

Office of the Child Advocate  
Site Review and Investigation of Blackstone Valley Youth  
and Family Collaborative



State of Rhode Island  
Office of the Child Advocate  
57 Howard Avenue, 4<sup>th</sup> floor  
Cranston, RI 02920  
(401) 462-4300

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*State of Rhode Island and Providence Plantations*  
OFFICE OF THE CHILD ADVOCATE



JOHN O. PASTORE CENTER  
Louis Pasteur Bldg., 4<sup>th</sup> fl.  
57 Howard Ave.  
Cranston, RI 02920  
TEL: (401) 462-4300  
FAX: (401) 462-4305  
TTY: 711

Jennifer Griffith, Esquire  
Child Advocate

Daniel A. Brito  
Executive Director  
Blackstone Valley Youth & Family Collaborative  
209 Cottage Street  
Pawtucket, Rhode Island 02860

January 23, 2018

**RE: 198 North Bend Street, Pawtucket, RI**  
**35 Amey Street Pawtucket, RI**  
**48 Maplewood Drive Pawtucket, RI**

Dear Mr. Brito,

The Office of the Child Advocate (OCA) has completed an investigation and site review with respect to the above-named programs. Below is a summary of the findings and recommendations following our visits to Blackstone Valley Youth & Family Collaborative on July 12, 2017 and July 20, 2017.

As you are aware, pursuant to Rhode Island General Laws Section 42-73-7(4), the OCA has the statutory right to review any and all residential facilities for children placed in out-of-home care, through the Department of Children, Youth and Families (DCYF). The OCA review is designed to ensure residential facilities are in compliance with Rhode Island Residential Child Care Regulations for Licensure as well as in accordance with the contractual obligations set forth in an agreement with the DCYF Contracts and Compliance Division. It is the objective of the OCA to identify any areas of concern and assist the individual agency in resolving any issues in an effort to maintain the best interest of the children, staff and the community. In addition to reviewing the physical placement and conducting interview(s) with staff and/or children, the OCA also reviews the Department of Children, Youth and Families (DCYF) records. The OCA may also communicate with other professionals and/or family members of children who have been placed in this out-of-home care provided by your agency. Please refer to the following document for the OCA's findings.

One portion of the site review is to meet with the administrator(s) of the agency/program, and gather necessary paperwork (policies/procedures, program statistics, documentation,

etc...) To have questions answered regarding the structure of the agency, staffing and the individual program(s). The OCA reviews files including but not limited to, youth files, medical files, staff communication logs, policies and procedures and employee qualifications.

### **Program Review:**

Based on the brochure provided by Blackstone Valley Youth & Family Collaborative (BVYFC), the program is a semi-independent living/YESS program for males ages seventeen (17) to twenty-one (21) years old. This brochure is inaccurate and BVYFC has no affiliation with the YESS program or their principal agency.

The Youth Establishing Self-Sufficiency (YESS) Aftercare Services is a program of the Consolidated Youth Services (CYS) contract funded by the Department of Children, Youth and Families (DCYF) and provided through Foster Forward, a nonprofit organization. YESS provides individualized, youth-driven services and supports to young adults, ages eighteen (18) to twenty-one (21), who have been closed to the state's Family Court and DCYF. YESS prepares participants to live independently by their twenty-first (21) birthday or shortly thereafter.

As previously stated, youth can participate in YESS between the ages of 18-21 only if they have been closed to the Rhode Island Family Court and DCYF; on or after their 18th birthday. Furthermore, DCYF must have determined there are no other viable permanency options for youth.

Following a review of the BVYFC brochure and their license provided by DCYF it was concluded BVYFC is not licensed to provide the services of the YESS program, nor do they partner with Foster Forward in utilizing the YESS program. BVYFC is specifically available to DCYF involved youth.

Most noteworthy is BVYFC is unable to provide services to the adult population (over twenty-one) and ***in fact, their license to provide adult services was revoked in 2012 by an emergency Court order.*** Based on this information, if BVYFC is providing any services under the endorsements of YESS programming or to adults (age twenty-one (21) and above), they should be barred immediately from doing so any further as it is a violation of a Court order. BVYFC shall discontinue providing these brochures forthwith.

Blackstone Valley Youth & Family Collaborative currently operates two residential placements in Pawtucket, RI: 35 Amey Street and 48 Maplewood Drive, described as semi-independent living programs. The third location owned by BVYFC at 198 North Bend Street was destroyed by a fire on March 11, 2017. No youth were in the home at the time of the fire; the home was a total loss.

The house at 35 Amey Street program is licensed for six (6) youth ages sixteen (16) through twenty-one (21). The facility is staffed twenty-four (24) hours per day with a staff ratio of 2:6 during waking hours and 1:6 during the overnight shift.

The 48 Maplewood Drive house is licensed for the placement of three (3) male youth ages 16-21, however, the staff office can be utilized as a fourth (4<sup>th</sup>) bedroom if needed on an emergency basis. The facility is staffed twenty-four (24) hours per day with a staff ratio of 1:3 during both the day and overnight shifts.

BVYFC reports the population of youth they serve either do not have homes to return to or have been ordered to stay in DCYF care. After a review of youth files, the OCA found wide-ranging combinations of youth clinical diagnosis and behavioral issues to be problematic and not focused on the best interest of youth residing within the same home. BVYFC reports to work together with DCYF to come up with comprehensive strategies to help each youth succeed. However, the OCA could not ascertain any outcome measures to determine program success. The program reportedly seeks to assist with a smooth transition into adult life by providing the boys with life skills necessary to re-enter the community. These life skills include but are not limited to, money management, education, employment/job training and household living skills. It is reported the youth frequently participate in activities within the community such as going to the YMCA, the Boys and Girls Club, Slater Park, go out to lunch/dinner, the library and go to the beach. The OCA was unable to determine completion of a structured life skills program or group for any of the youth.

Blackstone Valley Youth & Family Collaborative has one (1) part-time clinician, Kyle Kaufer, LICSW. Mr. Kaufer reportedly provides one (1) hour of clinical therapy to each client once (1) per week, however, he is on-call and available to meet with clients 24/7.

### **Documentation:**

Obtaining requested documentation from Executive Director, Daniel Brito was extremely difficult. To date, the OCA has not received all requested documentation. The OCA requested documentation on June 21, 2017 a week in advance of our review. The OCA sent a follow-up request on June 23, 2017. Executive Director, Daniel Brito advised on this same day he was out of town and the documents would be delivered the following week. However, the documents were not delivered the following week.

On July 6, 2017 OCA staff arrived at 209 Cottage Street to obtain the documentation. OCA staff were met in the parking lot by Clinician, Kyle Kaufer. Mr. Kaufer escorted the OCA staff into the locked office of 209 Cottage Street. The OCA provided Mr. Kaufer with the OCA request for documentation and Mr. Kaufer stated he did not have time to meet with the OCA as he had to leave. Mr. Kaufer offered to finish the conversation in the parking lot. The OCA and Kyle Kaufer left the office, with Mr. Kaufer locking the door as he left.

Shortly thereafter, Daniel Brito contacted the OCA via e-mail and stated sending the documents over had "totally slipped his mind" and the OCA would have them the next day (Friday, July 7, 2017). A small number of policies were provided to the OCA on Friday, July 7, 2017. This set of policies was not applicable to the DCYF youth population and outdated by many years.

The following week, Executive Director, Daniel Brito contacted the OCA and requested OCA staff review client files at his office rather than supplying them to the OCA. On July 12, 2017 OCA arrived at the main office of 209 Cottage Street to review youth files. The OCA was still not in receipt of the initial requested policies/procedures and additional documentation requested on June 26, 2017 and verbally requested these documents while at the main-office. Executive Director, Daniel Brito provided the OCA with additional policies and procedures, but still did not fulfill the request in its entirety.

On July 12, 2017, the OCA received another set of policies/procedures via email. This set was wholly different than the first set of policies/procedures; again, most not applicable to the DCYF youth population. The OCA again submitted the original request for documentation to Mr. Brito. Executive Director, Daniel Brito advised the OCA, he "provided all the information needed and he was unsure as to the other documents the OCA was referring". The OCA once again forwarded via email, the original request from June 21, 2017, listing the requested information.

On July 20, 2017, the OCA notified Executive Director, Daniel Brito via email of the OCA's final request for documentation before proceeding with legal action. On July 20, 2017, Daniel Brito responded via email to the OCA that he has provided the OCA with all BVYFC policies/procedures and client files. Staff files are allegedly kept in his office and he would not be able to provide OCA access to these until July 22, 2017 at 2 PM; upon his return to the office. The OCA was subsequently informed by Daniel Brito he would not return to the office until July 24, 2017 at 2 PM; and the remaining information could not be provided until that time.

Executive Director, Daniel Brito advised the OCA there is no other BVYFC employee that has keys or access to 209 Cottage Street other than himself, despite the fact OCA staff have gained access inside 209 Cottage Street by other BVYFC employees on numerous occasions without Daniel Brito being in attendance.

On July 24, 2017 at 3:30 PM, Program Manager, Linda Brito delivered a box of documentation to the OCA office allegedly containing all remaining documentation requested by the OCA. This office remains perplexed as to how Executive Director, Brito was able to compile, copy and deliver to the OCA in ninety (90) minutes. After further review and investigation of this last set of documents, many documents remained missing and to this date have not been provided to the OCA.

#### **A. Records/Files**

Although the OCA requested all youth and staff files on June 21, 2017 the OCA was unable to access these records until July 12, 2017. On July 12, 2017, the OCA went to Blackstone Valley Youth & Family Collaborative to review both the discharged and current youth case files from 2016 to present. None of the records reviewed met the standards set in the licensing regulations.

Based on the information provided by DCYF, BVYFC currently has a total of nine (9) clients. The OCA reviewed all nine (9) files thoroughly. Upon review of these files, all files were incomplete and missing pertinent information. The information missing included but was not limited to, Client Intake Forms (pre-placement interview, placement interview, letter of acceptance, authorization of release, 72-hour assessment); DCYF Service Plan; Agency Treatment Plan; Bio-psychosocial Assessment; Ohio Scale; Mental Health Records; Weekly Progress Notes; 30-Day Review; 60-Day Review; 90-Day Review; Abuse assessment; Clinical sessions, Copies of Incident Reports; and Transition Plans.

Information provided by DCYF indicates in 2016 Blackstone Valley Youth & Family Collaborative discharged a total of twenty-two (22) youth. The OCA was provided with fifteen (15) discharged youth files to review. Seven (7) discharge files were missing and unable to be reviewed by the OCA. Program Director, Linda Brito, stated some client files and all paperwork in the home at 198 North Bend were unable to be recovered after the fire on March 11, 2017. Per Ms. Brito, the fire department declared the foundation "unsafe" and therefore she was unable to retrieve the documents from the North Bend site. Despite Ms. Brito's claim the files were inaccessible, the OCA was given the files of the five (5) resident's residing at 198 North Bend at the time of the fire for review at this time.

On July 24, 2017, the box of documents delivered by BVYFC to the OCA contained the staff communication log from 198 North Bend dated March 7, 2016 to 3<sup>rd</sup> shift on March 10, 2017. The last entry in the North Bend staff communication log is at 7 AM on March 10, 2017 (the day before the fire). To date, it remains uncertain what documents and files burned in the fire at 198 North Bend and the current location of the seven (7) discharged youth files never provided to the OCA.

Of the discharged files available to the OCA, none of the records met the standards set in the licensing regulations. All discharged client files were missing DCYF Service Plans, agency treatment plans and most of the discharged client files were incomplete and missing vital information including but not limited to: Client Intake Information; Discharge Summaries, Transition, and Aftercare Planning (date/reason for discharge; name, address, number of individual and/or agency to whom child is discharged), clinical sessions, copies of Incident Reports; and Signatures from persons who review child's records.

#### **B. Clinical Documentation:**

The OCA attempted to review each resident's weekly clinical notes, however, upon review the OCA found clinical notes are not documented as a clinical therapy sessions. The clinical sessions are documented as a "weekly progress note." There is no indication program staff track each youth's progress in the program on a weekly basis. Based upon review of the "weekly progress notes" by Clinician, Kyle Kaufer the OCA is concerned with the ability of Mr. Kaufer to provide adequate clinical treatment while serving on a part-time basis for nine (9) youth. After review of youth files, their histories and their significant mental health requirements the OCA is highly concerned residents are not receiving the level of mental health treatment, services and quality of care they need and deserve. Please see a few of the following examples:

### **RESIDENT A:**

- Client is described as being “dangerous to the community.”
- Client failed to show to scheduled clinical session. Client was called AWOL the day before. Clinician, Kyle Kaufer states, “client continues to be completely non-compliant with treatment. Client is not medication compliant and has not engaged in therapy. *Client has not been attending sex offender treatment and has two incidents of sexual misconduct within the community.*” It is noted this client is currently AWOL from the program.
- Client and Clinician, Kyle Kaufer, LICSW discussed client smoking marijuana with his mentor. Clinician “discussed the pros and cons of marijuana. Discussed trying new things, but not hard drugs.” It is distressing a clinician would discuss the pros of marijuana use with a youth. Marijuana is an illegal substance and this is inappropriate and ethically questionable behavior for a clinician. Moreover, there is no CPS report or agency incident report regarding youth and mentor smoking pot together.
- Client is stated to be getting along well with staff members and other clients. Next sentence reads, client is being a bully. This same resident will be required to register as a sex offender upon his 18<sup>th</sup> birthday. There is no evidence Mr. Kaufer has referred this youth to sexualized offender specific counseling, or advised DCYF this would be an appropriate treatment goal. This client is said to be non-compliant within the program, but is then referred to independent living. It is concerning this youth would go to a less restrictive setting such as independent living when he was non-compliant with a semi-independent living program.

*\*As of the issuance of this report this client remains non-compliant with medication, program rules and has not engaged in court ordered sexual offender treatment.*

### **RESIDENT B:**

- February 2017- Youth was referred by DCYF for a psychiatric assessment with Dr. Parsons. Client missed three (3) appointments and Dr. Parsons will no longer see resident. This information was never passed along to DCYF, although the Clinician, Kyle Kaufer spoke with youth about finding another doctor to do the assessment.
  - *As of the issuance of this report, youth is non-compliant and has not completed a psychiatric assessment. This is an adopted youth. No contact with bio mother and adoptive mother wants to relinquish her rights to this youth. No clinical work being done.*

### **RESIDENT C:**

- Youth transitioned to BVYFC from a high end residential program due to aging out of the program. Youth was enrolled in sex offender treatment and was described as making little progress. Three (3) weeks prior to his transition to BVYFC the high end



residential placement stated youth was in the appropriate level of care. This youth is not receiving sexual offender treatment from the assigned clinician.

- *It is unclear why BVYFC would accept a youth into their program who required a high-end level of care, and was non-compliant with sex offender treatment. This was not an appropriate referral to BVYFC by DCYF nor was it an appropriate acceptance into the semi-independent program.*
- Youth did not receive any further sexual offender treatment once placed at BVYFC. His clinical treatment goals do not mention his sexual offender behaviors, nor is it discussed in any clinical sessions.
- A court report issued by the clinician regarding this youth states he is positive and compliant with the program, although clinical documentation by the same clinician reports the opposite information.
- Four (4) months after intake a clinical note mentions youth engaged in inappropriate sexual behavior at school, and needs sexual trauma therapy. The records indicate this youth failed to attend any therapy.
- Six (6) months worth of clinical progress notes and each line in the assessment section remains the same, stating "client could benefit from further treatment." At no time did the clinician specify which kind of treatment or make a specific referral for treatment.
- Client continuously refusing to attend psychiatric appointment, resident described as being depressed, unable to make friends and stealing.
- Resident's hygiene becoming an issue and youth refusing medication. Still refusing to attend psychiatric appointment. Clinician discussing ways to motivate resident to complete hygiene.
- Client is AWOL on a daily basis.
- Meeting with clinician, "Client stated he has been attending school every day and reports he hates school, but would not give a reason. Client stated that he sleeps every day and does not talk to anyone. Client stated all he wants to do is eat, 'cat, sleep and shit'. Client stated he does not care about work. Client stated that he wants to work on 'females'. Client stated that he was not depressed. Client stated 'nothing' motivates him and he does not want to do anything. Writer attempted to discuss hygiene but, the client declined. Client stated that he felt safe in the house but he stated that he was not friends with anyone.

**Assessment:** "Client appears to be more cooperative based on meeting with the writer"...

- One (1) month later youth is hospitalized at Butler Hospital for threatening self-harm. Clinician makes recommendations to program staff regarding an aftercare plan, but clinician does not attend any hospital meetings in his capacity as youth's clinician.

