



Nonpublic School Profile:

Devereux - Leo Kanner Learning Center

Overall School Type(s): Residential Treatment Center (RTC)

School Contact Information ¹	
Mailing Address: 390 E. Boot Road, West Chester, PA 19335	Total Number Service Sites: 1
Phone Number: (610) 431-8100	Certificate of Approval (COA) Status: Full
Website: www.devereux.org	COA Expiration Date: 8/13/2019
CEO: Robert Kreider	Date of Last OSSE Monitoring Visit: 9/29-9/30/2015

Overall Disability Categories Served ²			
Autism	X	Multiple Disabilities	X
Deaf-Blindness		Orthopedic Impairment	
Deafness		Other Health Impairment	X
Developmental Delay	X	Specific Learning Disability	
Emotional Disturbance	X	Speech or Language Impairment	X
Hearing Impairment		Traumatic Brain Injury	X
Intellectual Disability	X	Visual Impairment	

CAMPUS/PROGRAM CONTACT INFORMATION Devereux - Leo Kanner Learning Center

Campus Contact Information	
Mailing Address: 390 E. Boot Road, West Chester, PA 19335	School Type: Residential Treatment Center
Phone Number: (610) 431-8100	Is the facility public transportation accessible: Yes
Campus Leader: Robert Kreider, Chief Executive Officer	Distance (in miles) of facility from Washington, DC: 130
Campus Website: www.devereux.org	

Campus Disability Categories Served			
Autism	X	Multiple Disabilities	X
Deaf-Blindness		Orthopedic Impairment	
Deafness		Other Health Impairment	X
Developmental Delay	X	Specific Learning Disability	
Emotional Disturbance	X	Speech or Language Impairment	X

¹ Data sources include 2016 Annual Certificate of Compliance Program Information Forms and nonpublic schools' most recent COA. The data reported reflects information available as of Sept. 30, 2016 unless otherwise indicated.

² Table reflects aggregate information from all campuses.



Hearing Impairment		Traumatic Brain Injury	X
Intellectual Disability	X	Visual Impairment	

Campus Program Offerings³

Devereux-Pennsylvania Children's Intellectual/Developmental Disability Services (CIDDS), located in West Chester, Pennsylvania, provides a variety of assessment, treatment, and educational services to male and female children and adolescents (6-21 years of age) with diagnoses of intellectual disabilities, autism spectrum disorders, and concomitant psychiatric and behavioral challenges. Services are provided in residential programs, specialized treatment foster care homes, an approved private school, and an Autism Assessment Center. Assessment and interventions are based on best practice standards for the clinical populations served. Research, quality improvement, and training activities at the CIDDS are also supported by our national Institute of Clinical and Professional Training and Research in Villanova, Pennsylvania. The overarching goal of Devereux CIDDS is to provide services to support the development of necessary skills so that each referred individual can maximize his/her potential and live as productive, socially connected, and personally fulfilled member of his or her community.

Residential Treatment

Residential treatment center (RTC) services are provided in both campus-based RTC and community-based RTC programs. Youth served by our residential programs present with significant problematic behaviors which have 1) impeded their progress in adaptive skill acquisition, 2) disrupted their home, school, or residential environments, 3) produced significant physical injury to self or others, and 4) proved resistant to typical psychiatric, behavioral, and milieu interventions. Residential milieus are designed with a focus on promoting universal trauma informed care and positive behavior support principles. Treatment planning is accomplished through multidisciplinary assessment and goal development. Each youth has a treatment team consisting, minimally, of a psychiatrist, clinician, educator, nurse, social services coordinator, residential supervisor, natural supports; and funderagency supports. Our regular residential treatment center programs provide services in two tracks, dependent on diagnostic and referral concerns (autism or disruptive behavior disorders). Additionally, we offer two specialty residential programs: 1) STAIRS (Short-Term Autism Intensive Residential Services) and 2) SRP (Sexual Responsibility Program). Differentiating highlights between the tracks and programs are listed below:

Regular RTC (Autism track): Youth admitted typically have severe to moderate autism symptoms and/or severe to moderate intellectual disabilities

- Interventions are developed from applied behavior analysis (ABA) principles
- Milieus are designed to be autism-specific (use of visuals, attention to sensory components, etc.)
- Parent training is provided in use of functional communication and behavioral interventions
- Strong co=unity inclusion emphasis

Regular RTC (Disruptive Behavior Disorders (DBD) track): Youth admitted typically have high moderate to mild intellectual disabilities and a history of disruptive behavior disorders.

