

State of Rhode Island  
OFFICE OF THE CHILD ADVOCATE



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Katelyn Medeiros, Esq.  
Acting Child Advocate

**ATTN: DCYF Director Ashley Deckert**  
**St. Mary's Home for Children, Executive Director Carlene McCann**

December 19, 2023

**RE: DCYF and St. Mary's Home for Children Investigative Report**

The Office of the Child Advocate (OCA) has completed an investigation with respect to all units at St. Mary's Home for Children (St. Mary's) in North Providence and the Department of Children Youth & Families (DCYF).

Pursuant to R.I.G.L., the OCA shall;

“Review complains of persons and investigate those where it appears that a child may be in need of assistance from the child advocate.”<sup>1</sup>

Please find the below report and findings issued by the OCA. Please note some names have been redacted to protect confidentiality.

**Background:**

On April 19, 2023, the Office of the Child Advocate received information that a youth, age seventeen (17) had been found unconscious on the floor of the Hills Unit second-floor bathroom. The youth was treated on scene by EMS and required two (2) doses of Narcan. Once revived by the Narcan the youth was transported to Fatima Hospital where the child was medically cleared and diagnosed with ‘an overdose, no drug specified’. It was reported that this incident happened on April 9, 2023.

Upon receiving this information, the OCA immediately reviewed DCYF's RICHIST<sup>2</sup> records and requested copies of all incident reports from St. Mary's. The OCA was informed by St. Mary's that an additional incident took place earlier in the day with the same youth wherein youth was assaulted by a staff and the staff was terminated. Unfortunately, the OCA was unable to find any CPS reports to correlate with the overdose, however the assault of the youth earlier in the day was reported and

<sup>1</sup> R.I.G.L. § 42-73-7

<sup>2</sup> RICHIST is the Rhode Island Children's Information System. This is the required method of documenting DCYF's work. *DCYF Policy 700.0100.*

resulted in a CPS Investigation. All CPS Investigations and reports from April 1, 2023, until August 31, 2023, are identified, reviewed, and documented in further detail later in this report.

After reviewing the above overdose incident, the OCA began an in-depth review of all calls to the CPS Hotline pertaining to St. Mary's. This then prompted a full investigative review of all campus units, a review of all children, DCYF responses to CPS hotline calls, CSBH Placement practices, DCYF Licensing Division responses as well as the current placement of children at St. Mary's by the Department.

The OCA identified over twenty (20) calls to the CPS Hotline between April 1, 2023, and May 8, 2023. Many of the calls presented significant allegations such as drug overdose, a stolen motor vehicle, abuse/neglect of children, inappropriate sexualized contact amongst residents, AWOL's, physical assaults between residents, and an overwhelming amount of police responses from the North Providence Police Department. A review of St. Mary's documentation in conjunction with CPS reports and completed investigations prompted the OCA to expand the review beyond May 8, 2023, and to include DCYF policies and practices as discrepancies became evident.

Per the St. Mary's website, the residential programming includes three (3) Psychiatric Residential Treatment Facilities (PRTF), one (1) Acute Residential Services facility (ARTS), and one (1) Assessment and Stabilization Services facility. The PRTF has two facilities for girls and transgender youth ages 13-18 and one facility for youth ages 6-13. The ARTS facility is a hospital step-down or diversion program serving boys ages 6-13 and girls ages 6-17. The Assessment and Stabilization facility service teen girls and transgender youth ages 12-17.<sup>3</sup>

### **Investigative Actions:**

The timeframe throughout this review by the OCA is April 1, 2023, through August 31, 2023. However, due to ongoing safety concerns for the children at St. Mary's, the OCA initiated an additional investigation that remains on-going to date. Originally, the OCA conducted site visits to St. Mary's on May 8, 2023, May 9, 2023, May 17, 2023, May 18, 2023, May 24, 2023, June 5, 2023, and June 21, 2023, however, these site visits continued sporadically and remain ongoing to date. The OCA reviewed hundreds of pages of documentation, including but not limited to, St. Mary's policies and procedures, incident reports, AWOL reports, clinical documentation, staff logs, restraint reports and hours of video footage. During each visit the OCA met with front line residential staff, school staff, nursing staff, clinicians, administrators, and children.

Additionally, the OCA reviewed DCYF documentation including but not limited to; email correspondence, all CPS reports, all completed CPS investigations, youth specific Case Activity Notes, placement referrals, including placement into the Hills Unit Assessment Center, and Licensing

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<sup>3</sup> Please see <https://www.smhfc.org/residential/>.

The two PRTFs for girls and transgender youth ages 13-18 are named Hope Unit and Horton Unit.

The one PRTF for youth ages 6-13 is named Mauran Unit.

The ARTS facility is named Harding Unit.

The Assessment and Stabilization facility is named Hills Unit.

<sup>4</sup> All emails included in this report are direct quotes, therefore, grammatical and spelling errors remain.

Notes. The OCA also reviewed DCYF Licensing Regulations, DCYF Policies and Operating Procedures, applicable statutes, and Rhode Island General Laws.

On Thursday, May 4, 2023, at 2:43PM the OCA sent a high priority email to DCYF Administrators, Acting Director Kevin Aucoin, Legal Counsel Patricia Hessler, Acting Deputy Director Deborah Buffi, Children's Behavioral Health (CBH) Administrator Christopher Strnad and Licensing Director Lori D'Alessio. This email was also forwarded to Executive Director, Carlene McCann on May 4, 2023, at 2:46 PM:

"Good afternoon,

The OCA is writing to express significant concerns with St. Mary's Home for Children and the issue brought forward over the last few months. Since March 31, 2023 there have been 18 CPS reports/investigations. The most significant allegation was the near fatality recently issued by DCYF of the child that overdosed on the Hills Unit. Equally as significant are allegations of child on child sexual assault, child on child physical assaults, staff assault on children, youth stealing one of the group home vans and being AWOL from the locked ARTS program and found in a nearby town. These allegations are not exclusive to one particular unit but campus wide throughout all units. The OCA received phone calls this afternoon from multiple sources regarding children placed at St. Mary's and children being able to access items that place them in danger, ie: scissors, aerosol cans, van keys. Some children are reported to have self-injurious behaviors and substance use issues, and been found to hiding these items in their bedrooms and pillow cases. These incidences have been reported to the CPS Hotline and are amongst the current allegations.

The OCA is extremely concerned for the children and continuing to place children with significant mental health, substance use and trauma issues into the mix of youth already placed at St. Mary's.

In light of the ongoing issues what steps is the Department making prior to placing a child at St. Mary's. Additionally, please advise what the Department is doing to address these glaring safety concerns with St. Mary's around supervision and children having access to items used to self-harm and/or place them in potential dangerous situations."

Thank you,

Kathryn R. Cortes  
RI Office of the Child Advocate  
Special Projects Coordinator  
6 Cherrydale Court  
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On Friday, May 5, 2023, Ms. McCann initiated correspondence between the OCA and St. Mary's. The OCA requested documentation from St. Mary's in which Ms. McCann complied within a few hours of the request.

On Friday, May 5, 2023, at 2:50PM the OCA sent a follow-up, high priority email to DCYF:

"Hello,

The OCA is following up on the below email. Will DCYF please advise as to the questions posed below, it would be helpful to have acknowledgement and safety plans in place going into the weekend."

Thank you,

Kathryn R. Cortes  
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On Friday, May 5, 2023, 5:36PM, CBH Administrator Christopher Strnad provided the response below:

"Katy, Heather and I just talked with Carlene McCann about safety planning for [REDACTED], the youth who had scissors in [REDACTED] pillowcase. Immediately after the scissors were discovered, St. Mary's placed [REDACTED] on safety watch, which entails constant eyes on. They have additionally done room searches since the incident. And, overall, they are retraining staff on proper monitoring and safety watch procedures and have worked with staff to improve the scope of room checks that are done at shift changes, while also doing reviews of all parts of the campus to reduce access to objects that can be used for self-harm.

CPS is also sending out an investigator to do wellness checks right now.

In terms of the overall CPS reports, Vin McAteer (included on this email) shared the following:

CPS has been active in responding to the various allegations that you cite in your email. The specific items you list, from the overdose situation, to the assaults, to the lack of supervision, as well as the failure to secure their keys to their van, and the neglectful actions that allow the residents access to items that might place them in danger, have been addressed in several investigations that have either just been completed or are in progress. Of particular concern are the allegations involving staff neglect and the resulting self-injurious behavior of residents having possession of items which would have been prevented by an attentive staff. Yesterday, two CPS investigators were sent to address these issues with one repeating her visit this afternoon to ensure that a safety plan was in place for the two most vulnerable residents and that staff was aware of the need to protect the residents from all items which might be used for self-harm."

On Monday, May 8, 2023, the OCA conducted an unannounced visit to St. Mary's Home for Children. The OCA met with frontline staff, children, and clinical staff. On May 8, 2023, upon leaving the Hills Unit at approximately 4:30PM, the OCA observed members of the Providence Police Department at St. Mary's in North Providence. Two (2) police officers stepped out of the vehicle and removed a teenager from the backseat. An AWOL youth was being returned after approaching the police officers in Kennedy Plaza in Providence, stating [REDACTED] needed a ride back to the group home in North Providence. The OCA explained the role of the OCA to the police and that we were unable to take responsibility for the child, as child is in the care of DCYF, and we are not employees of St. Mary's. After several minutes a clinical staff was able to alert the on-call campus Residential Director who stated he was unaware the child was AWOL. The Residential Director advised he dropped the youth off at school in the morning. The youth was due home from school at 2:45 PM, however the Residential Director felt the bus was running late. The youth stated [REDACTED] left school after being dropped off by St. Mary's staff and spent the day in Kennedy Plaza with [REDACTED] friends. Youth missed the return bus to St. Mary's, leading [REDACTED] to request a ride from Providence Police. Providence Police advised the OCA and St. Mary's staff on scene that the youth was listed in the system as a missing person from several days ago and the proper notifications needed to be made to remove [REDACTED] from the missing persons system. Once the youth was securely in [REDACTED] unit the OCA staff left St. Mary's.

On Tuesday, May 9, 2023, OCA staff arrived at St. Mary's unannounced and met with frontline staff and youth throughout the campus. The OCA attended a staff meeting in the Mauran Unit and completed a tour of all units and bedrooms on campus. Upon completion of this tour, the OCA met with Executive Director, Carlene McCann and Residential Director, Mike Burgess. The OCA advised Ms. McCann and Mr. Burgess of numerous concerns including but not limited to, children appearing disheveled and dirty, living areas and bedrooms being dirty and damaged, low staffing levels effecting

the ratios, low staff morale, lack of staff interaction with children, broken windows and missing cabinetry, and overall instability amongst the staff and residents with the daily regimen. Both administrators agreed that the current environment was not suitable and stated they are working to make changes. The OCA informed Ms. McCann and Mr. Burgess that based on the walk through of units on campus the OCA would not recommend any child coming to St. Mary's at this time. Ms. McCann agreed and replied, "I wouldn't let my dog come here."