**Assessment:** "Based on client's overall declining mental health client could benefit from a higher and more structured level of care."

- One (1) month later clinician writes, "...Client had a large knife and two bottles of vodka. Client was extremely intoxicated and attempted to stab another client with a knife. Police were called and the client was arrested... Client has follow up court date..."

**Assessment:** "Based on extremely violent behavior, client could benefit from a higher level of care."

- One year later (*as of the date of this report*) this youth remains at BVYFC, has been hospitalized almost one time per month, is consistently AWOL and no referral has been made for a higher level of care to a more structured program. There is recent concern noted youth may be involved in drug use and there has been no clinical progress.

#### **RESIDENT D:**

- Clinician briefly mentions youth needing a follow up appointment with an orthopedist. The OCA could not find any incident reports or other documentation to acknowledge youth's injury or need for follow up. Upon review of DCYF documents, the OCA learned youth hurt his elbow, but it remains unclear when and how this happened. BVYFC made no report to the DCYF social worker or the hotline regarding this injury.
- Missed ten (10) clinical sessions with Mr. Kaufer. Most missed sessions were due to AWOLs. The first clinical session was dated on 12/7/2016 and the resident was discharged from BVYFC on 05/20/2017. This resident received a minimal amount of clinical therapy during his five (5) month stay.
- This youth was AWOL a majority of the time he resided in this program. On May 24, 2017, a discharge summary was completed by clinician, Kyle Kaufer. There is no information on where this youth was discharged to or transitioned from BVYFC and no transition plan or treatment team meeting notes in the youth's file.

In addition to the above clients, the OCA noted many youth files to be substandard.

- Many weekly progress notes were repetitive and identical. Identical notes written by the clinician were documented each week throughout the youth's file and often identical for different youth. Youth have identical assessment information and treatment goals;

although each resident has markedly different histories and identified issues. Treatment goals and assessments should be unique to each resident.

- Several other notes had contradicting information in the discussion section and assessment sections. For example:

**Discussion:** weekly progress note for February 2, 2017 Kyle Kaufer, LICSW states, “client was not at his appointment. Client did not attend school today and was not at his sexualized offending training. Writer discussed the situation with the program manager and he stated that he was going to call him AWOL and report it to DCYF.” The next sentence states, “client and the writer discussed how to properly motivate the client.”

**Assessment:**

Mr. Kaufer reports, “client appears to be more compliant; based on meeting with the writer and attending school.”

- Missed twelve (12) clinical sessions with Mr. Kaufer. The client refused several sessions and some sessions were canceled due to Mr. Kaufer being on vacation, and there being no covering clinician. Resident was also arrested for fighting with another client and was not able to attend scheduled sessions.
- Missed eleven (11) clinical sessions with Mr. Kaufer. Most missed sessions due to client failed to attend sessions.
- Many youth may require a higher level of care and more intensive clinical therapy than they are receiving from the assigned clinician and BVYFC. This is documented in several residents clinical documentation. Many clients miss therapy sessions due to client refusal/client no show.

There is no evidence or outcome measure to show the current clinician has attempted any clinical interventions or clinical supervision to mollify the amount of resident refusal to meet. Clinician could clearly benefit from oversight by a seasoned and qualified clinical supervisor who would be able to guide, mentor and assist Mr. Kaufer in established methodologies of engaging treatment resistant youth. Moreover, it would be in the best interest of all youth for their clinician to be properly educated and trained in trauma focused treatment, thus helping and encouraging youth to participate in their clinical treatment.

### **Staff Communication Logs**

- **198 North Bend Street**

On June 21, 2017, the OCA requested the staff communication logs from each group home of BVYFC from January 2016 to present. The OCA received a communication log for 198 North Bend dated **March 7, 2016 – March 10, 2017.**

To date the OCA is not in receipt of any staff communication log books from **January 2016 through March 7, 2017.**

The communication log book provided to the OCA is for the 2<sup>nd</sup> and 3<sup>rd</sup> floors of 198 North Bend Street. There is no communication log for the 1<sup>st</sup> floor of the 198 North Bend Street house. The communication received for the above dates were inconsistent and incomplete, skipping shifts and even days of reporting. The log book was missing entries from all shifts and does not state names of the staff members on each shift. Occasionally the communication log states the first floor has no residents although records provided by DCYF indicate there were boys living on the 1<sup>st</sup> floor within the reported time frame.

Throughout the log book it is noted residents are out buying cigarettes, smoking, and one resident and staff were asked to leave a function at Adoption RI due to an overwhelming odor of marijuana. The communication log does not indicate where residents are when out on pass and residents whereabouts are not reported throughout the shifts.

The communication log documentation indicates new youth enter the program, however there is no record of new intakes and the specific resident's name is mentioned sporadically throughout the shifts and weeks. For example, two residents are reported as being home on a 3 PM -11 PM shift. The 11 PM- 7 AM shift lists two different residents as being home, and the original names (from 3-11 PM) are not mentioned. It is unknown if the residents from the 3-11PM shift went AWOL and two other residents came into the program. This is a pattern noted throughout the communication log. After a comparison of BVYFC and DCYF records the OCA *found no evidence of one youth named in the log as being a resident in this placement at any time.*

Alarming is youth being left unattended by staff in their apartments or in the house. Log notes indicated residents locking themselves in their rooms, despite staff stating it is not allowed. Although this is a semi-independent living program staff have a duty to always be in the apartment(s) or individual rooms when one or more residents are together. This ensures constant supervision and maintaining the safety of youth as appropriate and as is warranted.

Documentation details youth breaking into the house while staff are out, it appears the youth were home alone for over two (2) hours. There is no corresponding incident report for this event. This was reported as occurring on more than one occasion.

Some residents are not mentioned for days or weeks in the communication log. It is unclear whether the youth was discharged, is AWOL or is compliant with program rules. There is little oversight and involvement with the youth placed in the care of this program. Youth are reported to be testing positive for drugs yet there is no indication staff or the clinician are working to mitigate these situations from taking place. There is an overall attitude of indifference amongst staff and administration surrounding these issues.

The log reports residents being taken and seen in the ER on numerous occasions, however it is not stated why and there are no corresponding incident reports; nor is it clear if staff accompany the youth. One entry reports a resident was taken to the ER for a suicide evaluation around 10PM at night. During this shift, it only indicates one staff person is on duty, so it reasons this resident was sent for a suicide evaluation alone, which is a direct violation of licensing. Furthermore, it is noted by the next shift at approximately 4 AM the hospital calls the program to find out what medications the youth is currently taking. It is almost twenty-four (24) hours before the next update regarding the youth at the hospital. Youth was admitted to the psychiatric unit. There is no evidence the clinician was in contact with the hospital or attended any meeting with respect to youth's clinical needs. After further investigation, the OCA was not in receipt of any clinical documentation regarding this youth although DCYF records show this youth resided at BVYFC for four (4) years.

Youth are reported to be in possession of knives with staff permission. One resident states he will be keeping the knife for protection and there is no indication this knife was procured by staff, nor is there an agency incident report documenting the knife possession.

The communication log book for 198 North Bend indicates a program with little structure, inadequate clinical services and lack of leadership. Staff seem to have little control over the residents and their everyday affairs. Youth refuse to follow directions, destroy property within the house, leave the house at their own free will, are in possession of drug paraphernalia and other prohibited contraband. No evidence of consequences for criminal activity and/or blatant disregard for the rules is mentioned. Youth have free reign and continue to dictate the day to day operation of the home. This creates an unsafe and unhealthy environment for the youth, staff and community. Again, the overall attitude of disinterest from the clinician, administration or staff to alleviate and prevent these problems is overly concerning.

- **48 Maplewood Avenue**

The OCA did not receive a staff communication log from 48 Maplewood Drive, despite numerous requests.

- **35 Amey Street**

The OCA received staff communication logs from Amey Street for the following time period: **May 5, 2016 – August 1, 2016; November 11, 2016 – February 18, 2017; and February 19, 2017 – May 24, 2017.** The OCA is missing the staff communication logs from 35 Amey Street for **January – April of 2016, September - October of 2016 and June - July of 2017.**

Throughout this log book dates and times are not appropriately documented. Full days and shifts are missing. First and last names of staff are not identified so it is unclear what staff is on a specific shift. At one point, there are thirteen (13) pages ripped out of the log book. This is evident due to the page numbers going from page sixty-six (66) to page seventy-nine (79). A few log pages later staff document locating the ripped-out pages in the trash. No further information is provided.

Youth are noted to be smoking outside of the house. There is documentation from the Program Director, Linda Brito on numerous occasions that youth and staff are not allowed to smoke on the property. Although Ms. Brito expresses this on numerous occasions, staff continue to document youth are smoking in the program van and smoking on property including inside their bedrooms.

Youth are documented as vandalizing the inside of the house and group home van. There is no agency incident report and the police were not notified. Youth admit to buying and using marijuana; no agency incident report to document this, despite staff being told this information by youth and writing it in the communication log.

Youth are mentioned as being at the ER, however there is no supporting documentation to explain why youth is being seen in the ER. Additionally, there is written documentation reporting youth being arrested but no specific details or incident reports to corroborate.

Youth are reported in the log book to be physically fighting with each other and a weapon being involved. There is no evidence of an agency incident report. Bullets for a BB Gun were allegedly found in one youth's room. This youth's room was searched after he was in possession of a box cutter and threatening to harm others with this weapon. There is no agency incident report detailing this room search and the contraband discovered.

BVYFC staff are noted on several occasions to be using the group home van for their personal use. One staff is documented taking the van home overnight another staff is reported to return the van to the home at 12:30 AM, despite all the resident already being home and in bed. Program Director, Linda Brito has made several notes in the communication log staff are not to use the van for their person use, yet this continued. There does not appear to be any staff accountability by administration.

Youth leave the house for community time and visits and there is no record of where youth are going. One youth called the program to report he was in Warwick and didn't know if he could get home. When staff asked for the address the youth had no idea of the address. There is no documentation staff attempted to assist the youth in learning his location or finding a way back home. Youth leave the program when they choose even when told by staff they are not allowed to be off grounds. Staff make no attempts to determine where the youth are going and who they are spending time with.

Youth are documented as either leaving school without permission or being kicked out of school. These residents are reported to play video games, watch television in their rooms, or be allowed on community pass; despite failing to follow program rules of remaining in school. One resident's social worker called the program for an update on the youth and was advised by program staff the youth had not attended school in three (3) weeks. One youth refused to attend school, refused to attend a meeting with his Educational Advocate, and was later allowed out on community pass.

Youth are reported missing from their rooms during overnight and morning checks and there is no report of an AWOL, or agency incident report to document the youth missing. Youth return from AWOL and are not medically cleared. One youth came home from community pass, was visibly drunk and high and allowed to go to his room. There was no medical clearance for this youth, nor is there an accompanying agency incident report. One resident is noted as arriving to the house from an AWOL at 6:45 PM and went to his room. At 7:20 PM this youth was allowed out on a community pass. This is a common occurrence throughout the log books. One log report states, a resident returned home from AWOL at 1:17 AM. At 2:00 AM, youth was sleeping. At 2:27 AM youth was vomiting and needed to be transported to the hospital by rescue. No staff member accompanied youth to the hospital. This youth called staff from the hospital to be picked up and youth is told by staff to take a cab home. At 6:47 AM this youth calls the program once again to request a ride home because he cannot find a cab. There is no agency incident report regarding this situation. Youth's grandmother called the program because she had not seen her grandson for three (3) weeks. This same youth called the program later and stated he was at his grandmother's home and has been there every weekend. There is no accompanying AWOL report or agency incident report, despite his grandmother saying she hadn't seen him in three (3) weeks.

It is evident staff are not monitoring the youth and supervising residents at all times. Log notes document youth being in their apartment on the second floor without any staff supervision. Additionally, youth are on the first floor at times without staff being present. Log book entries also document the Program Director, advising all BVYFC staff they are to supervise the first and second floor at all times, this is mentioned numerous times throughout the log book. Ms. Brito also documents residents are complaining staff are napping and watching television. Ms. Brito advises all staff via documentation in the log book that any staff failing to comply with their job duties will lose their job. However, these issues continued

Several log entries document televisions being stolen from common living areas and resident's rooms. It is unclear how televisions are stolen without staff having any knowledge. It again questions the level of supervision within the home by BVYFC staff.

Two youth are brought to 35 Amey Streets after the home they were living in at 198 North Bend St, caught fire and was destroyed. Youth were provided air mattresses to sleep on, however the staffing was not increased to accommodate for additional youth thus violating the staff to client ratio of the Amey Street program.

The log book documents youth with injuries i.e.; one youth has a follow up appointment at RI Hospital for a dog bite. There is no incident report, documentation or police report regarding any youth receiving a dog bite and needing medical attention.

On April 24, 2017 at approximately 10:00 PM, it is noted in the log book the police are at the house and an incident report is written. This was the night Reysean Williams was arrested at 35 Amey Street, by local police and U.S. Homeland Security agents. This is not mentioned in the log book, only that police were at the home.

### **C. Pawtucket Police Reports:**

The OCA reviewed police reports provided by the Pawtucket Police Department dated from May 31, 2016 to June 6, 2017. The OCA reviewed two-hundred and ten (210) police reports involving BVYFC in this time frame. Several police reports are highlighted below:

- On June 12, 2016 Pawtucket Police responded to 35 Amey Street for a disorderly male walking down the street. Staff from the 35 Amey Street Group home of BVYFC reported a nineteen (19) year old youth had taken narcotics (marijuana) from the group home and fled on foot. Youth could not be located.

Police report further states staff member reports earlier in the morning she went into resident's room and discovered a "glass bong" which she believes is used to smoke marijuana. Staff also believes there was a marijuana cigarette inside the glass bong. Staff reported this to Program Manager, Linda Brito and was advised by Ms. Brito to seize the bong and place it in the staff office. Police describe the staff office as a small closet. Staff confronted the resident a short time later and he denied being in possession of the bong. As staff was exiting the closet and resident was walking by he reached into the closet, took the bong and fled out of the home. Police were then notified. Youth returned to 35 Amey Street a short time later.

Upon youth's return, police were again contacted and responded to the home. Youth denied having any type of narcotics on his person and gave the Pawtucket Police Department verbal consent to search his bedroom. Police were unable to find any narcotics or paraphernalia in resident's bedroom, however a BVYFC staff member assisting in the search stated he located the bong in a mirrored cabinet in the bathroom across the hall from youth's room. The bong was seized as evidence and stored in the appropriate location within the Pawtucket Police Department.



Staff informed police they have a court order allowing BVYFC to transport resident to the hospital at any time if needed for drug testing. Staff did not transport youth on this day and allowed him to remain in the home.

There has been concern expressed by treatment team members this youth has been involved in sex trafficking to support his alcohol and drug habit.

- There is no corresponding incident report from BVYFC detailing this incident. Staff were instructed to seize the contraband and store it in the staff office. The only indication police were called is because youth took the bong from the home and left. There is no documentation from BVYFC to accompany this police search and seizure.

*Based on this youth's lengthy history staff had an obligation to take the youth immediately to the hospital for drug testing and clearance. If illegal drugs and or contraband are found within a group home staff should immediately call police. There is no evidence staff are trained in proper disposal of illegal substances, nor is there evidence they are trained to recognize and/or handle illegal substance. The OCA is concerned staff are assisting in police matters rather than providing a therapeutic environment. Although the youth is nineteen (19) years of age, he should have had DCYF, CASA or legal representation available to him prior to police searching his room and at the very least DCYF should have been notified of this as it was taking place. This practice allowed by BVYFC is inappropriate.*

- June 22, 2016, police respond to 35 Amey Street for a missing juvenile. Juvenile is reported to go missing frequently. Police respond back to the home for return of the missing juvenile. Juvenile advises police he spent the night at his friend's house in Providence and refuses to provide police with any details.
  - There is no corresponding incident report from this police report. Youth returns from AWOL and is not medically cleared.
- June 23, 2016, Police respond to 35 Amey Street for a report of a missing juvenile. This is the same youth reported AWOL the day before. Staff inform the police, resident is "known to frequent an unknown address in the south side of Providence"... Police respond back to home when juvenile returns.
  - There is no corresponding incident report for this situation. Youth returns from AWOL and is not taken for medical clearance. Staff are aware the youth frequents an unknown home. Staff continue to allow him to go, without checking the location, the people he is visiting or ensuring DCYF permits the above visitation.
- July 2, 2016, police respond to BVYFC because a youth has returned from being AWOL and is high. When the rescue arrives the youth refuses to be transported to the hospital.