- Interventions are based on behavioral, cognitive-behavioral theory, and trauma-focused cognitive-behavioral theory
- Milieus support development of positive peer culture and leadership skills
- PBIS three tier intervention model is integrated across CIDDS DBD residential programs and classrooms
- Parent training and family therapy are provided and available on site or through telephonic or video conferencing mediums~

STAIRS: Youth admitted have an intellectual disability and, typically an autism diagnosis with history of significant physical aggression, self injurious behavior, and other challenging behaviors

³ Information was self-reported by the nonpublic school. Information does not constitute an endorsement by the OSSE of any products or services offered or views expressed, nor does the OSSE control its accuracy, relevance, timeliness or completeness.

- Provision of intensive treatment services including 24/7 1:1 direct care staffing
- Applied behavior analysis intervention model
- Intensive clinical service delivery which includes daily behavior assessment and intervention sessions
- Intensive parent training program
- Program goal is delivery of short term intensive residential service and rapid transition to identified step down environment.

SRP: Male youth admitted to this program generally fall >between the ages of 12 -17, have IQ' s ranging from mild ID to borderline intellectual functioning, have committed one or more sexual offending behaviors, and may

have concomitant psychiatric disorders.

- Treatment interventions are designed to increase appropriate communication, empathy, and accountability behaviors.
- The clinical program model combines the Risk/Needs/Responsivity model with the Good Lives model to match level of service based on assessed risk level and to promote a strengths-based approach treatment for this clinical population
- All assessment, intervention, and milieu modalities available to our DBD track youth are also integrated into the SRP program.

Specialized Foster Care (Treatment Family Program)

The Devereux Treatment Family Program (TFP) provides intensive foster care for male and female children and adolescents in private homes. The children are supported in these homes by Treatment Parents who receive specialized training to address the adaptive skill and challenging behavior needs of the youth. The homes have 1-3 children living in each home. Each home has an identified program consultant who is supervised by the program director. The program consultants perform routine assessments, develop treatment plans, provide in-home consultation, assist the families with youth appointments, provide supervision and transportation for youth to see biological family members, and monitor the foster homes for safety. Medical, psychiatric, and clinical services may be provided by CIDDS or in the foster family's local community. Educational services may also be provided by CIDDS or through the foster family's local school district. The treatment family foster homes are not considered permanent homes for the youth (although some families have adopted their foster children). The program consultants are also responsible for developing a permanency goal for each child which may be Reunification with a biological family member, Adoption, or Another Planned Permanent Living Arrangement (APPLA).

Approved Private School (Leo Kanner Learning Center)

Kanner Learning Center students are assigned to classrooms based on age and functioning level. These groupings are coeducational. The Kanner educational and vocational curricula are individualized for each student's educational/vocational strengths and needs. Individualized education program (IEP) goals generally address development of functional academic skills, communication skills, prevocational skills, vocational skills, and social-emotional skills. Goals are developed through an assessment process that includes both educational and functional behavior assessment. The individualized education program (IEP) may also include individualized positive behavior support plans. Classroom activities are supplemented by campus-based activities which include at least weekly participation in gym, art, swimming, cooking, library, zoo, and computer lab classes. Students are also involved off campus in community-based instruction, pre-employment and employment activities, and service learning projects.

Students have the opportunity to participate in various extra-curricular activities such as Special Olympics, student council, cheerleading, and chorus. Class size is small (8 or less students) and each one is run by a certified special education teacher. Teachers are supported in their work by special education supervisors, a school psychologist, and a school behavior analyst. Students may also receive speech therapy, occupational therapy, or physical therapy if recommended in their individualized education program (IEP).