The OCA discussed the population of youth currently placed at St. Mary's and the Hills Unit residents required a higher level of care than an Assessment and Stabilization Center could provide. The OCA strongly advised Ms. McCann to contact DCYF and inform them that St. Mary's could not accept any new intakes until the population of youth and daily living conditions could be corrected and allow for better treatment of children and staff. Ms. McCann reported several units had been capped to not allow more than six (6) youth at a time and this was sufficient. She did not feel placing a hold on new intakes was necessary.

On Thursday, May 11, 2023, 3:13 PM, the OCA sent a high priority to the email from CBH Administrator, Christopher Strnad in an effort to alleviate the ongoing concerns with the children and overall environment at St. Mary's:

"Hello,

While the OCA is aware CPS has been responding and appreciates CPS responding and following up. The issues are beyond CPS reports. The OCA continues to receive calls and concerns for the youth at St. Mary's. [REDACTED] is not the only youth in this situation although [REDACTED] is the only youth mentioned below in your response.

The OCA has been out to St. Mary's recently and has noticed an issue with understaffing. The OCA expressed below (May 4<sup>th</sup> email) there are concerns for adding (placing) additional youth on campus at St. Mary's while the campus is extremely unsettled and in disorder with the youth already placed there.

Has there been any discussions to place intakes on hold for the safety of all children? While the OCA appreciates DCYF has a severe placement shortage, this should not put St. Mary's in a predicament to face even more challenges and continue to burn out the already overworked staff. This is not beneficial to any child and certainly not in accordance with their best interests.

Please advise.

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On Friday, May 12, 2023, at 12:44 PM, the OCA followed up with a high priority flag with respect to the above email which had gone unanswered by DCYF Administrators:

"Hello,

The OCA is following up to determine if the Department has had any conversations with St. Mary's to discuss intakes being placed on hold or the staffing issues on campus?

Thank you,

Kathryn R. Cortes  
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On Friday, May 12, 2023, at 4:59PM, CBH Administrator Christopher Strnad responded:

"Hi Katy, we have been in regular contact with St. Mary's and met last with Carlene yesterday. By mutual agreement, Hills is capped at 6 currently. St. Mary's just hired a new supervisor for Hills, is retraining staff, and has been providing increased levels of administrative oversight for Hills. It is anticipated that the current cap at Hills could be in place for 30 days, and we will be continuing to monitor the situation at Hills.

We have also had regular conversations with St. Mary's about the Hope and Horton units. St. Mary's does feel that the staffing is more stable in those units, but, nonetheless, St. Mary's is providing additional administrative oversight for both Hope and Horton, as well as retraining staff. And they are continuing to do more frequent room checks and close monitoring for youth who have displayed self-injurious behaviors. The department does not plan to put a hold on new admissions for Hope and Horton, but the next admission for Horton (for [REDACTED]) has been postponed until adequate staffing can be put in place to provide care and monitoring for [REDACTED]. DCYF also requested and is funding a 1:1 for a youth currently in Horton ([REDACTED]).

Thanks, Chris"

On Monday, May 15, 2023, the OCA responded with a high priority flag to the above email:

"Chris,  
Please provide the details around the information reported below. Specifically- what date did these conversations take place. Who is the new supervisor for Hills, what is the scheduling of administrative oversight for Hills and what retraining is taking place and by whom.

Please provide the same specific information for Hope and Horton as stated below. Who is the youth requiring a 1:1 and please provide a schedule of the 1:1 staffing.

Please have this to the OCA as soon as possible as our investigation is ongoing.

Thank you,

Kathryn R. Cortes  
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On Tuesday, May 16, 2023, 9:46 AM, the OCA replied with a high priority flag to the above email:

"Good morning,

The OCA is following up on the below. Please provide the requested information as soon as possible.

Thank you,

Kathryn R. Cortes  
RI Office of the Child Advocate  
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On Tuesday, May 16, 2023, 11:37 AM CBH Administrator Christopher Strnad replied with the following email:

“Katy, we have followed up with St. Mary’s again and think that the most effective way to address your concerns would be to have a joint conversation among DCYF, St. Mary’s and the OCA. We will send a meeting invite to you and the OCA team for the purposes of scheduling the conversation ASAP. Thank you, Chris”

On Tuesday, May 16, 2023, 11:41 AM the OCA responded to the above email with high priority to all DCYF Administrators as included on the original email:

“Thank you Chris for your feelings on the matter.

As you are aware the OCA is an **independent oversight agency**. This office is conducting an investigation and does not feel meeting and talking is prudent at this time and would be deemed inappropriate amidst an investigation that entails both St. Mary’s and DCYF.

Please forward the requested information by end of day today. If you are unable or unwilling please note that and this office will proceed accordingly.

Thank you,

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On Tuesday, May 16, 2023, 2:05 PM CBH Administrator Christopher Strnad responded to the above email:

“Hi Katy, I have talked recently with Carlene McCann and other St. Mary’s staff members on 5/5, 5/11 (twice), 5/12 and 5/15, and I know that visits to St. Mary’s and other additional conversations have occurred.

I do not have the name of the new Hills supervisor, nor the specific schedule of the stepped up administrative oversight and training for Hills, Horton and Hope but have requested that information from St. Mary’s.

Thanks, Chris”

On Thursday, May 18, 2023, 8:42 AM, the OCA replied to the above email with high priority setting:

“Hello,

Chris, please provide details around the conversations with Carlene and advise what other staff you have spoken with and what those conversations entail, based on your email below. Trying to get information from CBH in order to advocate for children and their best interests should not be this difficult. This office requested specifics from CBH and there has yet to be any information provided. What “other conversations and visits have occurred”?

Again, if you are unable or unwilling to provide the specifics as requested multiple times, this office will proceed accordingly, but having to repeatedly ask for details really hampers the OCA investigation and is not a good use of our time or the children in care.

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At this time no further correspondence came from the above e-mails, and the OCA was informed on Thursday, May 18, 2023, at 11:46 AM that St. Mary's was placed on a 30-day hold on new admissions by DCYF. The OCA did not receive any follow-up information from DCYF as to the above request and was informed DCYF was initiating their own review of St. Mary's. At this time, the OCA proceeded with the investigation of St. Mary's and DCYF without any further interactions with DCYF.

#### **CPS REPORTS and DCYF LICENSING<sup>4</sup>**

**April 1, 2023, 3:30:23 PM-Mauran Unit**

"On 4/1/2023, at 2:15pm, ██████████, residential counselor on the Mauran Unit, St. Mary's contacted the hotline. █████ can be reached at 353-3900.

Reporter is calling in to 'self report'.

R. notes resident █████, age 11, 'had a sweatshirt on made of sequins, and when you rub it up and down it changes colors'...

R. notes █████ reached out to touch the shirt. █████ states it was on his stomach area and 'rubbed' █████ shirt.

R. notes █████ immediately said 'you touched me close to my crotch', and █████ was 'calling DCYF on R'...

R. was adamant █████ only 'touched the shirt for a second' and it was 'no where near █████ crotch.'

This report was designated a Screen Out by DCYF.

The OCA determined this report to be a significant boundary issue between staff and a child. In accordance with the St. Mary's Employee Handbook, "[i]n an interest of providing a safe environment for clients and maintaining clear professional boundaries, all staff must adhere to the following:...Staff members are to respect client's physical boundaries at all times."<sup>5</sup>

While this report did not meet the criteria for a CPS investigation, it did require a regulatory response through the DCYF Licensing Division. In accordance with state law and DCYF Residential Licensing Regulations, it is the role and responsibility of DCYF to monitor and evaluate all residential programs.<sup>6</sup> Following a Screen Out, the information should be provided to the Licensing Division and

<sup>4</sup> Please note all CPS reports are direct quotes, therefore, grammatical and spelling errors remain.

<sup>5</sup> See Appendix A, St. Mary's Home for Children Policies and Manuals, Employee Guidebook, Page 28.

<sup>6</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

a regulatory response prompted as the call pertains to a licensed residential facility.<sup>7</sup> The OCA was unable to find a record of follow-up from the DCYF Licensing Division.

**April 4, 2023, 5:44:23 PM- Mauran Unit**

“Reporter (██████) stated at approximately 3:00pm today staff member ██████ observed red marks on resident ██████ neck. They were fresh scratch marks (2). Staff ██████ asked ██████ how he got them, and ██████ first reply was staff member ██████ did it. ██████ came back from a meeting and said to ██████ that he was at a meeting and was staff member ██████ (witness) all day. ██████ then said I’m not telling you how I got them.

Staff ██████ said that ██████ had made a previous report of marks on his neck and that another staff member did it, but the red/scratch marks from today was fresh as done today. This case # is ██████ previously investigated”

This report was designated a Screen Out by DCYF.

The fact that similar allegations were previously investigated should have no bearing on a new investigation being initiated. The allegations and injuries in the above narrative are new and fresh according to the reporter. Upon review of the previous investigation (a few weeks prior to the OCA’s review) the child had red marks on ██████ neck which staff report child made ██████, however there was no corresponding documentation to support the child self-harming. The narrative above states these are new marks and child made an allegation.

DCYF has a legal responsibility to children to investigate all allegations of abuse and/or neglect despite a previous investigation a couple of weeks before.<sup>8</sup> Not investigating new allegations potentially places children in unsafe situations or keeps them in potentially abusive situations.

This Screen Out received a regulatory response by the DCYF Licensing Division approximately three (3) weeks later with a phone call to St. Mary’s Program Director, Mike Burgess. This information was documented in a Provider Activity Note.<sup>9</sup> “On 4/26/23, this Licensing worker spoke to St. Mary’s Program Director, Mike Burgess. Mr. Burgess reported resident, ██████ refused to provide any further information regarding bruises when interviewed further. Mr. Burgess noted other residents have reported in the past they have witnessed ██████ exhibiting self-injurious behaviors; banging ██████ head on the wall, hitting and scratching ██████ Mr. Burgess reported staff is currently monitoring ██████ closely and will report/document any SIB incidences.”

In accordance with RI General Law and DCYF Licensing Regulations, DCYF is responsible for monitoring the adherence to regulations by residential facilities and is responsible for the safety and well-being of youth in DCYF care.<sup>10</sup> DCYF Licensing has a legal obligation to determine if the child is safe and a phone call with the Program Director of the agency responsible for keeping the child safe is not appropriate. In order to identify licensing violations and ongoing issues at St. Mary’s, DCYF Licensing must conduct in-person visits and speak with staff and residents. It is unclear if this administrator was a first-hand witness to the incidents and DCYF cannot depend on one conversation with one administrator to adequately make a determination of safety of a child.