- There is no corresponding incident report for this police or rescue notification. BVYFC staff report to the CPS hotline the youth has returned home because he wanted the crack pipe found in his room, and when they alerted police youth left the home again.
  - Although reported to the DCYF hotline there is no documentation from BVYFC or incident reports of a crack pipe being located in a resident's room. It has been noted this youth may have been engaging in sex trafficking in order to support his drug use and habits.
- July 25, 2016, police respond to the group home for the return of a missing juvenile. Upon arrival police are informed the youth has returned home and appears to be in good health but may have been under the influence of alcohol.

A police officer contacts Executive Director, Daniel Brito and expressed his concern about the safety of this youth due to him running away on a nightly basis. The police report indicates, Executive Director Daniel Brito advised the officer to "contact DCYF because there is nothing he could do at this time." Police officer reports to have called the assigned DCYF SW with his concerns as well.

- There is no corresponding incident report from BVYFC for this missing youth or the police officer's concern of the safety of this youth. Concerning is the level of ambivalence shown by Executive Director, Daniel Brito. This is a DCYF youth placed in the care of BVYFC. This youth is not engaged in clinical treatment and fails to comply with program rules. This agency should be assessing their ability to keep him safe and provide him with the appropriate level care. Youth may need a higher level of care.

August 1, 2016, the above police officer speaks to the assigned DCYF worker and she states there is not much more they can do at this point. DCYF was notified this youth has a court date of August 15, 2016. The DCYF worker states she will be in attendance.

August 15, 2016 DCYF Case Activity Notes indicate the youth went to court with his DCYF SW. There is no mention of the concerns for this youth's safety brought forth by the Pawtucket Police Department. The Court imposed an 11:00 PM curfew on this youth. After the court hearing the youth was taken to McDonald's where he and his DCYF SW met with Program Director, Linda Brito. Youth was given permission to have a community pass.

*Permission was given for a community pass, despite the constant AWOLs, suspected drug/alcohol use and recent police involvement.*

August 17, 2016 DCYF Case Activity Notes indicate youth was brought before the Court in the morning after being arrested the night before. Youth was arrested for violating his curfew and was also found to be in possession of a knife with over a 3-inch blade.

- There is no incident report from BVYFC regarding this information or the fact youth was in possession of a knife.

*Program and agency staff continue to allow unsupervised community time despite the program violations, Family Court violations, weapon charges, and police involvement.*

This youth was arrested on federal charges less than one year later. Youth was arrested with a BVYFC group home staff for human trafficking. Both men were arrested by local police and United States Homeland Security and remanded to the Wyatt Detention Center in Central Falls, RI.

- On September 27, 2016, police respond to the group home (35 Amey) for the report of a missing juvenile. Staff state the youth left the home earlier to visit his girlfriend but are unable to provide police with the name of youth's girlfriend, an address where she lives or a contact number.
  - There is no incident report for this missing youth. Staff are allowing youth to visit girlfriend's houses and friends' houses without knowing any details.

*There is no information on youth's girlfriend. It is unclear if these visits have been approved through DCYF. While this is a semi-independent program, these are DCYF youth whose safety and well-being is entrusted to BVYFC. For BVYFC to be unaware of the location of any DCYF youth and to allow youth off grounds and have no information of their whereabouts at any time is a dereliction of duty.*
- December 19, 2016, police respond to 35 Amey Street for a report of an adult male with a beard causing a disturbance. Upon arrival police identified a twenty-seven (27) year old male in the doorway of the house yelling at several males.

This adult male, identified as a former DCYF youth and former group home resident arrived at 35 Amey Street to retrieve his Xbox 360, several games and two 45lb weights from one of the residents. Adult male stated he knocked on the door several times but no one answered, so he took it upon himself to enter the residence without permission. Adult male removed the bottom portion of a first-floor window and climbed through. He stated he found all the items he came to retrieve himself. Adult male allegedly began arguing with the group home staff and the adult male walked onto the front porch, where he was observed by police upon arrival.

According to staff at 35 Amey Street a staff member at the 198 North Bend House called and informed him that an adult male was on his way to 35 Amey Street to fight one of the residents. Staff advised him to lock the doors and contact the police if the male arrived. The adult male arrived at 35 Amey Street and attempted to enter the house through several doors and windows before climbing through a bedroom window on the first floor, gaining access into the house.

The adult male was secured by police in the back of a police car without incident. A friend of the adult male and former BVYFC group home worker, Adilson Vieira arrived

at 35 Amey Street and informed the police the adult male had “mental issues and anger management”. Mr. Vicira agreed to hold onto the adult male’s belongings until he was released from police custody.

- There is no incident report or other documentation regarding this incident. There is no evidence DCYF was notified of the break-in, threats made against a resident or police involvement. Each incident should have been documented in an agency incident report and reported to DCYF immediately. The staff member had a duty to contact police right away when he was aware the adult male was on his way to 35 Amey Street to fight a resident.
- January 23, 2017, police respond to group home for an unwanted female sleeping at the group home.
  - There is no documentation in the communication log or an incident report from BVYFC regarding this incident. It is unknown how old the female was, how she got into the group home without staff knowledge and what youth’s room she was found. This call came into the Pawtucket Police at 8 AM. No notification was provided to DCYF.

*It is evident no resident room checks were conducted by staff during the night. This information was only discovered by reviewing police reports.*
- January 28, 2017 police respond to the group home for an AWOL youth. January 30, 2017 police contact DCYF to discuss their concerns with this youth’s safety due to constant AWOL’s. DCYF advised police there is a meeting scheduled to discuss better placement options for this youth. Three (3) months later the Family Court ordered placement referrals to be made for a higher level of care due to youth’s drug issues and on-going AWOL’s.
  - There is no documentation by BVYFC to support the AWOL’s, drug use, police interactions and DCYF’s safety concerns. No clinical documentation provided. Until police contacted the Department with their concerns regarding this youth BVYFC did not acknowledge or document this youth’s poor behaviors.
- January 28, 2017 and January 29, 2017 two other residents are reported AWOL.
  - There is no documentation provided by BVYFC to support this. Incident reports should be done for each AWOL.
- January 31, 2017 after 1:00 AM, police responded to the group home for a report of a missing person. Staff provided the police with the youth’s name and date of birth. Staff provide numerous sets of hand written paperwork with the youth’s information to assist the police. Staff reported they did not have a picture of the youth to provide police for the missing person’s report.

Upon return to the police station, police realized BVYFC did not have the correct date of birth for this youth. Police confirmed the correct date of birth through DCYF using his social security number. Police responded back to the group home to advise staff of the correct date of birth.

- There is no documentation provided by BVYFC to support this missing person report. BVYFC did not have the youth's correct date of birth despite youth being a resident in the program for several months.
- On February 5, 2017, police responded to 35 Amey Street for the return of a missing juvenile. Upon arrival to the house youth reported to police that he was at his friend's house in Providence the night before and missed the bus. He reported no injuries and appeared in good health.
  - There was no incident report with respect to this youth. Additionally, staff did not verify or check the information regarding where youth spent the night. It is unclear if this visit was approved by DCYF and proper clearances were completed prior to the visit taking place. The youth was not medically cleared upon his return to the program after being AWOL. It is evident staff did not know the identity of the friend.
- February 21, 2017 at approximately 6:30 AM, police responded to the group home for the report of a missing juvenile.

Upon arrival, police were informed by a staff member from BVYFC that he was performing room checks at approximately 5:30 AM and he noticed a youth was not in his room. Staff were unable to locate the youth within the house and the last room check was reportedly completed by second shift staff at approximately 10:00 PM the previous night.

- The youth was located at the home of his girlfriend at approximately 10:00 AM. The youth was transported back to BVYFC. There is no corresponding incident report for this AWOL. It is not clear who the youth's girlfriend is or the location of the home where he was located. It is evident no room checks were not completed until almost a full shift had gone by.
- February 23, 2017, a report is made to Pawtucket Police for a missing resident. Police report states, youth is eighteen (18) years old and it is believed he went to his girlfriend's house for the night, he "occasionally does that" according to the staff. Staff doesn't feel youth is in any danger and believe he will return to the group home in the morning.
  - Regardless of youth's age, this youth is in the care of DCYF and BVYFC is responsible for the placement and safety of this youth. The fact staff "believed" youth was at his girlfriend's as he "occasionally does that" indicates BVYFC allow the residents to spend the night at their girlfriend's homes on a regular basis and is customary practice within the BVYFC agency. Although staff report this happens occasionally, staff are unable to identify the location or identification of the youth's girlfriend. This is inappropriate and unacceptable practice for any agency and staff member.

Assuming youth are not in danger when in fact staff do not know where the child is places youth in high-risk and potentially unsafe situations. Allowing a youth in the care of DCYF to knowingly spend the night at an unknown location

with an unknown person is unacceptable and should not be the standard of any group homes or agency. Additionally, there is no incident report regarding this AWOL nor was the youth medically cleared upon his return.

- March 29, 2017, police respond to the group home for a missing youth. Staff report youth has been leaving the home and not returning by curfew on several occasions. Police responded back to the group home after midnight when youth returned to the group home. Youth reported to police he was at a friend's house and lost track of time.
  - There is no incident report regarding this youth being AWOL. Youth was not medically cleared upon his return from AWOL. There is no indication staff attempted to learn about said "friend" to determine if this was an appropriate person and place for the youth.
  
- April 5, 2017, police respond to the group home for the report of a runaway juvenile. Upon arrival, staff report the youth frequently leaves the house and stays out past curfew. Staff did not see youth leave the house and is unable to provide police with a description of his clothing. Staff informed the police youth has a girlfriend that lives somewhere in the city but could not provide a name or address. Police responded back to the group home at approximately midnight when juvenile returned from AWOL. Juvenile stated he was at a friend's house in Providence and lost track of time. Youth reported no injuries.
  - There is no BVYFC incident report or notification to CPS regarding this AWOL. Staff are aware youth has a girlfriend, however could not provide the name or any pertinent information regarding the girlfriend and/or her family to police. This youth was not medically cleared upon his return from AWOL.
  
- On April 19, 2017 police responded to 35 Amey Street at approximately 10:45 PM for the report of an AWOL juvenile. Upon arrival staff reported a juvenile resident left the group home with instructions to return by 10:00 PM. Staff stated he did not know where the youth went but thought he may go somewhere in Providence. Police searched the immediate area for the juvenile with negative results. Youth called the group home at approximately 10:30 PM and asked for a ride home because he missed the bus. Staff would not pick him up and advised him to find his own way home. Staff reported the youth AWOL at this time.
  - While there is an incident report from BVYFC and accompanying police report the response provided by staff when resident called for a ride home is of concern. BVYFC is responsible for the care and safety of the DCYF youth residing in their program. Advising a youth to "find a way home" from Providence at 10:30 PM is inappropriate and places the youth at significant risk. Staff were unable to provide the police with information of where the youth was, thus further supporting BVYFC's widespread practice of allowing youth to leave the program without having information or knowledge of youth's whereabouts. This continues to place youth in potentially unsafe, inappropriate and/or dangerous situations.

On April 24, 2017, BVYFC staff member Reysean Williams was arrested by local police and U.S. Homeland Security at 35 Amey Street. There is a BVYFC incident report corresponding to this arrest. However the CPS Hotline was not notified. A subsequent call by police was made to the CPS Hotline the following day advising Reysean had been arrested for Human Trafficking. Police report Reysean had been committing acts while in his position as a worker in the group home. Further information states Reysean is using past BVYFC residents to work for him and using their YESS apartment as a "trap house" to house trafficking victims. Both youth living in the YESS apartment at the time of the arrest were former residents of BVYFC. One former resident identified as Leandro Gomes was subsequently arrested several days later by U.S. Homeland Security and local police. At the time of the CPS report two DCYF juvenile females were identified as victims of trafficking and the police investigation was on-going. Reysean and Leandro were both remanded to Wyatt Detention Center on federal human trafficking charges. This investigation remains open and active with federal and local law enforcement agencies. Executive Director, Daniel Brito confirmed a personal family relationship with Reysean Williams. Mr. Brito advised Reysean lives with his niece. Program Director Linda Brito, sister to Executive Director, Daniel Brito also has a familial relationship with Mr. Williams. Reysean and Mr. Brito's niece have been in a long-term relationship and have three children together, with one on the way. Daniel Brito confirmed he was aware of this familial connection at the time he hired Reysean Williams.

### **Incident Reports**

On June 21, 2017, the OCA requested incident reports for calendar year 2016 to present date for each house. These reports were received on July 24, 2017. Despite the OCA's request for one (1) year worth of incident reports, Executive Director, Daniel Brito provided seven (7) months' worth of incident reports.

Aside from the lack of incident reports completed by BVYFC in conjunction with the police reports, additional information was discovered throughout this review that lacked a corresponding incident report. Of the incident reports appropriately completed several should have corresponding DCYF notification and/or police notification but do not; BVYFC failed to follow appropriate procedure. Please see the following examples, many incidents were discovered through log books, weekly progress notes and police reports.

- On January 22, 2017, a weekly progress note completed by the clinician stated, "client came home extremely intoxicated and attempted to stab another resident with a knife". There is no incident report completed by BVYFC, no CPS notification and no police report for this incident.
- On April 14, 2017, an incident report is completed by BVYFC staff after advising a youth to smoke down the street and not on the front steps of the home. While staff were addressing the youth, a neighbor advised staff the youth has been throwing trash out of his window and it remains in the neighbor's yard. Staff knowingly allow residents to smoke and have cigarettes and other paraphernalia on the property of the group home. While many of these residents are eighteen (18) and of legal age to smoke,

DYCF licensed facilities are to be smoke free properties. Staff members cannot be on the property and smoke cigarettes, it is inappropriate to allow the youth to partake in this on the group home property.

- April 24, 2017 staff completed an incident report after arriving at a youth's school to deliver his mail. Staff was notified youth was not in school. The school further reported the youth had not attended school in three (3) weeks. Staff were unaware a youth had missed three (3) consecutive weeks of school indicating there is no communication between staff and the school. Additionally, staff should be directly involved in the daily activities of each youth within the program to ensure they are receiving the appropriate care and services. A therapeutic environment should be provided to each youth thus promoting staff awareness and investment into the day to day programming to meet and maintain the best interest of all youth.
- April 26, 2017 staff completed an incident report regarding the above youth being returned to the group home by the police. The report indicates the police did not come in the house. BVYFC made no follow up with the police on where the youth was located, how he came to the attention of the police, nor was youth medically cleared after being AWOL.
- On May 3, 2017, Pawtucket Police Department responded to a fight that broke out at BVYFC between residents with a box knife. BB gun bullets were later found in one of the client's room. There is no BVYFC incident report, it is unclear what youth were involved and what prompted a room search, uncovering BB Gun bullets. No report was made to DCYF.

After review of the police and incident reports, the OCA discovered numerous incidents involving weapons, alcohol, drugs, drug use and drug paraphernalia at BVYFC. These incidents were found in police reports and/or clinical notes of residents smoking marijuana and returning to BVYFC under the influence of drugs, possession of bongs and crack pipes inside the residence. Additional reports of physical assaults and break-ins were noted. There are documents or incident reports completed by BVYFC, nor was DCYF notified of these incidents. Furthermore, there is no indication BVYFC made attempts to meet with youth and DCYF to mitigate the amount of illegal drug use, or attempt to engage youth in any kind of substance abuse treatment. There is no evidence of clinical interventions for youth involved in illegal issues.

### **Employee Records/Files**

On July 24, 2017, after numerous requests, the OCA received the files/records of both the current and terminated employees from 2016 to present. The OCA received a total of twenty-one (21) current employee files and four (4) terminated employee files.



### **Current Employees:**

The OCA received twenty-one (21) current employee files, however, the OCA did not receive files for Executive Director, Daniel Brito, and program Clinician, Kyle Kaufer, LICSW.

Of the current employee files, all but two (2) were missing an application. A majority of employee files contained the BVYFC Code of Ethics. While this document is in the file, there is no signature of acknowledgement and most troubling, this document is for the adult population and not applicable to youth in DCYF care.

One employee had a resume and none of the files had a record of reference checks being completed.

Many employees were hired prior to 2012 and worked mainly with the adult population of residents. It is reasonable to presume most of these employees remained working with the juvenile population once BVYFC was issued a cease and desist court order with the adult population.

More than ninety (90) percent of employees lack the educational and child welfare background and/or experience requirements set forth in the licensing regulations, and contracts and compliance agreement.

It was very challenging to determine the start dates of employees. The OCA could speculate start dates by employee signatures, time-dated receipt of the employee handbook and staff personnel manual but there is no verification of actual start dates. The OCA did not find evidence of crisis intervention training, nor did the OCA find files had any evidence of annual Handle with Care trainings from their start date to present.

