members with the appropriate expertise, did not maintain a quorum for meetings, and did not hold meetings on a quarterly basis; several staff had not received all DDS mandatory trainings. Within the health domain the agency needs to ensure medical protocols are in place when they are required to be and ensure emergency fact sheets contain all the required information such as relevant medical diagnoses and guardian contact information. In the environmental safety domain, the agency needs to ensure all required inspections are completed within the required timeframes, and that all egresses are kept clear of snow and ice. In the competent workforce domain, the agency needs to enhance their system for supervision as standards relative to site safety, ISP goal implementation and medical oversight were not being achieved.

From a certification standpoint, within the domain of meaningful and satisfying day activities, staff must assess individuals' likes, dislikes, interests, and hobbies, to obtain a clear understanding of the activities in which the individuals would like to participate. While on site and in the community staff should identify opportunities for individuals to make new connections and assist with developing relationships. Within the domain of choice and growth, the agency needs to develop a system to assess individuals' job readiness and interpersonal and habilitative skills to determine support needed for improvement in these areas. Staff must develop a detailed written plan that addresses goals and support needs and provide opportunities for development and enhancement of skills on an

individualized and recurring basis.

The Employment and Day Supports service group met 74% of licensing indicators with two critical indicators not met (L12 Smoke detectors and L38 physician's orders). The Employment and Day Supports service group license is deferred as a result of these critical indicators not being met. The agency is also subject to sanctions on accepting new business with DDS until such time as these issues are substantially corrected. This licensure status will remain deferred pending the results of a Follow-Up Review. If successful in correcting the critical indicators, the service grouping will receive a Two-Year with Mid-Cycle Review license; if this occurs and the overall licensing score is above 80%, sanctions on accepting new business will be lifted. The agency is certified with a progress report within the Employment and Day Supports service group, meeting 33% of certification indicators. OQE will conduct a Follow-Up Review of all licensing indicators not met during the main cycle review within 60 days of the Service Enhancement Meeting (SEM).

## LICENSURE FINDINGS

	Met / Rated	Not Met / Rated	% Met
<b>Organizational</b>	4/6	2/6	
<b>Employment and Day Supports</b>	31/41	10/41	
Community Based Day Services			
<b>Critical Indicators</b>	4/6	2/6	
<b>Total</b>	35/47	12/47	74%
<b>Defer Licensure</b>			
<b># indicators for 60 Day Follow-up</b>		12	

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

Indicator #	Indicator	Area Needing Improvement
L48	The agency has an effective Human Rights Committee.	The agency's human rights committee did not maintain a quorum for meetings over the past two years, and meetings were not held quarterly. The agency needs to ensure their human rights committee meetings are held with a quorum at least 75% of the time, and that meetings are held on a quarterly basis.
L76	The agency has and utilizes a system to track required trainings.	Staff had not completed the required mandated trainings such as universal precautions and fire safety. The agency needs to ensure all staff receive required trainings.

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

Indicator #	Indicator	Area Needing Improvement
L8	Emergency fact sheets are current and accurate and available on site.	For two of five individuals their emergency fact sheets did not contain all required components such as the identification of a guardian, medical diagnoses that could affect emergency medical care, and a full list of current medications. The agency needs to ensure all emergency fact sheets are complete and contain required information.

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

Indicator #	Indicator	Area Needing Improvement
L12	Smoke detectors and carbon monoxide detectors, and other essential elements of the fire alarm system required for evacuation are located where required and are operational.	At one location, inspections of the fire detection system had not been conducted as required. The agency needs to ensure inspections are performed by a qualified technician annually.
L26	Walkways, driveways and ramps are in good repair and kept clear in all seasons.	At one location, two egresses had not been cleared of snow. The agency needs to ensure walkways are safe and useable in all weather conditions.
L38	Physicians' orders and treatment protocols are followed (when agreement for treatment has been reached by the individual/guardian/team).	At one location, a seizure protocol had not been developed for an individual with an active seizure disorder. The agency needs to ensure that a medical protocol is developed when an individual is diagnosed with a significant medical condition that requires staff to perform specific actions steps to manage, treat, and/or prevent a more serious health condition. Staff must receive training in the protocols and implement protocols correctly.
L52	Individuals can make and receive phone calls and use other communication technology.	Two of five individuals did not have access to a program telephone to communicate with contacts outside of the program. The agency needs to ensure individuals have free access to communication without restriction.
L85	The agency provides ongoing supervision, oversight and staff development.	At one location, there were various areas of program operation that had not received the level of supervision for these systems to function effectively, such as ensuring medical protocols are developed when needed, required inspections have occurred, emergency fact sheets contain required components, and ISP objectives are implemented. The agency needs to ensure their system for supervision addresses all programmatic functioning and effectively identifies and addresses areas for improvement.
L86	Required assessments concerning individual needs and abilities are completed in preparation for the ISP.	For four individuals, required assessments were not submitted at least 15 days prior to the ISP meeting. The agency needs to ensure assessments are submitted within the required timeframe, prior to the ISP meeting.
L87	Support strategies necessary to assist an individual to meet their goals and objectives are completed and submitted as part of the ISP.	For three individuals, support strategies were not submitted at least 15 days prior to the ISP meeting. The agency needs to ensure support strategies are submitted within the required timeframe, prior to the ISP meeting.