<sup>7</sup> See Appendix C, DCYF Policies and Operating Procedures, DOP 500.0035.

<sup>8</sup> See Appendix D, R.I.G.L. § 40-11-7.

<sup>9</sup> A Provider Activity Note is a note entered by DCYF Licensing Worker, documenting information related to any follow up conducted with a provider agency or foster home.

<sup>10</sup> See Appendix B, DCYF Licensing Regulations; Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

April 5, 2023, 4:55:04 PM-Hope Unit

"On 4/5/2023, at 4:39pm, [REDACTED] [REDACTED], staff at St. Mary's, on the Hope Unit, contacted the hotline. She can be reached at [REDACTED] or [REDACTED].

R. states that resident [REDACTED], age 14, told R. that [REDACTED] needed to 'make a report about a staff from the shift prior'.

R. notes that [REDACTED] told her that staff [REDACTED] [REDACTED] said to [REDACTED] 'you have big boobs for a skinny [REDACTED]'. [REDACTED] reports this made [REDACTED] 'very' uncomfortable.

R. has notified her supervisor and R. is completing an incident report."

This report was designated a Screen Out by DCYF.

While this narrative did not meet the criteria for a CPS Investigation it did receive a regulatory response by the DCYF Licensing Division.<sup>11</sup> Upon OCA review of documentation by the Licensing Division this report was followed up on the same day as the report to the Hotline. The follow-up by Licensing staff was prompt and appropriately addressed the issues with St. Mary's administration. The content of this conversation entailed staff advising the youth required a different size bra than the one currently being worn. St. Mary's administration was tasked with following up with the youth to ensure the understanding and reasoning behind the conversation and to alleviate any concerns from earlier in the day.

April 7, 2023, 11:31:09 PM-Hills Unit-

"Report time 11 pm

Reporters are Camp Sup and Res Counselor from St. Mary's Home for Children.

Last night several residence were breaking boundaries. [REDACTED], [REDACTED], [REDACTED] and [REDACTED] continued to defy staff's redirection and entered one another's room. [REDACTED] was wearing boxer shorts around the resident and would not put other clothing in when directed.

[REDACTED] and [REDACTED] were under a blanket together. Staff reportedly told [REDACTED] and [REDACTED] to keep their hands above the blanket. Staff reported they did not see residents hands under the blankets However [REDACTED] said 'oh of course that is what I would be doing. I would be 'fingering' [REDACTED].

Staff did not observe this occur and believe [REDACTED] was saying this because staff redirected the residents to move their hands multiple times."

This report was designated a Screen Out by DCYF.

While this CPS narrative did not meet the criteria for an investigation it did receive a regulatory response by the DCYF Licensing Division approximately three (3) weeks after the report to the Hotline. "On 4/25/23, this Licensing worker spoke with St. Mary's program Director, Mike Burgess. Mr. Burgess reported all the residents were being non-compliant throughout that night, fooling around and mocking staff. Staffs remained at doorways of bedrooms closely supervising and verbally redirecting the residents until they went into their respective bedrooms. Mr. Burgess reported during the overnight, staff do keep close watch on residents doors to ensure they are not going into each other bedrooms. Mr. Burgess reported all four [REDACTED] are currently doing well and there have been no further incidences.

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<sup>11</sup> See Appendix C, DOP 500.0005.

There were no licensing issues reported.”

DCYF Licensing has a legal obligation to determine if the child/children are safe and a phone call with the Program Director of the agency responsible for keeping the child safe is not appropriate.<sup>12</sup> DCYF Licensing has a duty to independently review the case and review video footage and written documentation to support the reports provided by Mr. Burgess. Due diligence on the part of DCYF is necessary as the licensing agency to verify the information reported is accurate and speak with the child in-person to ensure the child is safe and advocate for any changes necessary on behalf of the child.

Additionally, it is impractical to state, “there were no licensing issues reported” without physically observing the unit and all corresponding documentation in person. In order to identify licensing violations and ongoing issues at St. Mary’s, DCYF Licensing must conduct in-person visits and speak with staff and residents. It is unclear if this administrator was a first-hand witness to the incidents, therefore the information must be independently verified by DCYF.

Based on the information presented in the narrative, an investigation would be the appropriate course of action.<sup>13</sup> Additionally, the children in the narrative are incorrectly identified and an investigator would have been able to reconcile the correct victim as the names above were not consistent with the reports made by St. Mary’s staff and the documentation reviewed by the OCA.

\*It is notable to mention a few weeks later allegations of sexual assault against a youth involved above were made. The youth allegedly sexually assaulted another child, was removed from St. Mary’s and placed in another placement. Within hours of being placed in a new placement, the same youth is alleged to have sexually assaulted another child and was remanded to the Rhode Island Training School (RITS) until an appropriate placement could be located.

**April 10, 2023, 2:07:59 PM-Hills Unit**

“Reporter is Assistant Residential Program Manager at St. Mary’s. Yesterday afternoon, ██████ threw an Easter basket at staff. The staff (█████ ██████) grabbed the resident by both arms and walked ██████ back towards a couch where she held the resident down. No known marks but the resident will be staff by the nurse today.

Reporter said she has reviewed the video footage of the incident. The resident was taken to Hasbro ED later in the day for a sperate incident so at this time it is not known if any marks were left.

Incident happened on the Hills Unit.”

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 2, 2023. After investigation it is noted by the assigned CPI, “there does not exist a preponderance of evidence to support the allegations of Neglect, Inappropriate Restraint against ██████ ██████ regarding ██████. This investigation is therefore UNFOUNDED.”

The OCA conducted an in-depth review of incident reports, video footage, and conducted interviews with staff and youth. Hours of video footage were reviewed by the OCA. The video footage of this

<sup>12</sup> See Appendix B, DCYF Licensing Regulations; Appendix C, DCYF Operating Procedure 500.0035 II(A)(1); Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

<sup>13</sup> See Appendix C, DOP 500.0005; DOP 500.0035.

incident clearly shows the staff member inappropriately place her hands on the child and sit on top of her in a chair, in which it appears she is choking the child. The OCA questioned St. Mary's as to why the police were not called and criminal charges were not made or brought against this staff member. St. Mary's reported to the OCA that the North Providence Police Department (NPPD) needed to have a DCYF worker initiate pressing charges on behalf of the child, and St. Mary's assumed DCYF would reach out to the police department to initiate charges on behalf of the child. St. Mary's advised copies of the video were made for the NPPD however St. Mary's had no further contact with DCYF or NPPD with respect to this incident. St. Mary's administration determined the behaviors of this staff were egregious and were dismayed that the allegations were unfounded and criminal charges were not pursued. St. Mary's administration advised the staff member involved was immediately terminated.

This incident received a regulatory response by DCYF Licensing Division on May 12, 2023, over one (1) month after the incident took place. "On 5/12/23, this Licensing worker spoke with St. Mary's program manager, Mike Burgess. Mr. Burgess reported that though the DCYF investigation was unfounded their agency conducted an internal investigation and staff, [REDACTED] was terminated. Mr. Burgess reported no injuries known. Mr. Burgess reported youth, [REDACTED] is doing well in the program."

DCYF Licensing has a legal obligation to determine if the child/children are safe and a phone call with the Program Director of the agency responsible for keeping the child safe is not appropriate.<sup>14</sup> DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation to support the reports provided by Mr. Burgess. DCYF cannot depend on one conversation with an administrator, especially when it is unclear if the administrator was present for the incident. Without reviewing documentation and assessing the unit in person, it is improper to state, 'no licensing issues reported'. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF is the only way to determine if any licensing violations are present. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

The OCA reached out to DCYF in the email chain below to discuss the assaultive behaviors observed by staff on the video and discuss the difference in findings with CPS Administration and DCYF Legal to no avail. The DCYF Legal Department responded to the OCA by demanding evidence from the OCA as to the assaultive behaviors and reminding the OCA of the obligation to report the assault to the Child Abuse Hotline per Rhode Island General Law. The OCA informed DCYF this information had been reported to the Hotline, investigated and unfounded by the CPS Division. No additional conversations with DCYF took place with respect to this investigation as DCYF did not have further conversations with the OCA.

On Thursday, May 25, 2023, at 5:09 PM, DCYF Legal Counsel, Patricia Hessler sent the following email. Included in this email are, Acting Director Kevin Aucoin, Acting Deputy Director, Deb Buffi, CPS Administrator Stephanie Terry, CPS Administrator Vincent McAteer and Director Ashley Deckert:

"Dear Katy,

You sent the following statement to us yesterday regarding a former worker at St. Mary's:

***Based on the ongoing investigation of this office we have found clear evidence she attacked a child at St. Mary's.***

<sup>14</sup> See Appendix B, DCYF Licensing Regulations; Appendix C, DCYF Operating Procedure 500.0035 II(A)(1); Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

As you are aware, in accordance with §40-11-3 (a) you have expressed that you have reasonable cause to know or suspect that a child has been abused or neglected. That specific information has not been transmitted to DCYF, although the statute requires that this is to be provided to us within 24 hours.

Please immediately forward the **clear evidence** you have found of maltreatment and evidence of an **attack** of a child to this office as required.

Thank you

Patricia M. Hessler, JD MPA  
DCYF Executive Legal Counsel  
101 Friendship Street, Providence, RI 02903  
401.528.3575 direct 401.261.0833 cell"

On Tuesday, May 30, 2023, 9:46 AM, the OCA replied to the above email:

"Hello Patricia,

Although DCYF continues to request evidence from the OCA, our statute does not allow us to provide documentation as we have informed the Department of numerous times. We will once again provide our statute for review.

With respect to the below email (highlighted for your convenience) the OCA would implore the Department in this particular instance, to review the emails that have been sent and review all CPS reports from St. Mary's. This office is **confident** the Department will find this was **investigated and UNFOUNDED** by the Department. The OCA investigation has thus far yielded much different results through our independent review and investigation.

Again, the Department is aware and as a reminder this office conducts **independent investigations** (as per our statute and attached) and once the OCA completes the ongoing investigation of St. Mary's and DCYF those findings will be available in our report. As always, DCYF will be provided a copy of the report, however this office does not release any other confidential information that we obtain throughout the course of our investigation. As you should also be aware much of the OCA's information comes **directly from DCYF documentation**.

Thank you,  
Katy  
Kathryn R. Cortes  
RI Office of the Child Advocate  
Special Projects Coordinator  
6 Cherrydale Court  
Cottage 43  
Cranston, RI 02920  
(401)462-4300  
(401)462-4305 (F)"

On Tuesday, May 30, 2023, 10:35 AM, DCYF Legal Counsel, Patricia Hessler provided the following response the OCA:

"Good morning Katy

There is nothing in the child advocate statute that shields your office or carves out an exception from immediately reporting evidence or allegations of Maltreatment to DCYF.