The dates for employee fingerprints and DCYF clearances were repetitive and often completed years after the employee signed the employee handbook. Without verification of actual start dates it is reasonable to deduce employees began working with DCYF children before their clearances were completed.

For example:

- Five (5) employee files confirmed fingerprints being completed on April 10, 2013 and six (6) employees were completed on March 1, 2013.
- Seven (7) employee files confirmed DCYF Clearance dates of February 27, 2013 and three (3) employees had a clearance date of April 15, 2013.
- Many of these files substantiated start dates for work between 2009 and 2010. This suggests several employees began working for BVYFC one to three (1-3) years without a DCYF clearance or fingerprints.

A few examples are below:

- Mark Slader signed the employee handbook on 11/10/2010 however his file confirms he did not receive his fingerprints until 4/10/2013 and

- DCYF clearance until 2/27/2013. Documents reviewed throughout this investigation indicate this employee remains a staff member of BVYFC.
- Alvaro Pina signed the employee handbook on 8/10/2010 and his file confirms he did not receive his fingerprints until 3/1/13 and DCYF clearance until 2/27/2013.

### **Terminated Employees:**

The OCA received four (4) terminated employee files for the requested time frame. These files were missing employment applications, resumes, references and reference checks. None of the terminated employee files contained an annual Handle with Care certification for each year they were employed at Blackstone Valley Youth and Family Collaborative.

The most troubling file identified is that of terminated employee, Reysean Williams. Reysean was terminated on April 24, 2017 after being arrested during his shift at BVYFC, 35 Amey Street group home. As stated above Reysean was arrested for human trafficking of minors and was allegedly using his position in the group home to recruit and transport underage victims for sex trafficking purposes. Many of the victims were from within the DCYF system.

Upon review of Reysean's employee file, it became more unsettling as he was hired and allowed to work with children due to the lack of background information and sparse documentation. Two (2) certifications verifying the date of Mr. Williams' hire were found in this file. Both had a future date of October 27, 2017 and October 25, 2017. Mr. Williams' employee file did not contain a resume or an application for employment. Reysean's employment history verifies he held two (2) previous jobs described as "general labor". No proof is presented he possessed the appropriate educational background or any experience working with children. Thus, not meeting even the minimum requirements to be employed in a child caring agency. Mr. Williams' employment history alone should have prevented him from working in a direct care position. Furthermore, Reysean is documented as being a Supervisor.

Although records verify Reysean passed a DCYF clearance and a State of Rhode Island Criminal Background check, Reysean Williams' last known addresses and employment was in New York and Texas. There is no evidence he ever held a job in Rhode Island and it is unclear how long Reysean has lived in RI. No background or child welfare checks were completed in his last known residences of New York or Texas, despite his living arrangements and work experience being between the two states.

### **Policies and Procedures**

The OCA received three (3) sets of policies from Executive Director, Daniel Brito. The first set of documents were provided to the OCA on July 7, 2017. This set of documents contained a policy that were not applicable to the DCYF population of youth. The policies were specifically developed for adults with developmental disabilities.

*As noted earlier, BVYFC was court ordered to cease and desist all adult services immediately on December 12, 2012.*

Upon review, it was evident the policies provided to the OCA were not applicable nor representative of DCYF youth.

Please see the following for examples:

- **Section 26.11 Policies and Training** states, (see Appendix A), “Blackstone Valley Youth and Family Collaborative has developed a series of trainings provided by the nurse and consultants that address the issues of Participant safety, developmental disabilities issues and health.” The policy further states trainings include Human Sexuality and Characteristics of Developmental Disabled Adults.
  - BVYFC has not served developmentally disabled adults since December of 2012, nor do they employ a nurse on staff.
- **Section 30.15.2 Aversive Behavioral Intervention** states, (see Appendix A); *aversive behavioral intervention is used only to address specifically identified extraordinary difficult or dangerous behavioral problems that significantly interfere with appropriate behavior and/or the learning of appropriate and useful skills, and/or that have seriously harmed or are likely to seriously harm, the individual or others.*  
**“in accordance with Rhode Island General Laws § 40.1-26-4.1, “it shall be unlawful for any agency to use prohibited aversive intervention techniques on a person with a developmental disability in the state of Rhode Island.”**

A few weeks later the OCA received BVYFC’s “emergency plan” guide. This guide does not seem applicable or specific to BVYFC. This guide appeared to be for general emergency safety which included tips and recommendations in case of an emergency.

*The OCA obtained the same plan guide from the internet after a Google search.*

Please see a few of the following examples:

- **Basic Emergency Supply Kit**, (see Appendix B), *Page 5*: This page contained a list of general recommendations of items in an emergency supply kit. One recommendation was “feminine supplies.” BVYFC is an exclusive male facility. There is no evidence BVYFC has provided services or is licensed to provide services to biological females or any youth identifying as a transgender female.
- **Hurricanes**, (see Appendix B), *Page 33*:
  - \* Bullet six (6) of this section states, “determine how and where to secure your boat.” The OCA has no knowledge of BVYFC owning a boat. Should this

agency have a boat and utilize it for DCYF entrusted children, an immediate plan of action should be developed to ensure the protection and safety of all youth. *Any staff operating this boat should have a Captain's license; and be a certified operator with verification through the US Coast Guard (USCG). Following any and all requirements of the USCG. All classes must be certified in boat safety by Coast Guard employee or comparably approved by the USCG. Moreover, any youth unable to swim should not be allowed passage on the aforementioned boat. All youth on board this boat should pass a certified swimming and boat safety course approved by the USCG or DCYF approved certification. All passengers must be able to provide proof of certification.*

- *Most importantly DCYF must develop a policy to address the safety and regulations of allowing DYCF youth on board any vessel not operated by a DCYF employee; DCYF employee does not constitute a provider, contract vendor, or other non-state employee.*

The OCA is unclear as to the validity of any of these documents. Executive Director, Daniel Brito advised the OCA was provided the wrong set of policies and provided the OCA with a set of documents, described as the "correct set".

Upon review of the "correct set" of policies it was determined these policies were those of Jammatt Housing, Turning the Corner (TTC) agency. TTC is a separate program with no affiliation to BVYFC.

Please see the following examples:

- *Policy 2-4:01 Personnel Policies* states;
  - (see Appendix C, section 2), "the personnel policies of the Blackstone Valley Youth & Family Collaborative are kept within each program and at the agency's corporate office at 801 Elmwood Avenue, Providence RI."
    - The primary office of BVYFC has been identified as 209 Cottage Street, Pawtucket, RI. The address provided in the above policy is the address for the corporate office of Jammatt Housing, Turning the Corner.
- *Policy 4-1:20 Staffing and Supervision in the Milieu* states;
  - (see Appendix C, section 4), the phone number to Blackstone Valley Youth & Family Collaborative is 401-785-8446.
    - The phone number used to reach BVYFC is documented as 401-475-2121.
      - The OCA called the number in the policy and the phone was answered and identified to be the Jammatt Housing, Turning the Corner primary office.

- *Policy 4-1:22; 24-Hour Access to Clinicians* states;
  - (see Appendix C, section 4), “staff members on-call include the Executive Director, Clinicians, Residential Director, or Program Directors from TTC (Turning the Corner) facilities.”
    - Per DCYF contracts and Compliance and DCYF Licensing, TTC staff members are not affiliated with BVYFC nor are they responsible for being on-call for, Clinician, Kyle Kaufer or any BVYFC employee.
  
- *Policy Handbook Section 5;*
  - (see Appendix C, section 5), referred to the services offered at Turning the Corner throughout the entire section and made no mention of BVYFC. The title of the document read: **“Turning the Corner Agency Policy: Employment and Community Services.”**

On July 24, 2017, the OCA received a final set of documents from Program Director, Linda Brito. Within the documents was another set of policies and procedures.

The OCA received the following policies:

Behavior Intervention; Behavioral Treatment Programs; Human Rights; Grievances; Environmental Management; and a Health Care Manual. Five (5) out of six (6) of these policy manuals referred to the adult developmentally disabled population.

Please see the following:

- *Behavior Intervention Policy and Procedure Manuals;*
  - (see Appendix D), The manual states,
    - “all policies and procedures contained in this manual shall conform to and abide by the Rhode Island Statute entitled Rights of Persons with Developmental Disabilities RI General Laws 40.1-26-et., as revised and amended.
      - *BVYFC is licensed as DCYF youth program and therefore all the policies and procedures should conform to the DCYF Rhode Island statute 42-72. The above underlined statute refers to the adult population.*
  
- *Policy 1-5:05 Environmental Management* states;
  - (see Appendix C, section 1);
    - “in addition to the fire drill test, staff members are expected to conduct the following tests, following the protocols listed in the applicable policies 1-5:03 and 1-5:04: Safe Evacuation (1-5:04) and Biochemical Acts of Threats of Terrorism (1-5:03).”
      - The OCA did not find evidence of any of these forms or tests ever being conducted.

- *Blackstone Valley Youth and Family Collaborative Health Care Manual*;
  - (see Appendix E);
    - states multiple guidelines for oxygen therapy. This is not an identified therapeutic method used at BVYFC nor is this an appropriate placement to perform such treatment of DCYF youth.

The OCA contacted DCYF licensing department to request the policies/protocols on file for BVYFC. DCYF licensing informed the OCA they do not maintain a hard copy of documentation in their files. It remains unclear as to which set of policies BVYFC operates under and applies when working with DCYF youth.

**Physical Plant:**

**A. 198 North Bend Street:**

This house burned to the ground during a fire on March 11, 2017. The OCA was unable to review the physical placement and location at the time of the review. The OCA has been informed this was a one family home with three (3) floors to accommodate youth. The first floor consisted of two bedrooms, a common living area, a kitchen and a bathroom. There was an office off the living room reportedly used as a staff office.

The second floor was reportedly an identical layout to the first floor, although the spare room was not used as an office.

The third floor was a single apartment with a small kitchen area and bedroom.

No youth or staff were inside the home at the time of the fire. All documentation in the house was reportedly burned and lost to the fire.

**B. 35 Amey Street:**

The premises (exterior and interior) appeared well-maintained. The first floor of 35 Amey Street is equipped with a kitchen, dining room, bathroom, living room, and three (3) bedrooms. The second (2) floor is equipped with three (3) bedrooms, a smaller living room/dining room, bathroom, and kitchen. All common rooms and bedrooms were clean and spacious. The bathrooms on both floors are shared by both the staff and clients. . The OCA did not observe a menu although the house manager, Alvaro Pina states it is available upon request. Mr. Pina reported the youth have an active role in menu planning and food shopping. Mr. Pina advised mandatory staff trainings include: CPR, non-violent crisis intervention, medical training and overall training on verbal de-escalation.

House manager, Alvaro Pina, reported the upstairs kitchen is locked and used for storing extra food and kitchen supplies, as well as any refrigerated medications if necessary. Upon

request, Mr. Pina unlocked the door to the kitchen. The OCA did not observe any medication(s) in the refrigerator. The basement was neat and clean and equipped with a washer, dryer, and a locked storage room reported to be filled with supplies. Mr. Pino reported that the five (5) day emergency supply is stored in the storage room. The OCA did not observe this. The OCA reviewed the medication and fire logs. The medication and fire logs were complete and up to date.

### **C. 48 Maplewood Drive**

The house at 48 Maplewood Drive is a one (1) family home with two (2) floors and a basement. The premises (exterior and interior) appeared well-maintained. The first floor is equipped with two (2) bedrooms, a bathroom, living area. The second (2<sup>nd</sup>) floor is equipped with two (2) bedrooms, one of which is used as the staff office. The basement appeared to primarily be used for storage and laundry. The shared areas and bedrooms in the house were exceptionally neat, clean, and spacious. The bathroom is shared by both staff and clients. House Manager, Shaun Ramos, reported he is unsure when the overnight shift perform room checks, however, estimated the room checks probably take place about every hour. There was no menu posted on the day of our visit, although, Mr. Ramos reported it is typically posted. Most of the menu planning is up to him with the help of the residents. The only mandatory trainings staff are aware of include: CPR, restraint training, and new staff "job shadow."

The OCA is concerned about the ability to convert the staff office into a bedroom on an emergency basis. All youth files, medication logs, and medications are stored inside the office. The OCA did not observe another place to store these items. Furthermore, this agency is not a shelter and should not be used as an emergency shelter placement for any youth. Providing an emergency placement for a youth would violate the staff to client ratio.

Based on conversations with the program managers of each house it is unclear what staff trainings are mandatory at Blackstone Valley Youth & Family Collaborative. There is a clear discrepancy about what is mandatory considered a mandatory training for staff.

The OCA reviewed the staff communication logs, fire logs and medical logs. There were no issues with the medical logs. The fire log was incomplete and the Children's Bill of Rights was not posted. The fire logs indicated only four (4) fire drills had been conducted since December 2016. Mr. Ramos reported that Blackstone Valley Youth & Family Collaborative does not have an emergency preparedness plan that he is aware of, nor did Mr. Ramos have knowledge of a five (5) day supply in case of an emergency.

### **Resident Comments:**

#### **A. 198 North Bend**

This house was burned to the ground on March 11, 2017. Youth lost all their belongings in the fire and were moved to new homes. No youth were interviewed from this placement.

## **B. 35 Amey Street**

On July 20, 2017, the OCA arrived at 35 Amey Street. The OCA had the pleasure of observing three (3) of the six (6) residents at 35 Amey Street. Staff reported the remaining three (3) youth were at work. The OCA did not speak with any of the youth, however, all appeared to be well cared for and were excited to be on their way to a group activity with staff at the beach.

## **C. 48 Maplewood Drive**

The OCA observed three (3) clients in their rooms at 48 Maplewood Drive. The OCA did not speak with any of the clients, however, the house was clean and the clients were welcoming, polite and appeared to be well cared for.

### **OCA Findings:**

- Based on the BVYFC brochure provided by Executive Director, Daniel Brito the program is a semi-independent living/YESS program for males ages seventeen (17) to twenty-one (21) years old.
  - This is incorrect information. The YESS program has been thoroughly described in this report. Please see the above description of YESS.
- Executive Director, Daniel Brito provided the OCA with numerous false documents and inaccurate information. Mr. Brito reports BVYFC is a YESS Program agency and provided TTC policies as BVYFC.
- Aversion Therapy is reportedly being utilized by BVYFC. This is an illegal practice in the State of Rhode Island.
- The incident report utilized by BVYFC is not applicable to the DCYF population and is a form relevant to the adult population.
- Obtaining the requested documentation from Executive Director, Daniel Brito was difficult. The OCA requested documentation on numerous occasions and finally received it almost one (1) month later on July 24, 2017 after an order from the Family Court.
- Despite the OCA's request for one (1) year worth of incident reports, Blackstone Valley Youth and Family Collaborative provided the OCA with the incident reports from December 7, 2016 to July 15, 2017 (about seven (7) months). The OCA was not provided incident reports from July 2016 – November 2016.
- BVYFC staff fail to report and document significant incidents pertaining to the DCYF youth residing in the program. This is direct violation of licensing regulations.
- BVYFC staff fail to contact police upon finding suspected narcotics, drug paraphernalia, evidence of alcohol abuse, stolen merchandise, physical altercations, and weapons amongst DCYF youth.
- Staff allow DCYF youth to leave the home without having any knowledge of where the youth is going and whom they are visiting while on community pass.
- Kyle Kaufer, LICSW provides part time treatment for nine (9) youth and there is no covering clinician in his absence or an on-call clinician available to DCYF youth.



- Youth are not receiving adequate or appropriate clinical care, as evidenced by the weekly progress notes completed by Kyle Kaufer, LICSW.
- Clinician, Kyle Kaufer failed to report youth engaging in illegal activities with their mentors, despite being a mandated reporter under RIGL.
- All DCYF youth files were incomplete and missing required information, in direct violation of licensing standards and contracts and compliance agreements.
- DCYF information indicates Blackstone Valley Youth & Family Collaborative discharged a total of twenty-two (22) clients in the 2016 calendar year. Executive Director, Daniel Brito provided the OCA with only fifteen (15) discharged files. Seven (7) discharged client files remain missing.
- Essential information regarding DCYF youth and unacceptable situations within the group home were only uncovered through a review of the Pawtucket Police Department records.
- Youth are not required to receive medical clearance prior to returning to the program after being AWOL.
- It is unclear if the appropriate clearances have been done by DCYF which would allow youth to the home of a friend or girlfriend. It does not indicate staff have completed clearances as staff do not know the names of friends or the location of the residents when they are on pass.
- Youth are openly admitting to using marijuana and not following their medication regimens. There is no evidence youth participate in substance abuse counseling and or treatment, although it is recommended by and often ordered by the Family Court and DCYF.
- Executive Director, Daniel Brito admits youth into the program that are inappropriate referrals into the program and in so doing places other residents in unsafe or uncomfortable living situations.
- Concerns of youth between the ages of sixteen (16) and twenty-one (21) living together in a semi-independent program based on the reports throughout this review.
- Fifteen (15) year old youth with severe mental health issues placed in a semi-independent living program, despite needing a high-end placement and the program being licensed for youth ages sixteen (16) through twenty-one (21). Not an appropriate placement, as this youth has been AWOL and has numerous psychiatric hospitalizations.
- Sexual offending youth placed with DD kids, and non-offending youth. No documented risk assessment completed prior to placing these kids together especially when youth are refusing any clinical interventions and not being properly supervised by staff.
- Youth use derogatory names for other residents. This happens in the presence of staff, and there is no evidence staff are redirecting the comments or acknowledging the negativity and inappropriate comments from residents.
- Youth not attending school on a regular basis. There is no alternative schooling for these kids, or consequences for refusal to attend.
- Incident reports are not completed consistently or when necessary. Inaccurate reporting and lack of reporting incidents to DCYF provides a false sense of program success.