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

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
L88	Services and support strategies identified and agreed upon in the ISP for which the provider has designated responsibility are being implemented.	For five individuals, ISP goals were not being implemented consistently with direction identified within support strategies, and data was not being collected. The agency needs to ensure staff are implementing ISP support strategies as agreed upon in the ISP and that staff are collecting data consistently and completely.
L91	Incidents are reported and reviewed as mandated by regulation.	At one location, there was an incident that met the criteria for reporting, which went unreported. The agency needs to ensure all incidents that rise to the level of reportability are submitted and finalized within HCSIS.

## **CERTIFICATION FINDINGS**

	<b>Met / Rated</b>	<b>Not Met / Rated</b>	<b>% Met</b>
<b>Certification - Planning and Quality Management</b>	<b>4/6</b>	<b>2/6</b>	
<b>Employment and Day Supports</b>	<b>3/15</b>	<b>12/15</b>	
Community Based Day Services	3/15	12/15	
<b>Total</b>	<b>7/21</b>	<b>14/21</b>	<b>33%</b>
<b>Certified with Progress Report</b>			

### **Planning and Quality Management Areas Needing Improvement on Standards not met:**

<b>Indicator #</b>	<b>Indicator</b>	<b>Area Needing Improvement</b>
C2	The provider analyzes information gathered from all sources and identifies patterns and trends.	The agency does not have a mechanism to analyze collected data to identify trends and patterns. The agency needs to ensure that information gathered from all sources is analyzed to identify patterns and trends.
C5	The provider has a process to measure progress towards achieving service improvement goals.	The agency has not formulated measurable service improvement goals with associated benchmarks based on data collection and analysis efforts. The provider needs to establish quantifiable quality improvement goals and develop a process for measuring and monitoring progress towards achieving them. The agency has not formulated measurable service improvement goals with associated benchmarks for success based on data collection and analysis efforts. The provider needs to establish quantifiable quality improvement goals and develop a process for measuring and monitoring progress towards achieving them.

**Community Based Day Services- Areas Needing Improvement on Standards not met:**

Indicator #	Indicator	Area Needing Improvement
C7	Individuals have opportunities to provide feedback at the time of hire / time of the match and on an ongoing basis on the performance/actions of staff / care providers that support them.	The agency did not have a system to incorporate individuals' feedback into the employees' performance reviews. In addition, none of the individuals audited had the opportunity to provide feedback on the staff at the time of hire. The agency needs to ensure that the feedback individuals have given on staff performance is shared with staff for training and evaluation purposes. In addition, the agency must ensure that individuals are afforded the opportunity to provide feedback on staff that support them at the time of hire.
C13	Staff (Home Providers) provide support for individuals to develop skills to enable them to maximize independence and participation in typical activities and routines.	For the five individuals reviewed, staff were not supporting them to increase work-related skills. The agency needs to ensure that the supports and services include supports to explore and develop work skills, and the supports to help individuals on a pathway to employment by developing the skills to secure work.
C37	There is support to develop appropriate work related interpersonal skills.	All five of the individuals reviewed had not been supported to develop appropriate work-related interpersonal skills. The agency needs to ensure individuals' current interpersonal skills are assessed to identify areas requiring further skill development and then design and implement actions to support skill development in the areas of assessed needs.
C38 (07/21)	Specific habilitative and behavioral goals necessary to prepare individuals for work are identified.	For the five individuals reviewed, assessments had not been completed to identify specific habilitative and behavioral support needs; goals necessary to prepare them for work were not identified, or strategies to address identified obstacles were not developed and implemented. The agency needs to utilize an assessment process to identify habilitative and behavioral barriers to employment, as well as goals and strategies to meet them.