So to be perfectly clear, are you saying that you do not have any independent evidence to support your earlier statement?

That was my previous question.

Your response was somewhat confusing to me, so I apologize for being pedantic: if I am understanding you correctly, then you do not have any additional information to provide, and that the evidence from your investigation was as a result of reviewing the Department file and arriving at a different conclusion or interpretation? If so, then we are understanding your response to mean that you do not have any independent evidence or information that DCYF does not already have.

Notwithstanding your statute and the independent investigation: we are all clear that if you had additional information, then you would be statutorily mandated to immediately provide that to the department.

Please confirm

Thank you

Pmh"

On Tuesday, May 30, 2023, 10:49 AM, the OCA replied to the above email:

"Hello Patricia,

Sorry for your confusion. Hope the simplicity of this is helpful.

If the OCA has or had any information regarding the suspected abuse and/or neglect of any child in the state of RI it would be reportedly immediately as required by law.

Thank you,

Kathryn R. Cortes  
RI Office of the Child Advocate  
Special Projects Coordinator  
6 Cherrydale Court  
Cottage 43  
Cranston, RI 02920  
(401)462-4300  
(401)462-4305 (F)"

On Tuesday, May 30, 2023, 10:52 AM, DCYF Legal Counsel, Patricia Hessler provided the following response the OCA:

"Katy,  
I greatly appreciate the simplicity and clarity"

No further correspondence between DCYF and the OCA took place with respect to the assault by a staff member. The OCA addressed the above concern with DCYF Administration due to this being the prior DCYF Administration's request, when the OCA had concerns for a DCYF CPS Report. The OCA corresponded with the above team in an effort to re-open the investigation as the OCA's investigative review of the same video footage as the assigned CPI's yielded very different findings. Moving forward, any OCA investigative findings that uncover such discrepancies as noted above in the CPS Investigation in the future, will be called into the Hotline with a request to re-open the investigation, in addition to emailing the DCYF Administration.

Although the staff person was terminated from St. Mary's for the assault on the child, she is allowed to continue working in a caretaking capacity of children due to the unfounded findings by the assigned CPI. The OCA received information this staff person has obtained employment in another DCYF licensed facility where she is a direct care staff for vulnerable children. The OCA is unable to confirm the employment of this individual due to the unfounded investigation.

It is important to note, when a staff person is indicated for abuse and/or neglect by DCYF, this information is retained in the DCYF system. If that person attempts to work with children for a new agency or in some capacity, DCYF completes a background clearance of the DCYF system prior to the persons employment with new agency. In this case, this staff person was not indicated and is able to work with children in any capacity. Based on the video footage viewed by the OCA and the termination of this staff person by St. Mary's, the staff person should have been indicated for institutional abuse. The impact this of this decision is concerning and has the potential to place additional children in harmful situations.

April 10, 2023, 9:36:17 PM-Mauran Unit

“Reporter is St. Mary’s Residential Counselor.

Reporter stated that today while in group, 8 yo [REDACTED] disclosed that [REDACTED] made [REDACTED] sit on [REDACTED] lap several times, even after [REDACTED] told him no. Reporter was unsure where this took place. [REDACTED] did not provide more specific information such as when or where this occurred, however [REDACTED] did state that [REDACTED] did witness this.

Reporter went on to state that [REDACTED] has also brought [REDACTED] into [REDACTED] office and closed the door, which made [REDACTED] uncomfortable.”

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on April 13, 2023. “It is noted by CPI “there does not exist a preponderance of evidence to substantiate allegations of Other Institutional Abuse against [REDACTED] [REDACTED] as to [REDACTED]. This investigation will therefore be UNFOUNDED.”

The OCA conducted an independent review of the corresponding documentation, CPS investigation and had conversations with the child. The assigned CPI reports the child’s mother noted, “[REDACTED] has a long history of provocative behavior” therefore making child an unreliable source. This child is a victim of past trauma and may face a higher risk of continued victimization when viewed or reported in this light. The child is eight (8) years old and to report the above information as fact suggests the child is purposefully sexually acting out towards others. The allegations cannot be discredited based on past trauma reactive behaviors and all allegations must be thoroughly investigated.

The DCYF Licensing Division completed a regulatory response approximately two (2) weeks after the report to the Hotline. “On 4/26/23, this Licensing worker spoke with St. Mary’s program Director, Mike Burgess. Mr. Burgess reported the child is never alone with [REDACTED] [REDACTED]. Mr. Burgess reported the child underwent and evaluation. The program is following though with eval. Treatment recommendations. Mr. Burgess reported that child is currently safe at the program.”

DCYF Licensing has a legal obligation to determine if the child/children are safe and a phone call with the Program Director of the agency responsible for keeping the child safe is not appropriate. DCYF Licensing has a duty to independently review the case, video footage, and written documentation to support the report provided by Mr. Burgess.<sup>15</sup> To identify licensing violations and ongoing issues, DCYF Licensing must conduct in-person visits and speak with staff and residents. DCYF cannot depend on one conversation with an administrator, especially when it is unclear the administrator was present for the incident. Relying on St. Mary’s to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary’s.

**April 10, 2023, 10:36:16 PM-Mauran Unit**

“@10:15pm [REDACTED] [REDACTED], St. Mary’s Mauran Unit, [REDACTED] ext. [REDACTED] called

Yesterday at bed time, [REDACTED] became upset when reporter told [REDACTED] couldn’t eat the ribs [REDACTED] got at his visit. Reporter offered fruit. [REDACTED] was hitting reporter and reporter stated when he was deflecting, [REDACTED] tripped backwards and fell. [REDACTED] complained [REDACTED] arm and head hurt.

Reporter stated he didn’t see what happened. Reporter called his supervisor, [REDACTED] Unknown, who responded. When asked if the nurse checked out [REDACTED], reporter stated he did not see the nurse come to the unit.”

<sup>15</sup> See Appendix B, DCYF Licensing Regulations; Appendix C, DCYF Operating Procedure 500.0035 II(A)(1); Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

This report was designated a Screen Out by DCYF.

Based on the information reported in the narrative and the number of calls involving this child, it is incumbent upon DCYF CPS and the DCYF Licensing to investigate and closely review multiple calls coming in with allegations of abuse and/or neglect for any child.

This Screen Out received a regulatory response by the DCYF Licensing Division approximately two (2) weeks after the report to the Hotline. "On 4/20/23, this Licensing Worker spoke with St. Mary's Home for Children Program Director, Mr. Burgess. Mr. Burgess reported residents are not allowed to eat heavy after 8pm. Mr. Burgess reported staff offered snacks, yogurt or fruit but ██████ refused, got upset and started hitting staff. Mr. Burgess reported ██████ stated ██████ fell and hit head. ██████ reported feeling pain but after several minutes stated ██████ was fine so the nurse was not contacted. Mr. Burgess reported ██████ is doing well at this time. No licensing issues noted."

DCYF Licensing has a legal obligation to determine if the child/children are safe and a phone call with the Program Director of the agency responsible for keeping the child safe is not appropriate.<sup>16</sup> DCYF Licensing has a duty to independently review the case, video footage, and written documentation to support the report provided by Mr. Burgess. Despite Mr. Burgess stating, "the child is currently doing fine", the child should have been seen by the nurse when complaining of pain after falling. The child complained of his head and arm hurting after falling. In accordance with the St. Mary's Medical Manual, the child should have been assessed by the nurse following an impact to the child's head and documented accordingly.<sup>17</sup> Staff admittedly 'deflected' child from hitting him and did not see the child fall.

To identify licensing violations and ongoing issues, DCYF Licensing must conduct in-person visits and speak with staff and residents. DCYF cannot depend on one conversation with an administrator, especially when it is unclear if the administrator was present for the incident. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

DCYF and St. Mary's must be held to a higher standard and expectation to provide quality care when caring for someone else's child. It is impractical to state, "there were no licensing issues reported" without physically observing the unit and all corresponding documentation in person. Due diligence on the part of DCYF is necessary to verify the information reported is accurate.

**April 10, 2023, 10:49:14 PM-Horton Unit**

"Reporter is St. Mary's Horton Unit worker who called to report that tonight, ██████ became escalated when staff told ██████ could not threaten other residents

██████ got so mad that ██████ stated that staff ██████ (reporter) threatened to beat ██████ up, and the other staff present (██████) raped ██████. She could not say when or any specifics. ██████ said it out of anger.

Reporter stated none of this is true."

<sup>16</sup> See Appendix B, DCYF Licensing Regulations; Appendix C, DCYF Operating Procedure 500.0035 II(A)(1); Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

<sup>17</sup> See Appendix A, Medical Manual, Page 66.

This report was designated a Screen Out by DCYF.

While this CPS narrative did not meet the criteria for an investigation it did receive a regulatory response by the DCYF Licensing Division approximately two (2) weeks after the report to the Hotline. "On 4/25/23, this licensing worker spoke with St. Mary's program director, Mike Burgess. Mr. Burgess reported [REDACTED] did threaten other resident and falsely accused staff. Mr. Burgess reported whenever [REDACTED] gets angry [REDACTED] blurts out negative derogatory words with threats. [REDACTED] is receiving therapy to address anger issues. There were no physical altercation. Mr. Burgess reported [REDACTED] later calmed down. [REDACTED] is currently doing well with no other incidences.

No licensing issues were reported."

DCYF Licensing has a legal obligation to determine if the child/children are safe and a phone call with the Program Director of the agency responsible for keeping the child safe is not appropriate.<sup>18</sup> DCYF Licensing must independently review the case and/or review video footage and written documentation to support the reports provided by Mr. Burgess. DCYF cannot depend on one conversation with an administrator, especially when it is unclear if the administrator was present for the incident. The report does not determine the allegations to be truthful, however, it does not indicate the allegations to be false. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF, is the only way to determine if any licensing violations are present. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

**April 13, 2023, 2:52:04 PM-Hills Unit**

"4-13-23 at 2:33PM, [REDACTED] [REDACTED]/St. Mary's Home for Children Hills Unit called the Hotline. Tel: [REDACTED] x [REDACTED]

18 y/o [REDACTED] [REDACTED] slammed 16 y/o [REDACTED] into a wall during a physical altercation between them.

Both are on 24 hour pause (grounded in their rooms).

No injuries."

This report was designated a Screen Out by DCYF. While this narrative does not meet the criteria for an investigation, the OCA has significant concerns with the follow-up by the licensing worker.<sup>19</sup>

This Screen Out received a regulatory response by the DCYF Licensing Division approximately two (2) weeks after the report to the Hotline. "On 4/25/23, this licensing worker spoke with St. Mary's Program Director, Mike Burgess. Mr. Burgess reported that both [REDACTED] were grounded for physical altercation. Later, a mediation was conducted, and [REDACTED] are now doing okay with each other. There were no injuries. Mr. Burgess reported both [REDACTED] are doing well and there have been no other incidents.