- The OCA received copies of police reports involving Blackstone Valley Youth and Family Collaborative from the Pawtucket Police Department dated from May 31, 2016 to June 6, 2017. Out of 210 police reports involving BVYFC this past year, only three (3) incidents were reported to the CPS hotline by Blackstone Valley Youth and Family Collaborative.
- Staff communication logs are not in a timely or organized format. All staff communication logs were inconsistent for shifts and the log was missing entries for days at a time. Communication logs were unable to be provided to the OCA from 35 Amey Street House for January – April of 2016; September - October of 2016, and June - July of 2017. Additionally, 35 Amey Street House communication log was missing entries from March 12, 2017 to May 23, 2017.
- Staff do not accurately document residents in the program, or the staff working each shift.
- Clinician, Kyle Kaufer is part-time and the only on-call clinician for nine (9) youth. Based upon a review of the clinical records it is clear the clients do not receive the services and quality of care they require.
- There is no covering clinician when Mr. Kaufer is off duty and no supervisory clinical oversight to the current clinician, Kyle Kaufer.
- Executive Director, Daniel Brito is the only person with access to 209 Cottage Street.
- All files reviewed by the OCA were incomplete and none of the records met the standards in the licensing regulations. This included current residents and discharged youth.
- Executive Director, Daniel Brito supplied the OCA with fifteen (15) discharged youth files. DCYF information indicates twenty-two (22) youth were discharged during the requested time frame.
- Program Director, Linda Brito advised the OCA all youth files, and paperwork from 198 North Bend Street were unable to be recovered after the fire on March 11, 2017. Despite this report, the OCA was provided all youth files from the 198 North Bend home.
- It remains uncertain what documentation and youth files were unrecoverable from 198 North Bend home.
  - Several weeks later, Executive Director, Daniel Brito provided the OCA with a different staff communication log from 35 Amey Street that contained entries dated from February 19, 2017 to May 24, 2017. It is concerning and unclear why two (2) months of the staff communication log is located in a different communication log book and was received several weeks later.
- Staff consistently working double shifts and are often alone on shift. This creates unsafe work situation for youth and staff.
- Youth are not allowed to go on activities due to staffing shortages. Youth are only allowed to go on certain activities if all the youth in the house agree because of staff shortages.
- BVYFC does not have a suitable emergency preparedness for youth and staff.
- The OCA was told by Executive Director Daniel Brito, no one other than he has access to the main office at 209 Cottage Street. The OCA has gained access to the main office by both Clinician, Kyle Kaufer and Program Director, Linda Brito on several past occasions.

- Staff are unsure how often overnight staff perform room checks and there is no standard protocol.
- The Children's Bill of Rights was not posted at the Maplewood Drive House.
- Unclear what only mandatory trainings include: Current contract it lists nine (9) mandatory training completed by staff.
- The fire logs indicated only four (4) fire drills had been conducted since December 2016 at the Maplewood Drive House.
- Documentation indicates a call was made to the Pawtucket Police Department regarding a fight that broke out at BVYFC between clients with a box knife with no evidence that this incident was reported to CPS hotline.
- Documentation indicates client was arrested for assault with no evidence that BVYFC reported this incident to CPS hotline.
- The OCA received twenty (20) current employee files. Files for Executive Director, Daniel Brito and Clinician, Kyle Kaufer were not provided. The majority employee files were missing the employee application, resume, references and reference checks.
- Over ninety (90) percent of current BVYFC employees do not meet the minimum requirements for working with DCYF youth.
- The OCA did not find evidence of de-escalation training, nor did the OCA find any files that contained evidence of annual Handle with Care trainings from their start date to present.
- Fingerprints and DCYF clearances were often completed years after the employee had signed the employee handbook and staff personnel manual.
- The OCA reviewed four (4) terminated employee files. All files were missing employment applications, resumes, references, and evidence of de-escalation training. None of the terminated employee files contained an annual Handle with Care certification.
- Executive Director, Daniel Brito is a direct Supervisor to family members including his sister and nephew. This has ethical implications, especially with respect to his nephew, Reysean Williams.
- Reysean Williams was terminated on April 24, 2017. Reysean was arrested at BVYFC's 35 Amey Street group home for sex trafficking of minors within the DCYF system.
- Reysean was allegedly working with former BVYFC youth to recruit DCYF youth. Former resident was discharged from BVYFC a few months before the arrest.
- Reysean Williams' employment history acknowledges two jobs. Mr. Williams worked for one (1) year from 2014-2015 doing general labor for a temp agency in New York. His most recent job prior to BVYFC was for almost one (1) year 2015-2016 for a surfacing and paving company in Texas. His application for employment indicates he received his high school diploma in New York and attended an HVAC certification school for one year, but did not complete the certification process.
- No background checks or child welfare agency checks were completed in New York or Texas for Reysean Williams, despite those locations being his prior places of residence/employment.
- Reysean Williams' employee file contained a certificate of completion for medication training, dated October 25, 2017, although he was terminated on April 24, 2017.

- Reysean Williams' employee file contained a training certificate of completion for Fire Safety and Grievance dated October 27, 2017, although he was terminated on April 24, 2017.
- The policies provided to the OCA were not applicable nor representative of BVYFC or DCYF youth.
  - One set of documents were specifically for adults with developmental disabilities (DD).
  - Another set documents contained policies authored as Turning the Corner's (TTC) policies and procedures.
  - The final set of documents were again specific to the adult population.
- Turning the Corner is a separate program with a separate license and has no affiliation to Blackstone Valley Youth & Family Collaborative.
- The emergency preparedness plan was not specific to BVYFC. The emergency plan was a guide for general emergency safety which included tips and recommendations in case of an emergency, found via Google.
- Staff report BVYFC does not have an emergency preparedness plan that he is aware of, nor do they have knowledge of a five (5) day supply in case of an emergency.
- Fire drills were not completed consistently nor was there documentation of any emergency drills.
- 35 Amey Street and 48 Maplewood Drive do not have sprinkler systems as required.

**Recommendations:**

Based on the nature and severity of the findings throughout the review, it is the recommendation of the OCA; that BVYFC be immediately enjoined and restrained from providing any further services to the youth in the care of the Department of Children, Youth and Families. This agency is not providing a therapeutic environment nor is it meeting the best interests, safety and daily well-being of DCYF youth.

Should the Department fail to restrict the license of BVYFC and all associated addresses of this agency the OCA strongly advises:

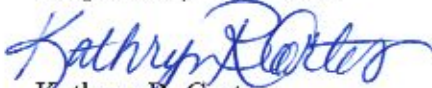
- No further referrals for placement are made to this agency.
- Executive Director, Daniel Brito immediately cease declaring BVYFC is affiliated with the YESS Program and prohibit all publications stating this from further dissemination.
- All current youth be thoroughly reviewed to determine the appropriateness of their current placement.
  - This review should be conducted by a multi-disciplinary team consisting of but not limited to;
    - Child's current DCYF social worker and/or Supervisor; a licensed clinician (not under contract with DCYF); current CASA, GAL or guardian; outside MH provider; CPS Investigator (not previously assigned to child or agency); an independent reviewer of contracts and compliance (not affiliated with DCYF); policy analyst from Kids Count or other independent and comparable agency;

- This review should include but not be limited to; the appropriateness of youth being placed together based on their cognitive abilities, developmental delays, mental health needs/diagnosis, criminal records, offending behaviors, trauma histories, treatment goals and ages.
- A review of the criteria for youth to be admitted into any BVYFC program and the ability of the agency to effectively treat youth.
- A review of how youth were accepted into the BVYFC semi-independent living program after being advised youth required a high level of care.
- A review of the criteria for sexually offending youth being placed at BVYFC while non-compliant with offender treatment.
- An independent and autonomous agency to conduct a full audit of all BVYFC youth files open and discharged and a written report to document non-compliance with the licensing regulations and the contracts and compliance agreement.
- An independent and autonomous Licensed Independent Clinical Supervisor review all clinical sessions, treatment plans, and assessments of youth currently residing in any BVYFC home; additionally, to determine if Aversion Therapy is being used in the agency.
- An independent and autonomous ethical committee review the familial relationships throughout this agency.
  - Including but not limited to; the supervisory role of Executive Director, Daniel Brito and his relationship with his nephew Reysean Williams.
  - Any additional family relationships to the Executive Director, Program Director and Clinician should be disclosed immediately.
- A full review of all BVYFC employees to determine their eligibility for employment with the DCYF population. Including the Executive Director, Supervisors and Clinician.
- The OCA be provided the employee files for Executive Director, Daniel Brito and Clinician Kyle Kaufer forthwith.
- All current employees have BCI Clearance and DCYF Clearances on an annual basis and this information be filed within the employee file. This must include anyone having contact with DCYF youth, including but not limited to; maintenance workers.
- All current employees of BVYFC have the required reference checks completed and documented in the employee file.
- Employee performance evaluations be completed on an annual basis and filed in the employee file. This should include Supervisors and the Clinician. Executive Director Daniel Brito, is not to complete evaluations for any family members. Clinical evaluations must be conducted by an independent clinician, and documented within the employee file.
- Mandatory staff trainings be developed, implemented and evidence of completion be placed in each employee file. These trainings should be conducted annually, per regulations.
- Mandatory de-escalation, LGBTQ, and sensitivity training be completed by all employees, including the Executive Director and Clinician on an annual basis.
- Policies be developed requiring staff to know where youth are at all times, especially while on community time.
- Policies be developed requiring staff to have the proper clearances, names, address and D.O.B. of any person visiting with a DCYF youth. All visitors on and off grounds must be approved and clearances done through DCYF. There must be documentation of this approval in each youth's file prior to the visitation.

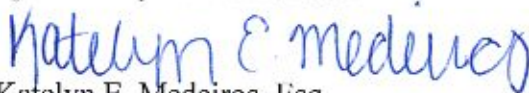
- A review by an accreditation agency of all files submitted to the OCA by Executive Director, Daniel Brito regarding policies, procedures, and standards for DCYF placed youth to determine the legality of all documentation.
- An investigation be conducted by the Department or other appropriate entity as to the missing youth files noted in the above report.
- An investigation be conducted by the Department or other appropriate entity of BVYFC for failure to report and document incidents to the police, and DCYF as required by law and regulations as well as RIGL 40-11-2 and RIGL 40-11-3.
- An investigation be conducted by the Department or other appropriate entity regarding Clinician, Kyle Kaufer failing to report as required under RIGL 40-11-2 and RIGLS 40-11-3; youth smoking marijuana with their mentor and knowingly engaging illegal activities.
- All employees be educated on mandated reporting laws as well as all DCYF mandates for youth entrusted in the care of BVYFC. This must include the Executive Director, and Clinician. Evidence of this must be placed in employee files.
- Access to all records and documents must be accessible on a 24/7 basis to any staff, DCYF and OCA per licensing regulations. Additionally, DCYF must review the licensing regulations with Executive Director, Daniel Brito and all BVYFC employees to ensure they understand the authority of the OCA.
- An investigation by the Department or other appropriate entity into the failure of BVYFC to cooperate with Family Court orders pertaining to DCYF youth.
- Appropriate policies for the DCYF Youth placed at BVYFC be developed and approved by an accredited agency and agreed upon by DCYF and the OCA. This set of policies must be specific to BVYFC and not Turning the Corner or other DCYF licensed facility.
- A policy be developed forthwith asserting all youth must be medically cleared prior to returning to the group home after any period of AWOL.
- A handbook for all youth be developed and implemented. This handbook to be reviewed and approved by DCYF and the OCA.
- A picture of each youth should be taken and placed within each youth file in order to provide police helpful information when a youth is AWOL.
- Outcome measures be developed by an accredited agency to determine BVYFC program effectiveness for all DCYF youth. These outcome measures be provided to DCYF and the OCA on an annual basis.
- The staff office at 48 Maplewood Drive never be utilized as an extra bedroom or as an emergency placement.
- Sprinkler Systems be installed forthwith as required.
- A review and investigation by DCYF or other appropriate entity of the physical placement of each BVYFC home. This will determine their compliance with all licensing regulations, including but not limited to; emergency plans, sprinkler systems and compliance with all drills required under the licensing regulations.
- The Children's Bill of Rights be posted in each home.

In the event Blackstone Valley Youth & Family Collaborative is allowed to continue to operate under a DCYF license, The Office of the Child Advocate advises the above recommendations to be executed immediately.

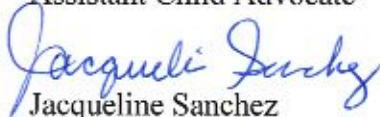
Respectfully submitted,



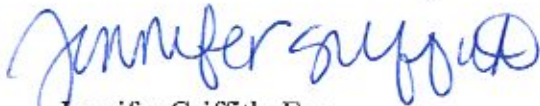
Kathryn R. Cortes  
Special Projects Coordinator



Katelyn E. Medeiros, Esq.  
Assistant Child Advocate



Jacqueline Sanchez  
Senior Program & Planning Specialist



Jennifer Griffith, Esq.  
Child Advocate

Cc: Chief Judge Michael Forte  
DCYF Director, Trista Piccola  
DCYF Deputy Director, Teddy Savas  
DCYF Chief of Staff, Patricia Hessler  
Assistant Director, Laura Kiesler  
Chief of Licensing and Regulation, Veronica Davis  
Associate Director Contracts and Compliance, Deb Buffi  
Administrator Children's Behavioral Health, Chris Strnad

**CORRECTIVE ACTION:** BVMFC is in violation in whole or in part of each of the below licensing regulations. Immediate corrective action shall be taken and completed within thirty (30) days. Evidence of completion shall be forwarded to the Office of the Child Advocate.

### **SECTION THREE - LICENSING STANDARDS**

#### **I. ADMINISTRATION AND ORGANIZATION**

- A. Vendor Guidelines for Establishing new Residential Programs
  1. When an agency has identified an appropriate site, the agency's representative contacts the Department's Licensing Officer to arrange preliminary fire and health inspections. The agency must also contact state and local fire and building authorities to ensure compliance with all codes, statutes and regulations.
  2. The agency makes any rental or purchase and sale agreement contingent upon the receipt of licensing.
  3. The agency notifies by certified mail elected local officials, including State Senators and Representatives, and local property owners within a 200 foot radius of the perspective location of the program.
  4. If requested by local officials, and or neighbors, the agency conducts a neighborhood meeting. The Department is notified by the agency and participates in the meeting.
  5. The service provider agency and the Department's contracts personnel and fiscal staff will discuss all relevant factors including program costs.
- B. Parent Agency Responsibilities
  1. The Parent Agency will maintain an organizational table accurately reflecting the structure of authority within the agency and the Facility.
  2. The Parent Agency must have a written policy and procedure that requires the Facility's continual compliance with licensing requirements and conformity with the provisions of its charter.
  3. The Parent Agency must ensure that an accredited Facility has a quality improvement plan, consistent with its Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Commission on Accreditation of Rehabilitation Facilities (CARF) or Council on Accreditation (COA) certification status, which is provided to families, the Department and advocates. A Facility that is not accredited must ascribe to the principles of Total Quality Management and have related policies and procedures, which are provided to families, the Department and advocates.
  4. The Parent Agency must ensure that direct care staff includes qualified personnel capable of providing for the health and safety of the children assigned to their care; implementing all aspects of the program, including its policies and procedures and documenting and assessing behaviors of each child to ensure safety.
  5. The Parent Agency will ensure that each Facility files an annual Financial Statement with the Licensing Division. The audit must be conducted by an independent certified public accountant. The audit must demonstrate that the facility has sound fiscal and allocation plans that meet its operating needs.