**Community Based Day Services- Areas Needing Improvement on Standards not met:**

Indicator #	Indicator	Area Needing Improvement
C39 (07/21)	There is a plan developed to identify job goals and support needs that would lead to movement into supported employment.	None of the five individuals audited had a written plan to identify job goals and support needed that would lead to movement into supported employment. The agency needs to ensure there is a detailed written plan in place that addresses the individuals' goals and support needs, and those individuals have been presented with employment as an option.
C40	Individuals are supported to explore, discover and connect with their personal interest and options for community involvement, personal interest and hobbies.	The individuals audited had not been supported to explore, discover and connect with their personal interests and options for community involvement and hobbies. The agency needs to ensure individuals' interests and hobbies are identified and then explored on a frequent and individualized basis.
C41	Individuals participate in activities, including those in the community, that reflect their interests and preferences.	None of the individuals were supported to participate in activities, including those in the community, that reflect their interests and preferences. Once an individual's preferences and interests in community activities have been assessed and discovered, the agency needs to ensure that staff provide frequent opportunities to engage in activities that are in line with the individual's preferences and interests.
C43	Staff act as bridge builders to support individuals to develop, sustain, and enhance relationships with others.	For four of five individuals reviewed, staff were not supporting them to develop and sustain social contact with people who shared their interests. The agency needs to ensure that staff have knowledge of individuals' interests in friendship or social contacts and are consistently supporting individuals to develop and enhance social contact.
C44	Staff have effective methods to assist individuals to explore their job interests if appropriate.	For the five individuals audited, staff had not utilized effective methods to assist them in exploring their job interests. The agency needs to ensure staff have regularly assessed the individuals' job interests, have explored those interests with the individuals, and revisit this at least annually.

**Community Based Day Services- Areas Needing Improvement on Standards not met:**

Indicator #	Indicator	Area Needing Improvement
C45	Individual's decisions of what to do during the day are revisited on a regular basis.	For the five individuals reviewed, staff had not conducted a thorough review of individualized interests in daily activities. The agency needs to ensure that staff regularly revisit what an individual does during the day and expose the individual to different options considering the individual's areas of interest.
C46	Staff (Home Providers) support individuals to learn about and use generic community resources.	The individuals had not been supported in learning about or utilizing generic community resources, such as accessing libraries, stores, restaurants or gyms. The agency needs to ensure that all individuals are supported in learning about and utilizing these resources and expanding its community activity offerings to include access to generic community resources.
C51	Staff (Home Providers) are knowledgeable about individuals' satisfaction with services and supports and support individuals to make changes as desired.	For the five individuals reviewed, staff did not have a mechanism to regularly check in with individuals regarding their satisfaction with services and supports, and were not aware of each individuals' satisfaction with services. The agency needs to ensure that staff are familiar with and knowledgeable concerning individuals' satisfaction and support individuals by making changes as appropriate.

## MASTER SCORE SHEET LICENSURE

Organizational: LABBB Collaborative

Indicator #	Indicator	Met/Rated	Rating(Met,Not Met,NotRated)
L2	Abuse/neglect reporting	1/1	Met
L3	Immediate Action	1/1	Met
L48	HRC	0/1	Not Met(0 % )
L74	Screen employees	1/1	Met
L76	Track trainings	0/1	Not Met(0 % )
L83	HR training	3/3	Met