No licensing issues reported."

<sup>18</sup> See Appendix B, DCYF Licensing Regulations; Appendix C, DCYF Operating Procedure 500.0035 II(A)(1); Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

<sup>19</sup> See Appendix C, DOP 500.0005 and DOP 500.0035.

DCYF Licensing has a legal obligation to determine if the child/children are safe and a phone call with the Program Director of the agency responsible for keeping the child safe is not appropriate.<sup>20</sup> DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation to support the reports provided by Mr. Burgess. DCYF cannot depend on one conversation with an administrator, especially when it is unclear if the administrator was present for the incident. Without reviewing documentation and assessing the unit in person, it is improper to state, 'no licensing issues reported'. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF is the only way to determine if any licensing violations are present. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

**April 13, 2023, 4:01:02 PM-Horton Unit**

"R is ██████ FSU SW for ██████ age 15. R met with youth today while at St. Mary's where ██████ resides.

During R's interaction with the youth R noticed what looked like a burn mark on ██████ right wrist. The youth said ██████ got it from a stove at St. Mary's. It did look like something from a stove. No info if nurse looked at it when it happened.

R then noticed a cut on the youth's other wrist. When asked about this the youth said when ██████ broke a window, ██████ cut ██████ with it. ██████ did it intentionally. Unknown if this was looked at by a nurse when it happened.

When asked if she was reporting A/N, R said she was just concerned about the mark's the youth had.

R is calling the hotline to report how the youth talked about being locked in ██████ room by a staff person named ██████. ██████ was placed in ██████ room and ██████ closed the door and did not let ██████ out for 20 minutes. This was approx. one month ago. When questioned further the youth said the door was not locked rather ██████ used his body weight on the other side of the door preventing ██████ from leaving ██████ room when ██████ tried to leave."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on April 25, 2023. After investigation it is noted by CPI, "there does not exist a preponderance of evidence to substantiate allegations of Other Institutional Abuse and Neglect against ██████ ██████ as to ██████. This investigation will therefore be UNFOUNDED."

The OCA conducted an in-depth review of the investigation completed by DCYF, incident reports completed by St. Mary's staff and spoke with staff and youth. The OCA finds inconsistencies in what was reported to the Hotline and documentation from St. Mary's staff. The OCA requested video footage of the hallway outside of youth's bedroom in order to determine if the child was locked in ██████ room. St. Mary's indicated the cameras were not working on this day and therefore no video footage could be obtained. Based on all available information and investigative process the OCA findings differ from DCYF's and coincides with the initial reports from child that ██████ was locked in ██████ room. The staff reported to CPS during the investigation that he placed his foot in the way of the door to prevent the child from leaving the room. According to St. Mary's, staff are not trained to keep a child inside a room nor are they trained in placing their foot in the door to prevent the child from leaving the room. This is a violation of a child's rights and inappropriate behavior on the part of staff.

<sup>20</sup> See Appendix B, DCYF Licensing Regulations; Appendix C, DCYF Operating Procedure 500.0035 II(A)(1); Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

St. Mary's policies note that locking a child in their room is a prohibited form of disciplinary intervention.<sup>21</sup> Blocking a child from exiting their room is the equivalent of locking a child in their room as they are not free to exit. Additionally, St. Mary's policy for supervision includes "...Seeing youth..." and note that "[a] child's bedroom door is only permitted to be closed fully if the child is changing their clothes".<sup>22</sup>

If utilizing a time out as a mechanism for behavior management, DCYF Licensing Regulations indicate that "...a Facility may use time out, for a period not to exceed 20 minutes, to prevent crises and behavior management, provided that: a. Staff is able to visually monitor the child through the time out. Visually monitoring means that the staff actually see the child at least every 5 minutes." The Licensing Regulations also require specific documentation to be completed by the Facility if this intervention is utilized.<sup>23</sup>

St. Mary's policies also note that incident forms should have been filled out if a client broke the window and if a client assaulted another client.<sup>24</sup> There should also be a written record by Nursing if the child was seen for a burn and laceration. This documentation should have been reviewed to ensure appropriate steps were taken in accordance with regulations and policy.

This investigation received a regulatory response by the DCYF Licensing Division over one (1) month after the report to the hotline. "On 5/2, this licensing worker spoke with St. Mary's program director, Mike Burgess. Mr. Burgess reported [REDACTED] exhibited uncontrollable behavior and the staff implemented the necessary restraints to prevent [REDACTED] from attacking another resident and from hurting [REDACTED]. Mr. Burgess reported youth was monitored for the entire shift. [REDACTED] is currently doing well. Mr. Burgess reported that youth is receiving therapy at least once a week at the program.

No regulatory issues reported"

DCYF Licensing has a legal obligation to determine if the child/children are safe and a phone call with the Program Director of the agency responsible for keeping the child safe is not appropriate.<sup>25</sup> DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation to support the reports provided by Mr. Burgess. DCYF cannot depend on one conversation with an administrator, especially when it is unclear if the administrator was present for the incident. The information provided to the Licensing Worker by Mr. Burgess contradicts the information provided to the OCA and included in the CPS investigation as noted above.

Without reviewing documentation and assessing the unit in person, it is improper to state, 'no licensing issues reported'. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF is the only way to determine if any licensing violations are present. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

<sup>21</sup> See Appendix A, Policy CRR-003.

<sup>22</sup> See Appendix A, Policy CRR-001.

<sup>23</sup> See Appendix B, Section 4.3.6 (L)(3).

<sup>24</sup> See Appendix A, Policy CRR-006.

<sup>25</sup> See Appendix B, DCYF Licensing Regulations; Appendix C, DCYF Operating Procedure 500.0035 II(A)(1); Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

**April 14, 2023, 6:58:02 PM-Mauran Unit-**

"Reporter advised that today around 355PM, he entered the room and observed staff [REDACTED] holding 10yo [REDACTED] by both [REDACTED] arms. When [REDACTED] observed reporter, he let child go.

Child slapped [REDACTED] and [REDACTED] in return pushed child which resulted in child falling to the floor. Child sustained an abrasion on [REDACTED] left shoulder as a result.

RN [REDACTED] checked child out. Reporter didn't speak with her directly but he knows that child did not require additional medical care.

[REDACTED] was sent home for the duration of his shift and he was taken off the schedule for the next two days. His normal schedule is Thursday thru Monday, 3-11pm

[REDACTED] was indicated in 2022 for inappropriate restraint

Child is placed at the Mauran Unit

[REDACTED] is [REDACTED], open to PSU [REDACTED]"

Additional Reports on the below date came in for this child and placed under the same investigative report from the above April 14, 2023, report.

**April 18, 2023, 3:27:31 PM-Mauran Unit-**

"Reporter is North Providence Police Officer [REDACTED], [REDACTED] went AWOL on 04/18/23 at 12:30pm

When found by police [REDACTED] was approximately a mile from the group home. [REDACTED] had no shoes on. [REDACTED] reported [REDACTED] ran away for [REDACTED] safety. [REDACTED] disclosed [REDACTED] was being abused by staff at St. Mary's. [REDACTED] did not provide a name to reporter.

[REDACTED] had scratches on [REDACTED] neck and a bloody lip. [REDACTED] reported the bloody lip happened during a restraint on 4/18/23. [REDACTED] reported the scratches were from a staff member choking [REDACTED] several days ago.

[REDACTED] was returned from the AWOL and became escalated again. [REDACTED] went to Hasbro for pysch evaluation.

Reporter spoke with [REDACTED] Clinician for the unit. . noted [REDACTED] has been escalated for several days and confirmed [REDACTED] had been restrained multiple times over the last few days."

**April 18, 2023, 5:10:09 PM-Mauran Unit**

"Reporter is North Providence Police Sgt [REDACTED]. Today, St. Mary's Home for Children contacted police to report resident [REDACTED] as AWOL. Police located the resident and brought [REDACTED] back to the campus.

When [REDACTED] was located [REDACTED] had a gash on the right side of [REDACTED] neck. [REDACTED] said [REDACTED] was choked by staff person. [REDACTED] would not identify the staff.

[REDACTED] said the program is not a safe place for [REDACTED]. [REDACTED] said staff allow the other residents to beat up on [REDACTED].

Once [REDACTED] was back on campus a SW was consulted and [REDACTED] was brought to Hasbro ED for an eval. R is calling the hotline to report what [REDACTED] said."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 2, 2023. After investigation it is noted by the assigned CPI, "it was found that [REDACTED] assaulted staff [REDACTED], which caused [REDACTED] to push [REDACTED] away to avoid further assault. This was evident of video footage provided by St. Mary's. [REDACTED] admitted pushing [REDACTED] away from him to protect himself but was not trying to hurt [REDACTED], just trying to stop [REDACTED] from assaulting him.

In the school wing, [REDACTED] was clearly out of control and injured [REDACTED] by punching and hitting [REDACTED] head against the wall and also cutting [REDACTED] lip with a zipper like object [REDACTED] spit out at staff [REDACTED]. [REDACTED] denied restraining [REDACTED] at any point. Three staff witnessed [REDACTED] behavior on this date ([REDACTED], [REDACTED] and [REDACTED]) whom all gave corroborating accounts that [REDACTED] was not restrained at any point and that any injury [REDACTED] had on this date was from SIB. CPI was provided with incident reports on this date. No video footage was available due to the incident happening in an RCA room. [REDACTED] refused to give CPI any comment on 2 different interview dates listed above.

Based on the above information, there does not exist a preponderance of evidence to substantiate allegations of Corporal Punishment against [REDACTED] or Other Institutional Abuse and Inappropriate Restraint against [REDACTED] regarding [REDACTED]. This investigation will therefore be UNFOUNDED.”

The OCA conducted an independent review of this incident and all CPS investigative documentation, incident reports provided by St. Mary’s, video footage provided by St. Mary’s, as well as interviews with children and staff.

According to documentation provided by St. Mary’s and conversations with staff, [REDACTED] became dysregulated in the school building and was returned to the living area to help [REDACTED] regulate out of the view of other students. The OCA requested video footage and incident reports from the school to support the behaviors being described and there was no video footage or written documentation from the school able to be provided to the OCA. The OCA requested video footage of the hallways surrounding the area the incident was said to take place.

Upon reviewing the video footage of the incident, the OCA determined the actions of staff to be assaultive towards the child. The staff member involved is substantially larger and heavier in weight. While the video did show the child attempt to hit staff by jumping in the air and swinging [REDACTED] arm it was in response to the above staff member physically pushing the child down onto the floor in the hallway prior to the staff claiming self-defense.