C. Facility Responsibilities

1. Each Facility will maintain a Purpose Statement available for inspection by any interested party. The Purpose Statement will include the following:
  - a. A statement of the Facility's philosophy and goals
  - b. A statement delineating which services are provided by the Facility and which services are provided through community resources
  - c. Identification of appropriate resources if the Parent Agency administers several programs at different sites
  - d. A listing of eligibility requirements, including age, sex, cognitive development, health status, treatment and service needs
2. Staffing Ratios and Resident Supervision
  - a. Each Facility will provide a description of the following:
    - i. The staff working each shift
    - ii. "One-on-one coverage", "constant supervision" and any restrictions consistent with the Facility's behavior management program
    - iii. "Monitoring" and "supervision" of clients
  - b. Each Facility will have overnight staff/child ratios as follows:
    - i. Residential, Shelter and Residential Treatment Programs - overnight awake staff with a staff/child ratio of one to six (1:6).
    - ii. Semi-Independent Living Programs - overnight asleep staff, with a staff/child ratio of one to six (1:6).
  - c. Each Facility will have daytime awake staff/child ratio as follows:
    - i. Residential Group and Shelter Care programs will have a minimum of one staff to four residents (1:4).
    - ii. Residential Treatment Programs and Specialized Programs will have a minimum of one staff to three residents (1:3).
    - iii. Semi-Independent Living Programs will have a ratio of one staff to five residents (1:5).
  - d. Each child must be adequately supervised at all times with immediate access to staff twenty-four (24) hours per day.
  - e. Each Facility will provide a written plan for staff coverage in crisis and emergency situations.

E. Notice Requirements

1. The Facility must report any known or suspected child abuse or neglect to DCYF at **1-800-RI-CHILD** in accordance with RIGL 40-11-3 and **DCYF Policy 500.0000, Reporting Child Abuse and/or Neglect**. Any person who has reasonable cause to know or suspect that any child has been abused and/or neglected or has been a victim of sexual abuse by a parent, third party adult or another child must report that information to

- DCYF Child Protective Services within twenty-four (24) hours.
2. The Facility must notify DCYF, through the child's worker and/or Child Protective Services, and the parent or guardian immediately of:
    - a. Serious injury or illness involving medical treatment of a child
    - b. Any suicidal or homicidal gesture or attempt that requires outside emergency service or evaluation
    - c. Any situation involving police intervention
    - d. Any unauthorized absence of the child from the Facility in accordance with DCYF policy
    - e. Removal or attempt to remove a child from the Facility by any person or agency other than the placing agency
    - f. Any fire or other emergency that requires overnight evacuation of the Facility
    - g. Any expulsion of a child from school
    - h. Death of a child
  3. The Facility will provide written notice within thirty (30) days to DCYF of changes in admissions criteria or administrative staff (applicable staff are referenced in **II. PERSONNEL**, A. 1,2, and 3 below).
  4. The Facility will contact DCYF in writing for approval prior to implementing any program or site changes, which impact the existing license, such as change of location, physical expansion or an increase or decrease in the number or gender of clients served.
- F. Inspection - The Facility will meet with the Licensing Division upon request and allow representatives from the Department and the Office of the Child Advocate to inspect the Facility at any time to determine compliance with the regulations.

## **II. PERSONNEL**

### **A. Educational Requirements and Hiring Qualifications**

1. The chief executive of a Parent Agency must have an advanced degree from an accredited academic program of social work, health, human services or education, with supervisory and management experience in the provision of social services to individuals, families and children, or any equivalent combination of education and experience.
2. The director of residential services or program director must have a bachelor of arts degree in social work, health, human services or education and a minimum of four (4) years experience working in a residential program.
3. The director or supervisor of clinical services must have a Master's Degree with a concentration in human services or related field, an active license with the RI Department of Health to provide clinical services as an independent practitioner in accordance with RIGL 5-39.1, a minimum of two (2) years clinical experience and the knowledge and skills necessary to provide leadership to staff.
4. Any program clinician, including any consultant, must possess the

necessary qualifications and licenses to provide care and services to Facility residents.

5. Direct care staff must have a minimum of a bachelor's degree from an accredited academic program in social work, health, human services or education or any equivalent combination of education and experience.

B. Personnel Policies

1. The Facility will maintain written job descriptions for all positions.
2. The Facility will maintain written personnel policies and procedures, which will be provided to staff at the time of hire. The personnel policies will include a provision governing conflicts of interest.
3. Staff will work regularly scheduled hours and the Facility will maintain a record of work assignments.
4. The Facility will have a personnel file for each employee, which contains the following:
  - a. The application for employment, resume and references
  - b. Any professional certifications
  - c. DCYF clearance (DCYF #035A) and results (DCYF #171)
  - d. Fingerprint Affidavit and results
  - e. Statewide criminal records check and results
  - f. Criminal History Affidavit (DCYF #109)
  - g. Employment History Affidavit (DCYF #108)
  - h. Performance evaluations
  - i. Personnel actions relating to the individual's employment with the Facility
  - j. Documentation of completion of training in Crisis Intervention, Restraint and Seclusion and certification in First Aid, and CPR, with evidence of annual compliance
  - k. Evidence of continuing education hours
  - l. Beginning and end dates of employment
5. Personnel records must be retained for six (6) years from date of termination.

C. Staff Training, Development and Evaluation

1. The Facility will maintain a written plan for the orientation, training, ongoing development, supervision and annual evaluation of staff. Staff supervision must address all critical areas of resident life and occur weekly for direct care staff with the immediate supervisor or designee. A Master's level clinician must provide supervision for clinical staff.
2. Each new employee will receive orientation and training consistent with the Facility's written plan, including documentation that the employee has completed mandatory training in a nationally recognized model of crisis intervention and restraint and seclusion and certification in First Aid and CPR within thirty (30) days of hiring.
3. Direct care staff must receive a minimum of sixteen (16) continuing education hours annually in topics related to residential treatment. Eight (8) of these hours will pertain to crisis intervention and restraint in

accordance with **SECTION THREE-LICENSING STANDARDS, VI. PROGRAM REQUIREMENTS, L. Behavior Management, Safety and Crisis Intervention, Restraint and Seclusion** below. The remaining hours may include training in the following areas:

- a. Principles and applications of child care and family centered practice
- b. Program goals, administrative procedures and program documentation
- c. Reporting of child abuse and neglect under state law
- d. State laws and regulations pertaining to confidentiality and ethics
- e. Approved behavior management, group techniques and child safety
- f. Age appropriate development, boundaries and cultural issues
- g. Sexual orientation and expression
- h. First Aid and CPR
- i. Fire Safety and safe management of hazardous materials
- j. Emergency and Disaster Preparedness
- k. Medication distribution
- l. Effects of psychotropic medications
- m. Placement issues including separation, loss and grieving
- n. Medical and psychiatric risk assessment

D. Staff Communication

1. The Parent Agency will have a written procedure for communication within each site that addresses residents' service plans and the milieu.
2. The procedure will provide for the timely and organized transfer of information between each shift and the daily transfer of information between treatment components.

### III. HEALTH, PRIVACY AND SAFETY

A. Physical Site

1. The Facility will be housed in a structure equipped and maintained to provide for the safety, health, privacy and physical comfort of all residents.
2. Any proposed changes to the site must be made in accordance with State and local laws and notice to DCYF in accordance with **SECTION THREE-LICENSING STANDARDS, I. ADMINISTRATION AND ORGANIZATION, D. Notice Requirements** above.
3. The Facility must maintain all structures and equipment on the premises in good repair, free from hazard or risk. Any power equipment will be stored appropriately.
4. All living areas of the Facility will be well-lighted and ventilated.
5. All areas must be clean and properly maintained at all times.
6. Each residential unit will contain interior space for the children's leisure,

- designed and equipped in a manner consistent with program goals.
7. There will be dining areas that allow children, staff and guests to eat together.
  8. The Facility will ensure that:
    - a. Each child has an individual bed equipped with a moisture retardant mattress covering, seasonal bed linens and a pillow. Cots, couches, futons, sofas and roll-a-ways are not considered beds.
    - b. Every bedroom will have a window with a covering to allow privacy.
    - c. Each child will have an individual bureau, a hamper for dirty clothing, closet space and a container for storage appropriate for the child's belongings.
    - d. Every child will be provided with necessary individual personal hygiene products.
    - e. No child, upon attaining the age of three (3) years, will share a bedroom with a resident of the opposite sex.
    - f. No adult may sleep in the same bedroom with a child.
    - g. When bunk beds are used, the vertical distance between the mattresses will allow each resident to sit up comfortably in bed. The top bunk will be fastened securely to the side frames. No child under the age of six (6) will be allowed to sleep in the top bunk. The Facility cannot require any child to sleep in a bunk bed.
    - h. Every school age child will be provided with a well-lighted area for studying.
    - i. All bedrooms and bathrooms must have doors; all bedroom, closet and bathroom doors must unlock from both sides.
    - j. A minimum of one sink and one bathtub or shower with hot and cold water and one toilet will be provided for every eight (8) children in residence.
  9. Lavatories and baths will allow for individual privacy. Bathrooms will be separated by gender for children over the age of three (3).
  10. All sinks, showers and bathtubs must be equipped with anti-scald valves.
  11. A separate living space will be provided for live-in staff. The Facility will not designate common areas as staff sleeping accommodations.
  12. A distinct space must be provided to serve administrative needs.
  13. The Facility must have a designated space to allow private discussions and counseling sessions for children with staff and family.

**B. General Safety**

1. Every Facility will be secured at all times when staff is not present.
2. Locked storage areas must be provided for all potentially harmful or flammable materials and for any dangerous tools or utensils. Only authorized staff will have access to keys for storage.
3. All damaged or obsolete items will be removed promptly and disposed of

- properly.
4. Each living unit within a Facility will be equipped with land-line telephone service. Emergency telephone numbers, including physician, poison control and health agency, will be posted adjacent to land-line telephones.
  5. Firearms and other weapons are prohibited.
  6. Smoking and the use of candles and incense is prohibited.
  7. A resident may be permitted, with the consent of the resident's parent or legal guardian and direct staff supervision, to operate small power equipment.
  8. Children may swim only in the presence of a certified lifeguard. If a staff member is serving in that role, the staff member may not have any other responsibilities while children are swimming.
- C. Radon Safety
1. Providers shall show evidence that the facility has been tested for radon and has been found to be radon safe.
  2. Retesting shall be done every three (3) years in accordance with the Rules and Regulations for Radon Control issued by the Rhode Island Department of Health.
- D. Lead Paint Safety
1. There shall not be any peeling or damaged paint or plaster in any area of the residential facility, either interior or exterior.
  2. The residential facility serving children under the age of six (6) years shall comply with rules and regulations promulgated by the Rhode Island Department of Health pursuant to RIGL 23-24.6-14 (Lead Poisoning Prevention Act) and shall comply with recommendations resulting from lead inspections conducted pursuant to the above referenced statute and regulations.
- E. Fire Extinguishers and Fire Safety Inspections
1. Each Facility must be equipped with a five (5) pound All Purpose ABC Fire Extinguisher on each floor level, centrally located and mounted on a wall bracket approximately 3 ½ feet from the floor.
    - a. Each extinguisher must be inspected annually by a licensed company and affixed with a tag listing the inspection company, the inspection date and inspector's signature.
    - b. When new fire extinguishers are purchased, a sales receipt must be maintained for inspection by DCYF Licensing.
  2. Fire Safety Inspections will be conducted by staff every thirty (30) days to ensure:
    - a. Fire extinguishers have no evidence of corrosion or physical damage and remain:
      - i. Properly located and easily accessible
      - ii. Marked with legible operating instructions
      - ii. Sealed with intact tamper indicators
      - iii. Equipped with a pressure gauge indicator in operable



3. The Facility will maintain all medications under double lock (in a locked container stowed in a locked cabinet).
4. The Facility will maintain a sign-off sheet for the transfer of keys to the locked cabinet and container.
5. No prescriptions may be given to any child other than the child for whom it has been prescribed.
6. There will be at least one trained staff person per shift responsible for dispensing medication.
7. The Facility will maintain a medication log, consisting of individual pages for each child. The log will include the child's name, the name of the prescriber, the name of the RX or OTC drug, the dose, the date and time dispensed and the name of the staff person who dispensed each dose.
8. The medication log page for each child will conspicuously indicate any allergies.
9. Any medication requiring injection must be administered by a qualified medical practitioner. Subcutaneous medications may be administered by the child if the child has been properly trained. All self-injections are to be monitored by trained staff. If the child is permitted to, but is unable to self administer a medication, trained staff, in accordance with the facility's written emergency medical procedures (refer to section G. Emergency Medical Procedures above) may administer the medication.
10. The Facility will maintain a written procedure for the disposal of expired and discontinued medications. All medical waste will be disposed of pursuant to the universal precautions for infectious disease and control.

I. Transportation

1. All vehicles used to transport children must be registered, covered by insurance meeting the State's minimum requirements, maintained in good operating condition and have a valid inspection sticker in accordance with State law.
2. Children will be required to use age-appropriate seat restraints in accordance with RIGL 31-22-22.
3. Staff transporting children in any specialized vehicles will have the appropriate operator's license.
4. All vehicles will be equipped with complete First Aid and Spill Kits.

J. Food Services

1. Food preparation and storage areas must be maintained in sanitary condition.
2. Menus, all meeting accepted nutritional standards, will be posted for the residents.
3. The Facility will provide every child with at least three (3) regularly scheduled meals a day and at least one (1) healthy snack, with no more than fourteen (14) hours between breakfast and dinner.
4. No child will be denied food for other than medical reasons. The reason, as recommended by the child's health care provider, will be noted in the



- child's Facility record.
5. No child will be force-fed or otherwise coerced to eat

#### **IV. ADMISSION/INTAKE**

- A. Each Facility will maintain written referral and admission policies and procedures available to staff, parents, residents and DCYF for review. The protocols will define the roles of each participant in the admission process, identify specific goals and objectives expected for participation in the program and define procedures for determining a child's eligibility for the program.
- B. All of the following issues must be reviewed and discussed with a resident and parent prior to admission:
  1. The Statement of Purpose
  2. The extent of adult supervision at the Facility
  3. The daily routines and expectations of the program
  4. Procedures for behavior management and discipline
  5. Assessment and evaluation procedures used in treatment planning and service delivery
  6. A plan for the provision of services to the child
  7. A plan for the provision of services to the family
  8. Rules regarding family participation
  9. Criteria for discharge
- C. The Facility provides a written description of any educational program in which the child is expected to participate.
- D. Upon the arrival of a new resident, the Facility will document any known dietary restrictions.
- E. The parent will complete all necessary consent forms.
- F. The Facility will ascertain and document the child's allergies and any special medical conditions. The allergies or conditions will be conspicuously noted on the medical portion of the child's record and communicated to direct care staff.
- G. The Facility will have a written description of any religious affiliation and its observance of any religious practice. The policy will be provided to, and discussed with, the child, the parent and DCYF. During the admission process, the program will determine the wishes of the parent and the child regarding religious participation. No Facility may require a child to comply with any religious practices.

#### **V. FACILITY RECORDS AND SERVICE PLANS**

- A. Facility Case Records
  1. A written record for each child will be actively maintained while the child

- is in placement at the Facility.
2. Each child's Facility Case Record will be maintained in a uniform format. All of the following information must be included:
- a. Child's name, gender, birthdate and social security number
  - b. Name, address, telephone number and marital status of the child's parents
  - c. Name, address, telephone number and relationship to the child of the person with whom the child was living prior to admission
  - d. Custody or guardianship status
  - e. Consent forms signed by the parent or DCYF, as appropriate
  - f. Date of admission and source of referral
  - g. All documents associated with the child's referral
  - h. Updated inventory of child's personal belongings
  - i. Bio-psychosocial assessment consistent with diagnostic formulation under the current edition of the Diagnostic and Statistical Manual (DSM) and identification of medically necessary services to meet needs and problems identified in the diagnostic formulation.
    - i. This assessment provides the information for a clinical formulation of a DSM diagnosis.
    - ii. This assessment is completed for all children entering residential care or is provided to the program from another competent clinical resource.
  - j. Individual service plan and records of quarterly reviews.
    - i. The Individual service plan must address issues of concern identified in the bio-psychosocial assessment and diagnostic formulation.
    - ii. The Individual service plan must be signed by a licensed practitioner of the healing arts, the parent or guardian and the child, if appropriate. Additionally, the DCYF worker must sign the plan or the provider must document that the DCYF worker provided verbal approval.
  - k. DCYF Service Plan
  - l. Educational reports and/or description of educational needs including Individual Educational Plans (IEPs)
  - m. Medical and behavioral health records
  - n. Copies of any Incident Reports
  - o. Progress notes documenting activities in support of the goals of the service plan and periodic reviews.
    - i. Progress notes must be dated and signed by the facility worker and include the length of time spent in the activity with the child and the child's response to the activity as it relates to one or more of the treatment goals in the child's individual service plan.
    - ii. Progress notes must be entered for any intervention to

assist the child, consistent with the provisions of the child's individual service plan.