Autism Assessment Center

Nationally, families are waiting a year to two years for an appointment with a licensed psychologist who can provide state-of-the-science diagnostic assessment for autism. Given the need for early diagnosis and early intervention if a child is diagnosed with autism, any time lost waiting for assessment is time lost for intervention. Additionally, older adolescents and adults who have struggled with social and behavioral concerns all their lives can frequently benefit from assessment that provides differential diagnoses that can distinguish Autism Spectrum Disorder from other mental health concerns. Given the shortage of autism diagnostic services, Devereux CIDDS recently opened the Devereux Autism Assessment Center in Downingtown, PA. Our professional staff has extensive experience, education, and training in the delivery of evidence based assessment and treatment interventions for individuals with autism. Our Autism Assessment Center provides:

- Screening to determine the type of assessments or other services you may need
- Intake evaluation to capture relevant history and background
- Comprehensive assessment using a battery of standardized assessments individualized to answer your referral questions. Autism assessment includes the use of the Autism Diagnostic Observation Schedule (ADOS-II), considered the "gold standard" in autism assessment
- Same day preliminary feedback
- Detailed evaluation report providing assessment information, diagnostic decision, and recommendations
- Consultation meeting to discuss the report findings
- Linkage to recommended services

School Year (# of school days): 188	Extended School Year(# of school days): 35
Instructional hours per day: 6	Maximum Student Capacity: 203
Current Enrollment: <ul style="list-style-type: none"> • Number of DC Students: 0 • Number of Non-DC Students: 189 	Genders Served: <ul style="list-style-type: none"> • Males • Females

Campus Education Program	
Grades Served: Ungraded/other	Ages Currently Served: 6-21
Graduation Tracks Offered: Certificate of Completion	

Campus Behavior Management	
Positive Behavior Support Program/Strategy Used: A program-wide Positive Behavior Interventions and Supports (PBIS) framework provides a broad range of systemic and individualized interventions and supports for achieving important social and learning outcomes while preventing problem behavior with all individuals served.	Behavior Tracking System Used: Disruptive Behavior Disorder programs: PBIS daily point totals; PBIS stages; Frequency of major challenging behaviors; Frequency of minor challenging behaviors. Autism PBIS programs: Frequency of challenging behaviors; Percentage engagement; Praise rates; Opportunities to communicate; Child-initiated communication; Nonverbal prompt use; Task analysis data. Other IDD programs: Frequency of challenging behaviors; Task analysis data.
Does this campus implement seclusion interventions? ⁴ No	Does this campus implement physical restraint interventions? ⁵ Yes

⁴ A nonpublic special education school or program shall not use any form of seclusion on a District of Columbia student unless it is an emergency, as defined in section A-2816.1. Use of seclusion as a policy or practice shall be grounds for denying or revoking a certificate of approval. (5 DCMR §A-2819.1)

⁵ Physical Restraints - The use of physical restraints is prohibited in all nonpublic special education schools and programs except in emergency circumstances, which are defined as circumstances that meet the following criteria: (a) The use of the restraint is included in the student's Individualized



Campus Therapeutic Techniques/Interventions: (e.g., dialectical behavior therapy, equine therapy, sensory diet, milieu therapy, etc.)

- Functional behavior assessment(FBA)/ ABA, Functional Communication Training/Picture Exchange Communication System
- Social Skills Training/Social Stories
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Self-Regulation Training, Parent Management Training
- Theraplay

Campus Staff Demographics- Teacher Certification

	Staff	Contracted ⁶
General Education Teachers	0	0
Special Education-Certified Teachers	34	0
Dually-Certified Teachers (e.g., special education & science)	0	0
Content Certified Teachers	3	0
Total Number of Teachers	37	0

Related Service Provider Certifications/Licenses

	Staff	Contracted
Speech Language Pathologist (SLP)	3	1
Physical Therapist (PT)	0	1
Occupational Therapist (OT)	3	0
Orientation & Mobility Specialist (OMS)	0	0
Social Worker (SW)	1	0
Counselor/Psychologist	17	0
Psychiatrist/Medical Doctor	1	2
Nurse	21	0
Medication Technician	0	0

Additional Nonpublic School Staff

	Staff	Contracted
Staff responsible for addressing behavioral difficulties	4	0
1:1 Aides	35	0
Teaching Assistants	3	0
Transition Specialists/Coordinators (e.g., school staff who support with transition to post-secondary education, vocational training, employment, and transitioning students to less restrictive educational setting)	4	0
Interns	0	0

education program (IEP) to address specific behaviors under defined circumstances, and the use by appropriate staff is therefore consistent with the student's IEP; or (b) The intervention is necessary to protect the student or other person from imminent, serious physical harm, and other less intrusive, nonphysical interventions have failed or been determined inappropriate. (5 DCMR §A-2816.1)

⁶ Nonpublic school staff include both full-time employed staff as well as contracted staff not considered employees of the facility.