DCYF Licensing conducted a regulatory response of the above investigation, “On 5/12/23, this Licensing worker spoke with program director, Mike Burgess. Mr. Burgess reported series of incidences occurred between youth and several staff. Mr. Burgess reported [REDACTED] is transitioning to Harmony Hill next week. Mr. Burgess noted the staff, [REDACTED] has been terminated from St. Mary’s home due to internal reasons.”

DCYF Licensing has an obligation to determine if the child/children are safe and a phone call with the Program Director of the agency responsible for keeping the child safe is not appropriate. DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation to support the reports provided by Mr. Burgess. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present. Relying on St. Mary’s to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary’s.

The OCA found substantial evidence to support the above allegations and found the staff physically assaulted the child more than once. The OCA informed St. Mary's Administration at the time of video review, the North Providence Police Department should have been notified of the assault on the child.

**April 19, 2023 5:14:02 PM- Hills Unit-**

"Reporter is FSU CWSII, "██████████ is placed on the Hill unit at St. Mary's.

██████████ returned from AWOL the morning on 4/9 after being medically cleared at Fatima Hospital at approx. 9:15 am.

After returning to the program, later in the evening, ██████████ began to feel ill, so staff ██████████, allowed ██████████ to use the upstairs bathroom, and went downstairs to the other clients.

Another staff, ██████████ then came into the home, and located ██████████ "unconscious" on the floor of the 2<sup>nd</sup> floor bathroom.

A nurse was called and came and checked ██████████ vitals. ██████████ was still breathing, but unconscious.

When EMS arrived, they gave ██████████ a dose of Narcan, and ██████████ did not respond. They had to give ██████████ a 2<sup>nd</sup> dose of Narcan in the ambulance, and ██████████ did come to. R. states FSU and the child advocate's office were UNAWARE ██████████ had been given Narcan until the Hasbro report.

██████████ admits that while ██████████ was AWOL, ██████████ consumed alcohol, acid and 'what ██████████ believed to be' Adderall.

Per R., Hasbro believes that ██████████ had to have taken something after returning to the program, as ██████████ had been medically cleared that morning, and if ██████████ took something in the morning it would have showed while at Fatima.

██████████ is fine now."

It is important to note this incident happened on April 9, 2023. St. Mary's Home for Children called the RI Child Abuse Hotline to report the child was taken to the hospital by rescue. This report was not documented under a Child Abuse Hotline call. This report to the CPS Hotline was documented under the child's case information in the Case Activity Notes (CAN).

Due to this information being logged erroneously in this manner, no Child Protective Services investigation was initiated.

The Case Activity Notes are documented by a CPI in the child's case activity notes:

On 04/09/2023, 7:15 PM staff called to report "██████████ passed out at the facility about 20mins ago. They called the rescue for ██████████. ██████████ disclosed to rescue that ██████████ had used Acid while ██████████ was AWOL which ██████████ hadn't previously reported to staff or to the hospital when ██████████ was medically cleared at Fatima."

On 04/09/2023, 11:50 PM staff called to report, "██████████ had returned from the hospital after being found unconscious in the bathroom after returning from medical clearance from being AWOL at 6pm. Medical report stated ██████████ was medically diagnosed as having an overdose (no drug specified in report)."

This call should have prompted an immediate investigation and documented by the call floor worker in a Child Protective Services Report.<sup>26</sup> Failure to adhere to this policy and properly document the call,

<sup>26</sup> See Appendix C, DOP 500.0005 II (A)(b).

led to the violation of RI General Law and numerous DCYF Policies.<sup>27</sup> Additionally, in accordance with DOP 500.0070, Section II. (B)(3), the Office of the Child Advocate should be assigned in RICHIST to any case alleging institutional abuse and/or neglect.<sup>28</sup> This prompts notification to the OCA and provides the office with the opportunity to complete an independent review of the incident. Failure to properly document any allegation of abuse and/or neglect hinders the OCA's ability to fulfill our statutory mandate in a timely manner.

This situation above was discovered by the OCA approximately ten (10) days later when reviewing the child's case activity notes. At that point the OCA contacted the assigned Family Services Unit (FSU) team to request information regarding the incident. FSU was not aware of the overdose. Once FSU learned of this incident, the FSU worker called the information into the Child Abuse Hotline and an investigation was initiated on April 19, 2023.

This report was assigned to a CPI on April 19, 2023, and an investigation was completed and approved by CPS Administrator McAteer on April 25, 2023. After investigation it is noted by the assigned CPI, "Based on the facts above, there does not appear to be a preponderance of the evidence to substantiate allegations of Other Institutional Neglect against staff, [REDACTED] and [REDACTED] as to [REDACTED]. This investigation will therefore be UNFOUNDED."

The OCA completed an independent investigation of the incident. This youth was medically cleared many hours earlier by Fatima Hospital staff and returned to St. Mary's with no adverse effects or indications child was unwell. Approximately nine (9) hours later, this youth was found to be unconscious while alone in a bathroom and required two (2) doses of Narcan by EMS. Medical professionals indicated it is unlikely that the child ingested something nine (9) hours earlier while AWOL and it is more likely the child ingested something after she returned to St. Mary's causing her to overdose.

During the OCA investigation, it was documented by St. Mary's staff in incident reports that throughout the day [REDACTED] and other youth in the unit were whispering and being secretive which usually means they are passing around a vape. There is no indication the staff followed through with attempting to discern if a vape was being used by youth.

The assigned CPI did not speak to any of the youth to corroborate or determine what was happening in the unit throughout the day. Staff failed to follow policies of remaining on the same floor as a child, leaving [REDACTED] unattended in the second-floor bathroom.<sup>29</sup> It was approximately twenty (20) minutes before another staff checked on [REDACTED] in the second-floor bathroom. After not receiving a reply when knocking on the door, staff opened the door and found the child unconscious on the floor of the bathroom. The other youth in the unit ran upstairs and witnessed [REDACTED] being pulled out of the bathroom by staff. Youth were in the middle of staff trying to attend to the child and witnessed EMS come in and administer Narcan to [REDACTED]. None of the above information with respect to the children's behavior or staff suspecting the children passing around contraband is noted in the CPS investigation.

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<sup>27</sup> See Appendix C, DOP 500.0005; 300.0045; 500.0065; 500.0035 and See Appendix D, RIGL § 40-11-3).

<sup>28</sup> See Appendix C, DOP 500.0070 II (B)(3).

<sup>29</sup> See Appendix A, Policy CRR-001.

Throughout the course of the investigation, it is noted that the child admitted to taking several different illicit substances but was inconsistent in stating what [REDACTED] took and when [REDACTED] took it. This made it difficult to determine what the child ingested. The child required two (2) doses of Narcan to become conscious and therefore it was medically determined the child did ingest some type of illicit substance. Narcan is used to counter the effects of an opioid ingestion. While [REDACTED] did not test positive for an opioid at the time of admission to Hasbro this does not conclusively rule out [REDACTED] taking an opiate, it just indicates the testing completed at the time of admission was inconclusive and additional testing should have been completed at the time of the incident. By the time the Department was able to respond to this incident it had been ten (10) days. This incident met the criteria for a near fatality and therefore, a critical event review was conducted. At the time the critical event review was completed it was well over thirty (30) days and according to medical professionals any testing at that time would have proven futile as [REDACTED] system would not retain opioids from April 9, 2023.

St. Mary's policy indicates that increased supervision and monitoring of a youth who returns from AWOL, should be considered.<sup>30</sup> This same policy also requires staff to conduct a therapeutic search for unsafe contraband items when a child returns from AWOL. It is unclear whether this search was performed.<sup>31</sup>

DCYF Licensing conducted a regulatory response of the above investigation, "On 4/27/23, this Licensing worker spoke with St. Mary's program Director, Mike Burgess. Mr. Burgess reported that [REDACTED] is currently safe and doing well at the program. There has been no further incidences.

No other regulatory issues reported."

DCYF Licensing has an obligation to determine if the child/children are safe and a phone call with the Program Director of the agency responsible for keeping the child safe is not appropriate.<sup>32</sup> DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation to support the reports provided by Mr. Burgess. Without reviewing documentation and assessing the unit in person, it is improper to state, "No other regulatory issues reported." DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

April 20, 2023, 10:33:22 PM-ARTS/HARDING UNIT

"Report time is 9pm.

Reporter is [REDACTED] Supervisor St. Mary's Home for Children Harding/ARTS Unit.

Reporter is called in self-injurious behavior.

[REDACTED] had a phone call from mother. After the call [REDACTED] asked reporter if the clinician would approve a visit from father for 4/21/23. Reporter called clinician but did not get a call back. [REDACTED] then asked if a specific medication had transferred from [REDACTED] last placement. The medication had not been prescribed to [REDACTED] currently at St. Mary's.

<sup>30</sup> See Appendix A, Policy CRR-008.

<sup>31</sup> See Appendix A, Policy CRR-008.

<sup>32</sup> See Appendix B, DCYF Licensing Regulations; Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

Reporter stated that after that interaction [REDACTED] went into [REDACTED] room with the door cracked open. A peer approached reporter and stated [REDACTED] informed the peer [REDACTED] was going to self-harm.

Reporter did a room check [REDACTED] standing with [REDACTED] arm bleeding. Reporter described seeing a 'pool' of blood on the floor. [REDACTED] reportedly had earrings in [REDACTED] room but it was not determined what [REDACTED] used to cut [REDACTED].

Incident occurred at 7:15pm. Campus Nurse did not come to the unit yet but the campus Sup [REDACTED] [REDACTED] examined the cut, determined the cut to be superficial, and placed bandages on [REDACTED] arm. The bleeding stopped and [REDACTED] was now in 'good space'. Reporter denied [REDACTED] expressing an SI."

This report was designated a Screen Out by DCYF. A regulatory response took place within a week of the incident, "On 5/2/23, this licensing worker spoke with St. Mary's program director, Mike Burgess. Mr. Burgess reported youth has a history of SIBs. For this particular episode, it was later discovered [REDACTED] cut [REDACTED] wrist with a piece of plastic basket [REDACTED] broke off the hamper. Mr. Burgess reported the plastic basket and everything [REDACTED] could possibly use, including jewelry have been taken out of [REDACTED] bedroom. Mr. Burgess reported after this incident, child was examined by program nurse and put on a safety watch for 48hours. The youth is doing well at this time. The program has implemented routine safety walk, checking bedrooms for harmful objects."

The information presented in the narrative did not meet the criteria for an investigation and adequately addressed the regulatory concerns. The item in which the child used to harm self was recovered by staff and a safety plan implemented.

Please see below that nine (9) days later another call to the Hotline was made with respect to the same child and self-injurious behaviors. At this time an investigation was initiated and will be reported in chronological order below.