- p. Date of and reason for discharge
  - q. The name, address, and telephone number of the individual and/or agency to whom the child is discharged
  - r. Discharge summary and aftercare plans. A signature form for all persons who review the child's record
- 3. The Facility will secure Facility Case Records against loss, tampering and unauthorized use.
  - 4. Each Facility will maintain a register of all children who are referred, admitted and discharged.
  - 5. DCYF, the Office of the Child Advocate (OCA) and any assigned Court Appointed Special Advocate (CASA) will have access to all records of children in care.
  - 6. Case record information may be used for Facility quality assurance and accreditation purposes, provided confidentiality laws are followed.
  - 7. A child's record will be kept for a minimum of six (6) years after discharge and will be disposed of in a manner that preserves the child's confidentiality.

B. Facility Service Plans

- 1. Initial individual service plan
  - a. The plan is developed with active participation of the family and DCYF worker and identifies and draws upon the strengths of the child and his/her family.
  - b. Within fifteen (15) calendar days of admission, the Facility will formulate an initial service plan.
  - c. The initial plan will include the name and title of the person responsible for developing the child's individual service plan and the names of staff responsible for planning and implementing treatment procedures.
- 2. Individual service plan
  - a. Within thirty (30) calendar days of admission, a Facility will review the child's service needs and strengths in a manner that recognizes and respects the child's race, ethnicity, culture, sexual orientation and expression. The review must address the following issues:
    - i. Health care
    - ii. Education
    - iii. Personal/Social development
    - iv. Family relationships, including strengths of child and family
    - iv. Pre-vocational and vocational training
    - vi. Life skills development
    - vii. Religion and spiritual activity
    - viii. Recreation

b. On the basis of this review, and consistent with the DCYF Service Plan, the Facility will develop the individual service plan.

The plan will address the following:

- i. Attainable goals and objectives which are clearly written in language that the youth and parent understand
  - ii. Services provided to the child, including activities to be pursued with the child's family, in order to achieve the stated goals
  - iii. Identification of all persons responsible for implementation of the various aspects of the plan
  - iv. Discharge criteria and aftercare services
- c. The Facility will conduct quarterly reviews of the plan's specific goals for the child and the child's family, where applicable, in order to evaluate progress toward achievement of those objectives and revise the plan accordingly.
- d. The program administrator or designee, any direct care staff, clinician, parent and child as appropriate, DCYF social caseworker and any other service provider identified by the DCYF social caseworker will participate in the development of the individual service plan and in the subsequent quarterly reviews.
- e. Every Facility will provide opportunities for the parent to participate in the treatment planning process unless such participation is contraindicated.
- f. The Facility will explain the individual service plan and any subsequent revisions to the child and the child's parent.

C. Discharge, Transition and Aftercare Planning

1. Prior to the planned discharge of a child, the Facility will formulate an aftercare service plan with DCYF that specifies the support system and resources that will be provided to the child.
2. A Facility will complete a written discharge summary within fifteen (15) calendar days of the child's discharge date. Copies of the discharge summary will be included in the child's case record and sent to the DCYF worker.
3. When the discharge occurs in accordance with the child's Facility and DCYF Service Plans, the discharge summary will include:
  - a. An explanation of services provided during care
  - b. Progress in achieving the goals stated in the individual service plan and DCYF Service Plan
  - c. The aftercare service plan
  - d. Medical records
  - e. Educational reports, clinical reports and all other pertinent data
4. When a discharge is not in accordance with the individual service plan, the following items will be added to the summary:
  - a. Circumstances leading to the unplanned discharge

- b. Recommendations for services
- 5. At discharge all medications and prescriptions must accompany the child.

## VI. PROGRAM REQUIREMENTS

- A. Every Facility will comply with the Children's Bill of Rights (RIGL 42-72-15).
- B. Confidentiality
  - 1. The Facility will have written confidentiality policies and procedures, in accordance with Federal and State law and DCYF policy, which will be provided to all staff.
  - 2. The policies will ensure the confidentiality of clients, their families and any written and electronic records pertaining to the client. The confidentiality policies and procedures must include explicit protection against disclosure of a person's race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap or any personal information that the family or child specifies should be maintained in a confidential manner.
  - 3. There will be no written, verbal or electronic communication regarding confidential matters unless necessary to ensure safety and treatment.
  - 4. Nothing herein prohibits any disclosure of a child's behavior or beliefs for safety and treatment purposes.
  - 5. Written consent will be obtained prior to using any videotape or picture of a child or his family for any form of publicity, media or use external to the Facility.
- C. Family Participation
  - 1. The Facility will incorporate family centered practice in the treatment of residents and will involve parents/family in that treatment to the greatest extent possible given the particular child's individual service plan.
  - 2. The Facility will maintain a written policy defining opportunities for family involvement.
  - 3. The Facility will make all of the following information available to parent:
    - a. Specific treatment strategies employed by the program
    - b. Visiting hours, activities and rules for communicating with the child
    - c. Procedures to register complaints about the child's care
    - d. Name and telephone number of a Facility contact person
- D. Medical Care
  - 1. A Facility must arrange for each child to receive timely and competent medical, vision and dental care with annual examinations and any follow up treatment.
  - 2. A Facility must arrange for the child to receive a physical examination by a licensed practitioner within fifteen (15) business days of admission unless the Facility has access to the results of an examination conducted

within one (1) year prior to admission.

3. A Facility must arrange for each child to receive dental and vision examinations within sixty (60) business days of admission unless the Facility has access to results of these examinations conducted within six months prior to admission.
4. The medical section of the child's Facility Case Record will include a listing of all medical visits, including:
  - a. Reason for the visit
  - b. Name of the health care provider
  - c. Results and recommendations of the medical exam
  - d. Any medication, noting dosage and reason prescribed
5. In the event a child requires any corrective device, such as a hearing aid or prosthetic, the Facility will ensure that the child receives training on proper use and maintenance of the device. The device will become the child's personal property.
6. Upon discharge, the Facility will provide a copy or summary of the child's health record to the person or agency responsible for the future planning and care of the child.

E. Education

1. The Facility will arrange for residents to attend appropriate educational programs in accordance with State and Federal law.
2. No Facility will operate an educational program without the written approval of the Rhode Island Department of Education (RIDE).
3. The Facility will provide residents with appropriate space and supervision for quiet study and access to necessary reference materials.
4. The Facility will provide for vocational education and/or life skills training and services as appropriate to the child's age and abilities.

F. Visitation and Outside Contacts

1. All contact and communication between a child and any third party will be conducted in accordance with the DCYF Service Plan.
2. The Facility will establish rules regarding telephone use. Residents should be allowed to communicate with family and significant others.
3. Reasonable privacy will be provided for visits and telephone conversations.
4. The Facility will maintain written procedures for all visits conducted off site.
  - a. The following information will be recorded for off site visits:
    - i. The child's location and planned duration of the visit
    - ii. The name, address and telephone number of the person responsible for the child during the visit
    - iii. Identity, verified through Photo ID, of the person transporting the child
    - iv. The time of the child's return
  - b. The Facility will provide a sufficient supply of any medication

required during the visit.

5. Residents are permitted to receive and send mail.
6. If the Facility perceives a need to limit the child's visitation or communication in any manner, Facility staff will:
  - a. Consult with DCYF to determine if the limit is appropriate.
  - b. Inform the child of the reason for the limitation or termination of the child's ability to communicate with specified individuals.
  - c. Document the decision in the child's case record.
  - d. Review the decision at least every three (3) months.
7. DCYF, the OCA and any assigned CASA or CASA volunteer will be allowed contact with the child.

#### G. Employment and Money

1. When age and circumstances permit, the Facility will allow children to control their money.
2. Money earned or received by a child is the child's personal property.
3. The Facility will limit the amount of money in a child's possession consistent with the child's best interest.
  - a. When the Facility retains money for the child, the amount must be documented and the money maintained separately.
  - b. When a child has regular employment income, the Facility will assist the youth to open and maintain a savings account.
  - c. The Facility will inform the DCYF caseworker of any money held by the Facility or any bank account and will monitor the child's expenditures, as well as withdrawals and deposits to any bank account.
4. A Facility may not require children to perform work without adequate compensation. This does not prohibit the Facility from expecting youth to participate in chores and other aspects of daily living.
5. The Facility will ensure that any child who is not involved in an educational or vocational program is gainfully employed.
6. The Facility will encourage age-appropriate, gainful employment for a youth in accordance with the youth's individual service plan.
7. A child will not be required to assume expense for, or contribute to, the child's care unless indicated in the DCYF Service Plan.
8. Reasonable sums may be deducted from a child's allowance or earnings within the Facility as restitution for damages caused by the child. Restitution will be based on the child's ability to pay.

#### H. Recreation

1. Each Facility will provide regular, diverse recreational activities.
2. The Facility will develop activities for individuals, small and large groups, as necessary, to ensure that the recreational activities accommodate all age levels and functional abilities to allow all children an opportunity to participate.
3. The Facility will encourage each child to participate in school and

community activities as appropriate to the residential setting and the child's treatment plan.

4. The Facility will permit and encourage outdoor exercise.
5. The Facility will maintain a posted schedule of activities in a common area.

I. Clothing and Personal Belongings

1. The Facility will ensure that each child has adequate, clean, well-fitting and seasonable clothing and ensure that the clothing is identified as belonging to that child.
2. The child's clothing may not be shared and the child will be permitted to take all clothing at discharge.
3. All clothing and personal belongings, including newly acquired items, will be included in an inventory list in the child's record.
4. In the event of a child's unplanned discharge, the Facility will make reasonable provisions to protect the child's property.

J. Personal Care and Hygiene

1. Each Facility will develop and maintain a schedule for appropriate hygiene and hygiene instruction for residents who lack such skills.
2. The Facility will provide each child with necessary personal hygiene articles appropriate to the child's age, gender and culture.

K. Search

1. Each Facility must develop a written search policy that it distributes and explains to the child, the parent and DCYF.
2. The policy should identify individuals who can authorize a search, items constituting contraband and guidelines for conducting a search.
3. Searches of a child's room or personal belongings may be conducted only when reasonable grounds exist to believe the search will yield evidence that the child has violated the law or legitimate rules of the program.
4. Random or routine searches are prohibited unless specifically outlined in the child's individual service plan (refer to **SECTION THREE - LICENSING STANDARDS, V. FACILITY RECORDS AND SERVICE PLANS, A. Facility Case Records, 2.j**) to ensure the health and safety of the child.
5. The child will be present for the search of that child's room or belongings, except in the case of an emergency or unauthorized absence and direct care staff will maintain the privacy of the youth with respect to other residents.
6. Direct care staff will provide every child suspected of possessing contraband an opportunity to relinquish it voluntarily.
7. Any contraband seized during a search must be documented in the child's record.
8. Direct care staff will return any permitted items to the child upon



- completion of the search.
9. Pat searches will be used only if reasonable grounds exist to believe that the search of that resident will reveal evidence that the youth has violated or is violating the law or the rules of the program.
  10. The pat search procedure will consist of a requirement that the resident empty all pockets and/or personal carrying cases, including wallets, and remove shoes for the purpose of subjecting these items to a search or a requirement that a resident submit to a procedure whereby staff person runs hands along the outer body, clothing, inseams and/or hair of the child.
  11. A second direct care staff must be present for any search of a child's room or personal belongings or for any pat search.
  12. Strip searches are prohibited.
- L. Behavior Management, Safety and Crisis Intervention, Restraint and Seclusion
1. The Facility must have written behavior management policies and procedures, which are subject to DCYF approval, that promote residents' optimal functioning in a safe and therapeutic manner. The Facility must:
    - a. Regularly review and modify the policies, as appropriate.
    - b. Explain the policies to each resident, parent, facility and placing agency staff.
    - c. Address issues such as room and privilege restrictions.
    - d. Use state-of-the-art prevention and intervention methods that focus on avoiding the use of restraint or seclusion.
    - e. Require all staff who are responsible for restraint to review and demonstrate understanding of policies and procedures that address the use of crisis intervention, restraint and seclusion.
      - i. The staff supervisor will document the review and include it in each staff's personnel file. The review and documentation will occur within thirty (30) days of hire and annually thereafter.
      - ii. These policies must address monitoring, documenting, reporting and internal review of all instances of restraint and seclusion.
      - iii. These policies must address trainer certification, staff training, alternative intervention strategies, de-escalation techniques, internal and external reporting requirements, informed parental consent and data collection.
  2. The Facility is prohibited from administering corporal punishment and any punishment that is cruel, humiliating, unusual or unnecessary.
    - a. No aversive techniques or activities that result in pain may be used.
    - b. No basic services, reasonable visitation or communication privileges may be withheld.
    - c. A child's personal property may not be destroyed or unreasonably withheld.

3. The Facility may use time out, for a period not to exceed 20 minutes, to prevent crises and for behavior management, provided that:
  - a. Staff is able to visually monitor the child throughout the time out. Visually monitoring means that the staff actually see the child at least every 5 minutes.
  - b. The child must be within speaking distance of a staff person. The permissible distance depends on the child's age, developmental level and potential for stimuli from others.
  - c. A room utilized for time out must be neat, clean, well lit, comfortably furnished and appropriately ventilated. The door to any room utilized for time out must be opened for the duration. Time out rooms are never utilized for children under the age of 6.
  - d. Time out is documented in the program's records including:
    - i. Date and time that the time out began and ended;
    - ii. The location of the child during the time out; and
    - iii. Any significant events during the time out.
4. The Facility is required to select one (1) approved nationally recognized model of crisis intervention and restraint from the Department's approved listing and inform the Department of its selection as part of the licensing process.
  - a. Staff must be trained in the selected model and will only employ restraint techniques taught in that model.
  - b. Parent Agencies that operate more than one Facility may identify a different model for each Facility.
  - c. The Department will only approve a model with the following attributes:
    - i. A clearly written curriculum that has been approved by a multidisciplinary group of professionals and focuses on prevention and de-escalation of crises
    - ii. Procedures for teaching safe and effective implementation of restraint
    - iii. Individuals certified as trainers are recertified at least once every three (3) years
    - iv. Developed by an organization that evaluates and modifies the curriculum in order to ensure the application of state-of-the-art deescalation and restraint techniques
  - d. The Department will make available a list of approved models no later than January 1 of each calendar year.
    - i. The Parent Agency and/or Facility may submit to the Department a written request for a model to be added to this list.
    - ii. The Department retains the right to add or remove models at any time.
  - e. The Facility will ensure that all training in crisis intervention and restraint for staff is provided by an individual who is recognized as a certified trainer by the organization that developed the



- supervision with staff. The supervision will focus on analyzing individual interventions as well as patterns of intervention to identify ways to increase the effective use of prevention methods in order to reduce the use of restraint.
- d. Each Facility and/or Parent Agency will conduct annual evaluations of each staff's use of crisis intervention and restraint and the results will be documented in the staff's personnel file.
  - c. If the Facility is authorized to use mechanical or chemical restraint or seclusion, the staff must be trained in preventive methods, alternative interventions, the use of the authorized technique and the potential medical complications associated with its use. Evidence of certified training, with annual renewals and evaluations, will be maintained in the personnel files of staff.
6. General Principles for Therapeutic Physical, Mechanical and Chemical Restraint and Seclusion
- a. Physical, mechanical and chemical restraint and seclusion may not be implemented as a means of coercion, discipline, convenience or retaliation. The techniques may not be used as a sanction for non-compliance with a program rule, staff directive or as a substitute for direct care.
  - b. Physical, mechanical and chemical restraint and seclusion may only be instituted in the following circumstances:
    - i. In an emergency when a child appears to be at immediate or imminent risk of physically harming self or others; and
    - ii. Less restrictive interventions have not succeeded in deescalating the child's behavior.
  - c. Pursuant to RIGL 42-72.9-4, no life-threatening restraint may be utilized.
  - d. In accordance with RIGL 42-72.9-4, restraints cannot be written as a standing order or on an "as needed" (PRN) basis.
  - e. The physical condition of a child will be assessed throughout the duration of any restraint or seclusion. The assessment will not be conducted by any staff person who is involved in the restraint or seclusion unless it is not practicable for another staff person to perform this duty.
  - f. The Facility and/or Parent Agency will require a supervisory or senior staff person with training in crisis intervention, restraint and seclusion to assess the mental and physical well-being of the child and to assure that the action is being conducted safely and in accordance with the Facility's policies and procedures. This monitoring will occur as soon as practicable, but in no case later than one (1) hour following the initiation of the restraint/seclusion, and will continue with face-to-face assessments conducted at least every fifteen (15) minutes during the restraint or seclusion.