Campus Reported Incidents⁷			
	SY 13-14	SY 14-15	SY 15-16
Total number of out-of-school suspensions	0	0	0
Total number of in-school suspensions	0	0	0
Total number of physical restraints	0	18	1
Total number of seclusions	0	0	0

⁷ The incident data included in this profile pursuant to DC Code § 38–2561.16(a)(5)) reflects DC student incidents only.



FREQUENTLY ASKED QUESTIONS (FAQS)

I don't see the school name or address of the nonpublic school my child attends. Why not?

There are two possible answers to this question:

1. The nonpublic school may not be on our certificate of approval (COA) list, meaning the school is not currently certified by OSSE. Schools on OSSE's approved COA list are eligible to receive educationally placed students through the individualized education program (IEP) process. If your child's school is not listed here, then more than likely your child was placed through a different District agency or through a Hearing Officer Determination.
2. The profiles are aggregates for the schools as a whole. Many of the nonpublic schools have multiple locations (sometimes referred to as campuses) with varying programs. We have only included the main address in the profile. The reason for this is that when OSSE collected student data from each of the COA-approved nonpublic schools, we asked for aggregate data for all of their locations/campuses. However, if you would like to see a list of the schools and campuses currently approved by OSSE with addresses, disabilities and grades served, please refer to OSSE's approved nonpublic school list found [here](#) on our website. You can also visit the [website](#) for the nonpublic school for more extensive information.

The capacity of the nonpublic school seems higher than what I have seen at the school. Why is that?

The capacity number included in the profile reflects the school's reported maximum capacity. At any given time, the actual enrollment at the school may be lower than the school's maximum capacity.

What is included in the Program Offerings section?

Nonpublic schools were given the opportunity to provide a brief narrative description on their program offerings. For more extensive information on nonpublic schools' program offerings please visit their respective websites. Please note that OSSE included program descriptions to provide parents and IEP teams with information to aid in planning for students' educational program. OSSE does not endorse the specific claims made by nonpublic school programs in their program descriptions.

What's included in the Reported Incidents section?

This is a self-reported section of the Nonpublic Profile. The nonpublic schools submitted information to OSSE on student aggregate data regarding behavior incidents.

What is the different between "DC Students" vs. "All Students"?

Almost all of the schools listed on OSSE's Approved Nonpublic School List accept students from other jurisdictions. When looking at the program capacity, it is important to remember this.



DEFINITIONS

Instructional Hours Per Day - Per District of Columbia Municipal Regulations a nonpublic school is required to provide a minimum of 6 hours of instruction per day for a minimum of 180 days, totaling 1,080 instructional hours.

Physical Restraint - The use of bodily force to limit a student's freedom of movement. The use of physical restraints is prohibited in all nonpublic special education schools and programs except in emergency circumstances, which are defined as circumstances that meet the following criteria: (a) The use of the restraint is included in the student's IEP to address specific behaviors under defined circumstances, and the use by appropriate staff is therefore consistent with the student's IEP; or (b) The intervention is necessary to protect the student or other person from imminent, serious physical harm; and other less intrusive, nonphysical interventions have failed or been determined inappropriate.(5 DCMR §A-2816.1)

Seclusion - The involuntary confinement of a student alone in a room or area from which he or she is physically prevented from leaving, or from which a student believes he or she may not leave, whether or not in a locked area. A nonpublic special education school or program shall not use any form of seclusion on a District of Columbia student unless it is an emergency, as defined in section 5 DCMR §A-2816.1. Use of seclusion as a policy or practice shall be grounds for denying or revoking a certificate of approval. (5 DCMR §A-2819.1)

Student:Teacher Ratio - Number of students per teacher. Some schools may have provided their student:staff ratio that included a teacher and non-instructional staff (e.g., instructional aide, teaching assistant, behavior staff, 1:1 support staff, etc.).

For general questions, please contact Dr. Edgar Stewart, supervisory monitoring specialist, at (202) 741-0259 or Edgar.Stewart@dc.gov.