**April 25, 2023, 3:05:08 PM-ARTS/HARDING Unit**

"On 04/25/2023, [REDACTED] [REDACTED] ([REDACTED]) Residential Counselor at St. Mary's Harding Unit reported the following:

Reporter stated [REDACTED] (age 8) spit on [REDACTED] (age 16) and [REDACTED] walked away. Reporter stated then [REDACTED] began punching at [REDACTED] (age 14). Reporter stated [REDACTED] slapped [REDACTED] on the arm and leg before staff were able to intervene and place all children in their rooms."

This report was designated a Screen Out by DCYF.

DCYF Licensing conducted a regulatory response of the above Screen Out, "On 5/2/23, this Licensing worker spoke with St. Mary's program director, Mike Burgess. Mr. Burgess reported that [REDACTED] is the youngest in the program. [REDACTED] exhibits aggressive behaviors primarily for attention from older youths. A mediation was conducted and [REDACTED] and the older youths relationships have somewhat improved. [REDACTED] is receiving therapy to learn healthy social skills."

The regulatory response is inadequate. For an administrator to state, that [REDACTED] 'exhibits aggressive behaviors primarily for attention of older youths' minimizes the behaviors of [REDACTED] and minimizes the effects of [REDACTED] actions onto the other two youth involved. Additionally, Mr. Burgess' comment stating, the relationships have 'somewhat improved' indicates ongoing issues. This statement should have prompted DCYF to seek additional information in ensuring the children are safe and St. Mary's is able to appropriately meet their needs. DCYF Licensing not conducting an independent review of

the situation or an in-person conversation with youth leaves vulnerable children susceptible to ongoing mistreatment while in the care of DCYF and St. Mary's.

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. Without reviewing documentation and assessing the unit in person, it is improper to state, 'no licensing issues reported'. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

Please see below further reports of sexual assault and physical assault involving these same children persisted after this and will be documented by chronological order below.

**April 27, 2023, 9:57:03 PM-Hills Unit**

"Reporter is Residential Counselor on Hills Unit.

█ returned from AWOL and got into an agreement with █. Regarding their alleged relationship together.

█ punched █ in the face. Then both children exchanged punches. Staff called police. No charges being pressed.

█ went to Fatima to be medically cleared because █ had just returned from AWOL. █ was examined by campus nurse and has no injuries."

**8:31pm-** Rn Campus Nurse called the Hotline.

█ reported that █ has been kissing █ and fingering █ vagina. █ said █ was afraid to say no because █ did not want to make █ mad. █ did not provide any further details of their interactions.

Reporter did not know where, when, how or how frequently these allegations occurred. Reporter also did not know whether the was force or coercion during their interactions."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 25, 2023. CPI reports, "Based on the facts above, there does appear to be a preponderance of the evidence to substantiate allegations of Other Institutional Neglect against █ staff as to █ and █, this investigation will be INDICATED."

DCYF Licensing conducted a regulatory response of the above investigation. "On 6/10/23. This Licensing worker spoke with St. Mary's program Director, Mike Burgess. Mr. Burgess reported he is aware of the matter and that the staff do verbally redirect residents whenever they observe any inappropriate gestures or interactions. Mr. Burgess is unsure where and when these sexual incidences occurred. Mr. Burgess reported █ is no longer placed at St. Mary's █ transitioned to another program. Mr. Burgess reported █ remains placed at St. Mary's and █ is receiving are closely monitored by staff."

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present and the child's best interests are being met. Relying

on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

The OCA conducted an independent investigation and reviewed incident reports along with meeting with children and staff. Staff allowed children to sit in close proximity of one another and share a blanket with one another, making it impossible for staff to maintain sight of the children at all times and monitor their behaviors.<sup>33</sup> The OCA was informed there are no cameras in the basement, however a short time later OCA was informed there are cameras in the basement, however the cameras had been turned in a different direction facing a wall, therefore unable to view the children in the room and only capturing footage of a wall. Additionally, the youth in the above report are also the same youth named in the allegations of sexual assault a few weeks later.

**April 27, 2023 9:34:49 PM-Hope Unit**

"Reporter is Campus Sup from St. Mary's Home for Children.

14yo [REDACTED] and 16yo [REDACTED] asked to use the phone in the office. While using the phone they stole the unit's van key. The key was hanging on a doorknob in the office.

[REDACTED] and [REDACTED] then eloped from the unit and stole the unit van. Staff attempted to stop the van however the [REDACTED] were able to drive off campus. Staff then called the police. The [REDACTED] drove up Fruithill about two blocks before police stopped them.

No parties were injured during the incident."

The initial call to the hotline at 9:34PM was designated as a Screen Out by DCYF.

An investigation was not initiated until the second call came into the hotline at 9:55PM.

**Additional information was received at 9:55:24 PM-**

"Reporter is from Hasbro ED.

"Reporter called requesting to treat [REDACTED]. CPI asked for what to which she stated 'medical clearance' CPI asked if it was due to an AWOL.

Reporter advised that according to their note, child stole the group home's van and got into a motor vehicle accident. No injuries were reported.

CPI asked if she could speak with the nurse who made the initial note. That nurse was no longer working but CPI spoke with RN Megan, who advised the child has not been seen yet but during triage, [REDACTED] disclosed stealing the van and getting into a motor vehicle accident. Child denied having injuries and refused to remove [REDACTED] clothing.

CPI asked to speak with staff member who's with child. [REDACTED] [REDACTED] got on the phone who stated the children reportedly stole the van and 'swiped' something with the van."

\*\*\*CPI called [REDACTED] [REDACTED] St. Mary's Campus Supervisor back "to confirm whether the children were in an accident.

[REDACTED] was unsure whether the children were in an accident and would call North Providence PD.

[REDACTED] called the hotline back and reported the children denied being in an accident but staff reported there was new damage to the van."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on April 29, 2023. CPI reports states, "... there does not exist a preponderance

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<sup>33</sup> See Appendix A, Policy CRR-001.

of the evidence to support the allegation of Other Institutional Neglect against ██████████ ██████████ regarding ██████████ and ██████████. This investigation is therefore UNFOUNDED.”

The OCA conducted an independent investigation, and the findings differ from those of the assigned CPI. The OCA determined ██████████ ██████████ was the Campus Supervisor on duty at the time and was not in the unit when the children stole the keys. According to documentation reviewed by the OCA, when ██████████ arrived at the scene the ██████████ were in the van attempting to leave the property. The OCA found the names of staff in the narrative to be different than the names in the investigation. The assigned CPI determined the allegations against ██████████ ██████████ to be unfounded, however after a complete investigation the OCA determined there were two (2) different staff involved in the incident and that ██████████ was called into the incident after the children had already stolen the van keys and not the identified perpetrator of Institutional Neglect.

Staff directly involved were identified by St. Mary’s administration as ██████████, ██████████ and ██████████ (a trainee). The OCA reviewed several hours of video footage of the incident and determined ██████████ and ██████████ left the unit at 4:20 PM making ██████████ the only staff on duty, leaving the unit out of ratio.<sup>34</sup> St. Mary’s Administration advised that ██████████ is a new staff and had not been TCI trained at this time and was not to be left alone in the unit with children in violation of both St. Mary’s policy and the DCYF Licensing Regulations.<sup>35</sup> Additionally, the staff office door was ajar in violation of policy which provided access for anyone to enter the office.<sup>36</sup> One child, identified as ██████████ is observed going into the staff office at 4:30 PM and taking something off the wall, which according to St. Mary’s administration is the van keys. At 4:35 PM the two-youth involved leave the building and get into the van.

Corresponding documentation completed by St. Mary’s staff is inconsistent with the video of the incident. Staff documentation states, “client was in the house watching TV when client found the van key. Client ran outside with another youth. Client proceeded to drive off w/the van...” Video footage shows ██████████ entering the staff office and removing the van key as indicated above and the two youth exit the unit at 4:35 PM. At 4:38 PM, staff ██████████, the second scheduled worker arrives for her shift. At 4:47 PM, two uniformed police officers enter the unit after a report of the stolen motor vehicle was made.

Corresponding documentation from the North Providence Police Department indicates two youth, later identified as ██████████ and ██████████ were inside the vehicle being operated a few blocks away from St. Mary’s campus. ██████████ was later identified as the driver of the stolen motor vehicle and ██████████ the passenger. Both children were medically cleared at Hasbro Children’s Hospital and subsequently returned to St. Mary’s. St. Mary’s staff, ██████████ was informed the Juvenile Detective would be in contact regarding a court date and “charges of larceny over \$1500, possession of a stolen motor vehicle, simple assault, driving without a license, felony conspiracy, vehicles within right of way for rotary, and turn signal required.”

The OCA determined the actions of St. Mary’s were neglectful and placed all youth within the Hope Unit in an unsafe situation. Video footage further showed another youth, not involved in the motor

<sup>34</sup> See Appendix A, St. Mary’s Policies and Manuals and Appendix B, Licensing Regulations 4.3.1(C)(2)(b).

<sup>35</sup> See Appendix A St. Mary’s Policies and Manuals and See Appendix B, DCYF Licensing Regulations 4.32 (C).

<sup>36</sup> See Appendix A St. Mary’s Policies and Manuals and See Appendix B, DCYF Licensing Regulations 4.33 (B).

vehicle theft, to enter the staff office when the unit was empty. Child was alone and removed something from the staff office all leading to an INDICATED finding. On May 3, 2023, a CPS report was placed to the hotline and an investigation initiated after bloody scissors were found hidden in a pillowcase. It is reasonable to suspect these may have been removed from the staff office on April 27, 2023, when child is seen going into the office unsupervised. This report is documented below in chronological order.

The OCA was unable to find a record of follow-up from the DCYF Licensing Division. In accordance with RI General Law and DCYF Licensing Regulations, DCYF is responsible for monitoring the adherence to regulations by residential facilities and is responsible for the safety and well-being of youth in DCYF care.<sup>37</sup> Per DCYF Policy, CPS should have notified the Licensing Division of the outcome of this investigation. This incident highlights numerous violations to the Licensing Regulations, which requires follow-up and monitoring by the Licensing Division.<sup>38</sup>

**April 28, 2023, 10:38:47-Mauran Unit-**

“Reporter is [REDACTED] at St. Mary’s.

Reporter was on Mauran Unit during a crisis. Staff member [REDACTED] was on the unit helping control the crisis. 8yo [REDACTED] was asked to go into the living room away from the crisis. When [REDACTED] decided to walk towards the crisis Staff [REDACTED] grabbed [REDACTED] by [REDACTED] arms and dragged [REDACTED] across the floor into the room. Reporter intervened and had Staff [REDACTED] return to his assigned unit.

[REDACTED] was not injured during the incident.”