**Employment and Day Supports:**

<b>Ind. #</b>	<b>Ind.</b>	<b>Loc. or Individ.</b>	<b>Emp. Sup.</b>	<b>Cent. Based Work</b>	<b>Com. Based Day</b>	<b>Total Met / Rated</b>	<b>Rating</b>
L1	Abuse/neglect training	I			4/5	4/5	<b>Met (80.0 %)</b>
L5	Safety Plan	L			1/1	1/1	<b>Met</b>
℞ L6	Evacuation	L			1/1	1/1	<b>Met</b>
L7	Fire Drills	L			1/1	1/1	<b>Met</b>
L8	Emergency Fact Sheets	I			3/5	3/5	<b>Not Met (60.0 %)</b>
L9 (07/21)	Safe use of equipment	I			5/5	5/5	<b>Met</b>
℞ L11	Required inspections	L			1/1	1/1	<b>Met</b>
℞ L12	Smoke detectors	L			0/1	0/1	<b>Not Met (0 %)</b>
℞ L13	Clean location	L			1/1	1/1	<b>Met</b>
L14	Site in good repair	L			1/1	1/1	<b>Met</b>
L15	Hot water	L			1/1	1/1	<b>Met</b>
L16	Accessibility	L			1/1	1/1	<b>Met</b>
L17	Egress at grade	L			1/1	1/1	<b>Met</b>
L18	Above grade egress	L			1/1	1/1	<b>Met</b>
L20	Exit doors	L			1/1	1/1	<b>Met</b>
L21	Safe electrical equipment	L			1/1	1/1	<b>Met</b>
L22	Well-maintained appliances	L			1/1	1/1	<b>Met</b>
L25	Dangerous substances	L			1/1	1/1	<b>Met</b>
L26	Walkway safety	L			0/1	0/1	<b>Not Met (0 %)</b>
L29	Rubbish/combustibles	L			1/1	1/1	<b>Met</b>

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L30	Protective railings	L			1/1	1/1	Met
L31	Communication method	I			5/5	5/5	Met
L32	Verbal & written	I			5/5	5/5	Met
L37	Prompt treatment	I			5/5	5/5	Met
Ⓜ L38	Physician's orders	I			0/1	0/1	Not Met (0 %)
L49	Informed of human rights	I			4/5	4/5	Met (80.0 %)
L50 (07/21)	Respectful Comm.	I			5/5	5/5	Met
L51	Possessions	I			5/5	5/5	Met
L52	Phone calls	I			3/5	3/5	Not Met (60.0 %)
L54 (07/21)	Privacy	I			5/5	5/5	Met
L77	Unique needs training	I			5/5	5/5	Met
L80	Symptoms of illness	L			1/1	1/1	Met
L81	Medical emergency	L			1/1	1/1	Met
L85	Supervision	L			0/1	0/1	Not Met (0 %)
L86	Required assessments	I			0/4	0/4	Not Met (0 %)
L87	Support strategies	I			0/3	0/3	Not Met (0 %)
L88	Strategies implemented	I			0/5	0/5	Not Met (0 %)
L91	Incident management	L			0/1	0/1	Not Met (0 %)
L93 (05/22)	Emergency back-up plans	I			5/5	5/5	Met
L94 (05/22)	Assistive technology	I			5/5	5/5	Met

Ind. #	Ind.	Loc. or Individ.	Emp. Sup.	Cent. Based Work	Com. Based Day	Total Met / Rated	Rating
L96 (05/22)	Staff training in devices and applications	I			3/3	3/3	Met
<b>#Std. Met/# 41 Indicator</b>						31/41	
<b>Total Score</b>						35/47	
						74.47%	

## MASTER SCORE SHEET CERTIFICATION

### Certification - Planning and Quality Management

Indicator #	Indicator	Met/Rated	Rating
C1	Provider data collection	1/1	Met
C2	Data analysis	0/1	Not Met (0 %)
C3	Service satisfaction	1/1	Met
C4	Utilizes input from stakeholders	1/1	Met
C5	Measure progress	0/1	Not Met (0 %)
C6	Future directions planning	1/1	Met

### Community Based Day Services

Indicator #	Indicator	Met/Rated	Rating
C7	Feedback on staff / care provider performance	0/5	Not Met (0 %)
C8	Family/guardian communication	5/5	Met
C13	Skills to maximize independence	0/5	Not Met (0 %)
C37	Interpersonal skills for work	0/5	Not Met (0 %)
C38 (07/21)	Habilitative & behavioral goals	0/5	Not Met (0 %)
C39 (07/21)	Support needs for employment	0/5	Not Met (0 %)
C40	Community involvement interest	0/5	Not Met (0 %)
C41	Activities participation	0/5	Not Met (0 %)
C42	Connection to others	5/5	Met

### Community Based Day Services

<b>Indicator #</b>	<b>Indicator</b>	<b>Met/Rated</b>	<b>Rating</b>
C43	Maintain & enhance relationship	1/5	<b>Not Met (20.0 %)</b>
C44	Job exploration	0/5	<b>Not Met (0 %)</b>
C45	Revisit decisions	0/5	<b>Not Met (0 %)</b>
C46	Use of generic resources	0/5	<b>Not Met (0 %)</b>
C47	Transportation to/ from community	5/5	<b>Met</b>
C51	Ongoing satisfaction with services/ supports	0/5	<b>Not Met (0 %)</b>