- g. The Facility must provide all children directly and indirectly involved in a restraint or seclusion the opportunity to debrief the incident as soon as practical and no later than twenty-four (24) hours following the incident.
  - h. The use of restraint, seclusion or time out must not hinder the evacuation of a resident in case of a fire or other Facility emergency.
    - i. In compliance with RIGL 42-72.9-4, except in the case of an emergency, any use of restraint on a child in the school program of a Facility must be in accordance with the child's Individual Educational Plan (IEP).
  - j. It is the responsibility of the Program Manager of the Facility to ensure the following:
    - i. Involved staff members document that the restraint occurred and that less restrictive interventions were attempted to de-escalate the child's behavior with limited or no success in maintaining safety.
    - ii. Any restraint or seclusion was terminated at the earliest possible time the child could commit to safety and no longer poses a threat to self or others.
    - iii. Documentation by staff and supervisory review of the documentation must occur within forty-eight (48) hours of the incident.
7. Mechanical Restraint
- a. The use of mechanical restraint is considered a more restrictive intervention than use of physical restraint.
  - b. The use of mechanical restraint, as authorized by RIGL 42-72.9-4, is limited to those Facilities that have received the Department's prior written approval. The Facility must develop and follow policies and procedures regarding the use of mechanical restraint and submit the information to the Department for review and approval.
  - c. The circumstances and conditions for the use of mechanical restraint must be identified in the child's treatment plan.
  - d. The Department reserves the right to deny and/or withdraw any Facility's authorization for use of mechanical restraint.
  - e. Only those devices specifically designed for restraint during medical procedures may be employed. Handcuffs and leg irons are prohibited.
  - f. Mechanical Restraint may only be instituted in the following circumstances:
    - i. The use of mechanical restraint is ordered in writing by a physician and is administered in accordance with the standards adopted by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) by a certified staff person.

- ii. When a mechanical restraint is implemented, the Facility and/or Parent Agency must have a face-to-face assessment of the child conducted by a licensed practitioner within one (1) hour of the implementation.
  - g. Nothing in these regulations is intended to limit the use of mechanical restraint for medical or dental procedures associated with acute medical or surgical care or with standard medical practices that include limitation of mobility or temporary immobilization including post-procedure care.
- 8. Chemical Restraint
  - a. The use of chemical restraint, as authorized by RIGL 42-72.9-4 and the Federal Children's Health Act of 2000, is limited to those Facilities that have received the Department's prior written approval. The Facility must develop and follow policies and procedures regarding the use of chemical restraint and submit the information to the Department for review and approval.
  - b. The circumstances and conditions for use of chemical restraint must be identified in the child's treatment plan.
  - c. The Department reserves the right to deny and/or withdraw any Facility's authorization for use of chemical restraint.
  - d. Chemical restraint may only be instituted in the following circumstances:
    - i. The use of chemical restraint has been ordered in writing by a physician and is administered in accordance with the standards adopted by JCAHO.
    - ii. The person administering and monitoring the use of the chemical restraint is an appropriately licensed practitioner who is trained in the administration of such medication.
    - iii. Chemical restraint was terminated at the earliest possible time the child could commit to safety and no longer posed a threat to self or others.
  - e. It is not considered to be chemical restraint when it is clinically appropriate to adjust a child's medication regimen to assist in controlling behaviors and all the following apply:
    - i. The medication is a standard treatment for the child's medical or psychiatric condition and is part of the child's medical treatment as ordered by a physician.
    - ii. The medication is not administered during a physical or mechanical restraint episode.
    - iii. The medication is administered to the child voluntarily, without coercion and/or the threat of any negative consequences.
    - iv. The Facility must have developed and implemented protocols to ensure that the resident's physical condition is being monitored by appropriately trained staff for a

- period of time as clinically indicated per local standards of care and the patient receives medical follow up.
- v. The Facility must provide written notice with supporting documentation to the DCYF program monitor, the social caseworker and, where appropriate, the parents within twenty-four (24) hours of the use of such medication during a crisis situation.
  - vi. The Facility must document each use of medication as required by these regulations and as required by specific program contracts. Documentation must include the consideration given at the time of administration as to the risks, benefits and alternatives for such medication use.
9. Seclusion
- a. In accordance with RIGL 42-72.9-5, mechanical or chemical restraint and seclusion and may not be used simultaneously.
  - b. The use of seclusion as authorized by RIGL 42-72.9-5 is limited to those Facilities that have received the Department's prior written approval. In order to obtain that approval, a Facility must develop and follow policies and procedures regarding the use of seclusion and submit the information to the Department for review and approval.
  - c. The circumstances and conditions for the use of seclusion must be identified in the child's treatment plan.
  - d. The Department reserves the right to deny and/or withdraw any Facility's authorization for use of seclusion at any time.
  - e. A room used for seclusion will have the following attributes:
    - i. Constructed of safe, non-porous material with give that can be easily cleaned
    - ii. Unlocked or magnetic lock doors
    - iii. Good lighting with protected light fixtures
    - iv. Good ventilation
    - v. A minimum fifty (50) square foot area
    - vi. Observation window(s) made of non-breakable material that allow a direct view of the child at all times
  - f. Nothing in this section will be construed to limit the use of "time out" as defined elsewhere in these regulations and RIGL 42-72.9-3.
10. Documentation and Reporting Physical, Mechanical and Chemical Restraint and Seclusion
- a. In accordance with RIGL 42-72.9-6, every Facility will use the DCYF #203, Physical, Mechanical, and Chemical Restraint and Seclusion Report to document any such incident. These reports will be maintained in a weekly log available for inspection by DCYF.
  - b. Each Facility will document any use of physical, mechanical or

- chemical restraint or seclusion that results in serious physical injury or death to child on a DCYF #203 that is immediately transmitted to the Office of the DCYF Director and, during nonstandard business hours (weekends, holidays and 4 PM - 8:30 AM weekdays), to the DCYF Child Protective Services Hotline.
- c. The DCYF #203 will be completed as soon as practicable by the staff person most involved in the incident. The DCYF #203 must be completed no later than the end of the shift in which the incident occurred.
  - d. The incident must be documented in the child's case record either with a progress note or a copy of the DCYF #203.
11. Annual Compilation of Physical, Mechanical and Chemical Restraint and Seclusion Data and Quality Assurance
- a. No later than the first (1st) Monday of February of each year, each Facility will report to the Director of the Department a compilation of the incidents of restraint and seclusion within that program during the previous calendar year.
  - b. The annual report will include the following information for the reporting year:
    - i. Number of children served by the Facility
    - ii. Number of children restrained or secluded
    - iii. Statistics regarding gender, race and age of the involved children
    - iv. Average duration of each category of restraint and seclusion
    - v. Number of mechanical restraints, grouped according to the type of mechanical device used
    - vi. Number of incidents of chemical restraint, grouped according to medication administered
    - vii. Number of incidents of seclusion
    - viii. Description of how this data was used to identify trends with staff and residents, both individually and in groups, in order to reduce the need for such interventions
  - c. Pursuant to RIGL 42-72.9-6, annual reports constitute a public record; therefore, a Facility will not include any identifying information regarding specific children or staff.
  - d. The program manager for the Facility and the chief executive of the Parent Agency will sign the Annual Report prior to its submission to the Department.
  - e. The Facility will develop methods to monitor and internally review incidents of restraint and seclusion and identify patterns and practices of residents and staff in order to improve practice.
  - f. The Director of the Department reserves the right to establish a committee, which will include family and community representation, to review the use of restraint and seclusion and make recommendations to the Director regarding any changes to



Department regulations or Facility policies or practices.

M. Grievance Procedure

1. The Facility will have a clear, written grievance procedure for children that explains the method of registering complaints and the protocol for resolving them.
2. Each child will receive a written copy of the grievance procedure and this procedure will be explained in language tha

# TITLE 40

## Human Services

### CHAPTER 40-11

#### Abused and Neglected Children

#### SECTION 40-11-2

##### § 40-11-2. Definitions.

When used in this chapter and unless the specific context indicates otherwise:

(1) "Abused and/or neglected child" means a child whose physical or mental health or welfare is harmed, or threatened with harm, when his or her parent or other person responsible for his or her welfare:

(i) Inflicts, or allows to be inflicted, upon the child physical or mental injury, including excessive corporal punishment; or

(ii) Creates, or allows to be created, a substantial risk of physical or mental injury to the child, including excessive corporal punishment; or

(iii) Commits, or allows to be committed, against the child, an act of sexual abuse; or

(iv) Fails to supply the child with adequate food, clothing, shelter, or medical care, though financially able to do so or offered financial or other reasonable means to do so; or

(v) Fails to provide the child with a minimum degree of care or proper supervision or guardianship because of his or her unwillingness or inability to do so by situations or conditions such as, but not limited to: social problems, mental incompetency, or the use of a drug, drugs, or alcohol to the extent that the parent or other person responsible for the child's welfare loses his or her ability or is unwilling to properly care for the child; or

(vi) Abandons or deserts the child; or

(vii) Sexually exploits the child in that the person allows, permits, or encourages the child to engage in prostitution as defined by the provisions in § 11-34.1-1 et seq., entitled "Commercial Sexual Activity"; or

(viii) Sexually exploits the child in that the person allows, permits, encourages, or engages in the obscene or pornographic photographing, filming, or depiction of the child in a setting that, taken as a whole, suggests to the average person that the child is about to engage in, or has engaged in, any sexual act, or that depicts any such child under eighteen (18) years of age performing sodomy, oral copulation, sexual intercourse, masturbation, or bestiality; or

(ix) Commits, or allows to be committed, any sexual offense against the child as such sexual offenses are defined by the provisions of chapter 37 of title 11, entitled "Sexual Assault", as amended; or

(x) Commits, or allows to be committed, against any child an act involving sexual penetration or sexual contact if the child is under fifteen (15) years of age; or if the child is fifteen (15) years or older, and (1) force or coercion is used by the perpetrator, or (2) the perpetrator knows, or has reason to know, that the victim is a severely impaired person as defined by the provisions of § 11-5-11, or physically helpless as defined by the provisions of § 11-37-1(6).

(2) "Child" means a person under the age of eighteen (18).

(3) "Child protective investigator" means an employee of the department charged with responsibility for investigating complaints and/or referrals of child abuse and/or neglect and institutional child abuse and/or neglect.

(4) "Department" means department of children, youth and families.

(5) "Educational program" means any public or private school, including boarding schools, or any home-schooling program.

(6) "Health-care provider" means any provider of health care services involved in the delivery or care of infants and/or care of children.

(7) "Institution" means any private or public hospital or other facility providing medical and/or psychiatric diagnosis, treatment, and care.

(8) "Institutional child abuse and neglect" means situations of known or suspected child abuse or neglect where the person allegedly responsible for the abuse or neglect is a foster parent or the employee of a public or private residential child-care institution or agency; or any staff person providing out-of-home care or situations where the suspected abuse or neglect occurs as a result of the institution's practices, policies, or conditions.

(9) "Law-enforcement agency" means the police department in any city or town and/or the state police.

(10) "Mental injury" includes a state of substantially diminished psychological or intellectual functioning in relation to, but not limited to, such factors as: failure to thrive; ability to think or reason; control of aggressive or self-destructive impulses; acting-out or misbehavior, including incorrigibility, ungovernability, or habitual truancy; provided, however, that the injury must be clearly attributable to the unwillingness or inability of the parent or other person responsible for the child's welfare to exercise a minimum degree of care toward the child.

(11) "Person responsible for child's welfare" means the child's parent; guardian; any individual, eighteen (18) years of age or older, who resides in the home of a parent or guardian and has unsupervised access to a child; foster parent; an employee of a public or private residential home or facility; or any staff person providing out-of-home care (out-of-home care means child day care to include family day care, group day care, and center-based day care). Provided, further, that an individual, eighteen (18) years of age or older, who resides in the home of a parent or guardian and has unsupervised access to the child, shall not have the right to consent to the removal and examination of the child for the purposes of § 40-11-6.

(12) "Physician" means any licensed doctor of medicine, licensed osteopathic physician, and any physician, intern, or resident of an institution as defined in subsection (7).

(13) "Probable cause" means facts and circumstances based upon as accurate and reliable information as possible that would justify a reasonable person to suspect that a child is abused or neglected. The facts and circumstances may include evidence of an injury, or injuries, and the statements of a person worthy of belief, even if there is no present evidence of injury.

(14) "Shaken-baby syndrome" means a form of abusive head trauma, characterized by a constellation of symptoms caused by other than accidental traumatic injury resulting from the violent shaking of and/or impact upon an infant or young child's head.

#### History of Section.

(P.L. 1976, ch. 91, § 2; P.L. 1979, ch. 248, § 9; P.L. 1981, ch. 139, § 1; P.L. 1984, ch. 257, § 1; P.L. 1985, ch. 371, § 1; P.L. 1989, ch. 147, § 1; P.L. 1997, ch. 326, § 131; P.L. 1999, ch. 83, § 101; P.L. 1999, ch. 130, § 101; P.L. 2000, ch. 69, § 2; P.L. 2003, ch. 141, § 1; P.L. 2003, ch. 148, § 1; P.L. 2006, ch. 547, § 1; P.L. 2010, ch. 239, § 20; P.L. 2016, ch. 352, § 1; P.L. 2016, ch. 373, § 1; P.L. 2017, ch. 386, § 1; P.L. 2017, ch. 424, § 1.)

# TITLE 40

## Human Services

### CHAPTER 40-11

#### Abused and Neglected Children

#### SECTION 40-11-3

##### **§ 40-11-3. Duty to report – Deprivation of nutrition or medical treatment.**

(a) Any person who has reasonable cause to know or suspect that any child has been abused or neglected as defined in § 40-11-2, or has been a victim of sexual abuse by another child, shall, within twenty-four (24) hours, transfer that information to the department of children, youth and families, or its agent, who shall cause the report to be investigated immediately. As a result of those reports and referrals, protective social services shall be made available to those children in an effort to safeguard and enhance the welfare of those children and to provide a means to prevent further abuse or neglect. The department shall establish and implement a single, statewide, toll-free telephone to operate twenty-four (24) hours per day, seven (7) days per week for the receipt of reports concerning child abuse and neglect, which reports shall be electronically recorded and placed in the central registry established by § 42-72-7. The department shall create a sign, using a format that is clear, simple, and understandable to students, that contains the statewide toll-free telephone number for posting in all public and private schools in languages predominately spoken in the state, containing pertinent information relating to reporting the suspicion of child abuse, neglect and sexual abuse. This sign shall be available to the school districts electronically. The electronically recorded records, properly indexed by date and other essential, identifying data, shall be maintained for a minimum of three (3) years; provided, however, any person who has been reported for child abuse and/or neglect, and who has been determined not to have neglected and/or abused a child, shall have his or her record expunged as to that incident three (3) years after that determination. The department shall continuously maintain a management-information database that includes all of the information required to implement this section, including the number of cases reported by hospitals, health-care centers, emergency rooms, and other appropriate health-care facilities.

(b) The reporting shall include immediate notification of the department of any instance where parents of an infant have requested deprivation of nutrition that is necessary to sustain life and/or who have requested deprivation of medical or surgical intervention that is necessary to remedy or ameliorate a life-threatening medical condition, if the nutrition or medical or surgical intervention is generally provided to similar nutritional, medical, or surgical conditioned infants, whether disabled or not.

(c) Nothing in this section shall be interpreted to prevent a child's parents and physician from discontinuing the use of life-support systems or nonpalliative treatment for a child who is terminally ill where, in the opinion of the child's physician exercising competent medical judgment, the child has no reasonable chance of recovery from the terminal illness despite every, appropriate medical treatment to correct the condition.

**History of Section.**

(P.L. 1976, ch. 91, § 2; P.L. 1979, ch. 248, § 9; P.L. 1983, ch. 250, § 1; P.L. 1984, ch. 247, § 1; P.L. 1985, ch. 371, § 1; P.L. 1988, ch. 655, § 1; P.L. 1990, ch. 280, § 1; P.L. 1999, ch. 83, § 101; P.L. 1999, ch. 130, § 101; P.L. 2013, ch. 286, § 1; P.L. 2016, ch. 63, § 2; P.L. 2016, ch. 465, § 2.)