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 15, 2023. CPI reports, “Based on the facts above, there does not appear to be a preponderance of the evidence to substantiate allegations of Other Intuitional Abuse against St. Mary’s staff, Charles [REDACTED] as to [REDACTED]. This investigation will therefore be UNFOUNDED.”

DCYF Licensing conducted a regulatory response to the above investigation approximately three (3) weeks later. “On 5/12/202, this Licensing worker spoke with St. Mary’s program director, Mike Burgess. Mr. Burgess reported that staff, [REDACTED] denied that he dragged youth across the room. Mr. Burgess reported that [REDACTED] is a clinician at another agency but works for St. Mary’s part time, per diem. [REDACTED] is not assigned to the Mauran unit but was assisting staff due to crisis. Mr. Burgess reported [REDACTED] is fully aware of the agency and DCYF policies to refrain from any abuse. Mr. Burgess reported the youth, [REDACTED] is doing well at the program and there has been no other incidences.”

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. DCYF cannot depend on a conversation with an administrator, especially when it is unclear whether that person was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present and the child’s best interests are being met. Relying

<sup>37</sup> See Appendix B, DCYF Licensing Regulations; Appendix D, RIGL § 42-72.1, et al.; RIGL§ 42-72-5(b)(7).

<sup>38</sup> See Appendix B, DCYF Licensing Regulations; Appendix D, RIGL § 42-72.1, et al.; RIGL§ 42-72-5(b)(7).

on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's

The OCA conducted an independent review of all documentation and reviewed video footage with respect to the above investigation. The DCYF investigation initially indicates this incident was not captured on video because it was in the hallway. Two weeks later the assigned CPI returned to St. Mary's and requested to view the video footage of the above incident. CPI reported to be informed by St. Mary's administration the "DVR is not working in that area and the incident was not recorded. St. Mary's is working on the problem."

The OCA met with St. Mary's administration on a different date and was able to review the video footage of the incident. The OCA determined the level of care and need of the children in the Mauran Unit surpasses what the current staffing can maintain and adequately treat in a therapeutic manner. During conversations the OCA had with staff and residents, it was reported staff from other units are being utilized to control the dysregulation of situations arising within the unit and are unable to provide a consistently safe and stable environment for the children in Mauran. These conversations will be addressed in a different portion of this report. The OCA team informed St. Mary's Administration of the identified issues regarding the Mauran Unit, specifically that current staffing is unable to meet the needs of the current population.

**April 29, 2023 4:53:26 PM-Mauran Unit**

"██████████ from St. Mary's called the hotline. Callback is ██████████

Reporter advised that while speaking with 8yo ██████, ██████ disclosed that earlier today while at the gym, staff ██████ prompted child to leave the gym.

Child refused, ██████ grabbed child's hand and child dropped to the floor. ██████ reportedly dragged child by ██████ hand while ██████ was on the ground.

Child was assessed by staff and ██████ did not report injury or pain

Reporter does not know whether there were any witnesses to the incident as she hasn't 'fully investigated' it yet..."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 07, 2023. CPI reports, "Based on the facts above, there does not appear to be a preponderance of the evidence to substantiate allegations of Other Intentional Abuse against Group Home staff, Harmony ██████ as to ██████. This investigation is UNFOUNDED."

The OCA conducted an independent review of all documentation and reviewed video footage with respect to the above investigation. The OCA did find the positioning of cameras in the gym difficult to observe certain angles and locations of youth. St. Mary's Administration was advised of this. Administration reported the cameras are in the process of being updated. Based on the difficulty of camera angles, the OCA could not find conclusive evidence to support or disprove the allegations.

DCYF Licensing conducted a regulatory response to the above investigation approximately eight (8) weeks later. "On 6/13/23, this licensing worker spoke with St. Mary's Residential Director, Mike Burgess. Mr., Burgess reported staff member ██████ continues to work for the agency. Mr. Burgess reported ██████ remain placed at St. Mary's and is doing well at this time."

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present and the child's best interests are being met. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

**April 29, 2023, 9:24:06 PM- ARTS/Harding Unit-**

"██████████ from St. Mary's ARTS program. Callback is ██████████-██████████-██████████

Reporter advised that she walked into child, 16yo ██████████ room and stated child was 'covered in blood'

Reporter stated that child cut ██████████ numerous times with a sharp plastic piece, on both upper thighs and arms.

It is unknown where the child got the plastic piece.

Child was evaluated by their nurse. Child's wounds were cleaned and bandaged.

CPI asked if child was transported, to which reporter stated that child did not want to get treated and first aid was administered.

CPI asked how child was covered in blood if the cuts were superficial, to which she stated the child must have smeared the blood on ██████████ legs and arms.

CPI suggested EMS be contacted.

██████████ ██████████ called the hotline shortly after and advised that child is on a safety watch which entails a staff member standing outside ██████████ room 24/7 until Monday when ██████████ meets with ██████████ clinician, ██████████ door will remain open. When child goes to the bathroom, the door will be partially open.

Child's clinician ██████████ was contacted and agreed to the safety watch. Clinician meets with child on Monday.

Child is not open to the department.

SCR determined decision not to have child seen for cutting was a clinical decision and given lack of DCYF custody and closed case, SCR could not override agency action.

SCR determined report would be an investigation for neglect given child's history of cutting behavior, a recent report of child cutting on 4-20-2023, and now this report of child cutting...to determine if proper precautions are taken to protect child."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 30, 2023. CPI reports, "Based on the facts above, there does not appear to be a preponderance of the evidence to substantiate allegations of Other Intentional Abuse against Group Home staff at St. Mary's ARTS Program. This investigation is UNFOUNDED."

The OCA completed an independent investigation of the incident.

**May 1, 2023, 10:35:26 PM-Mauran Unit**

"Reporter is ██████████, RN ██████████  
R called at 10:27pm on 05/01/23  
No concerns for COVID

10yo ██████████ was trying to elope, and Campus Supervisor ██████████ ██████████ had ██████████ in an alcove trying to keep them from eloping again. ██████████ bit ██████████. ██████████ fed the bite as appropriate but also took his left hand and pushed the kid which ended up making the child bump into the wall with his head. ██████████ was sent out for a psych evaluation due to ██████████ behaviors. ██████████ didn't

appear to have an injury as a result of the incident, so R is unaware if there are any injuries that will pop up at the hospital as it happened so fast.

█████ also tried to steal a campus car earlier in the night right before the incident. Police were just at the campus because of the car incident and they were on their way out when the above incident occurred. R states she was unsure who made the determination for police to leave.

This is considered an adverse procedure for their policy that █████ used his hand to push on █████ head.

R contacted nursing director. Mike Burgess was also notified. Spoken with █████ and let him know that DCYF would be notified. █████ already contacted his supervisor and they're working on paperwork and next steps.

█████ called to report the same information as above at 8:42pm. He wanted to make sure he reported and then it had actually been reported."

This report was designated a Screen Out by DCYF.

Based on the information reported and the number of calls involving this child, it was incumbent upon DCYF CPS and the DCYF Licensing to investigate and closely review the calls coming in with respect to this child. Documentation reviewed by the OCA evidenced over seven (7) CPS calls to the Hotline within a one (1) month timeframe for youth █████ █████, most of which remained Screen Outs. On May 19, 2023, a CPS investigation was initiated, which ultimately led to the staff being fired for assaulting the child. This will be reviewed in chronological order further in this report.

DCYF must be vigilant when there is an increase in calls regarding the same youth to ensure the safety of that youth.

DCYF Licensing conducted a regulatory response of the above incident, "On 5/12/23, this Licensing worker spoke with St. Mary's program director, Mike Burgess to address this screen out. Mr. Burgess reported staff are trained to 'feed the bite', meaning push in and release after pushing in. Mistakenly, █████ head went backward hitting the wall. Mr. Burgess reported child was examined and no injury noted. Mr. Burgess reported child is doing well at this time. Mr. Burgess reported █████ will be transitioning to █████ █████ █████ program next week, unsure of actual date. Mr. Burgess reported there has been no other incidences."

The above follow-up by Licensing is inadequate. This follow-up is neglectful on behalf of both agencies. Licensing has an obligation to independently follow-up on reports and verify the information provided by Mr. Burgess.<sup>39</sup> St. Mary's admittedly states in the narrative above "this is an adverse procedure for their policy that █████ used his hand to push on █████ head". Mr. Burgess then reports in a conversation with licensing "Mistakenly, █████ head went backward hitting the wall", minimizes the policy violation and contradicts the training of staff. The program self-reported a policy violation with respect to crisis intervention, and no further follow-up was prompted. Under the DCYF Licensing Regulations and RI General Law, this falls within the scope of the Licensing Department to ensure proper techniques are utilized during crisis and behavior management to promote the safety and well-being of children in the Department's care.<sup>40</sup>

The information reported in the narrative, in conjunction with the number of calls to the CPS Hotline as of May 1, 2023, warranted an investigation. The inactions of DCYF and St. Mary's further

<sup>39</sup> See Appendix B, DCYF Licensing Regulations; Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

<sup>40</sup> See Appendix B, DCYF Licensing Regulations; Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

exacerbated the situation this child was living in leading to an escalation of incidents which ultimately resulted in a physical assault to [REDACTED] by staff. On May 19, 2023, a call was received by the CPS hotline and an investigation was initiated with respect to this youth. While this investigation will be reviewed in chronological order further in this report, it is important to note that a staff member was terminated as a result of the above incident. An initiation of an investigation and appropriate follow-up by DCYF Licensing may have prevented ongoing abuse to this child by group home staff.

Furthermore, this child did not transfer the following week and remained at St. Mary's until approximately June 1, 2023.

**May 3, 2023, 4:03:55 PM-St. Mary's Hope Unit**

"On 05/03/2023, [REDACTED] ([REDACTED]) SCW Bristol Office reported the following:

Reporter stated she received a call from St. Mary's about [REDACTED] AKA [REDACTED]. Reporter stated Staff found scissors with blood on them in [REDACTED] pillow case. Reporter is unsure where the scissors came from as [REDACTED] is not allowed to leave grounds at this time as [REDACTED] has not been in the facility for 2 full weeks yet. Reporter stated [REDACTED] was put into placement due to cutting.

Reporter stated she is unsure if [REDACTED] has any marks or cuts as Staff would not tell."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 21, 2023. CPI reports, "Based upon the Preponderance of Evidence, the allegations against St. Mary's Hope Unit of Institutional Abuse/Other Institutional Neglect regarding [REDACTED] [REDACTED] is INDICATED."

The OCA completed an independent investigation of the incident. The assigned CPI completed the investigation and reported detailed information and documentation to substantiate allegations of Institutional Abuse/ Neglect.

Of particular concern to the OCA is the conversation between the Program Manager and the assigned CPI. Statements were made to the assigned CPI noting;

"On 5/4/2023 CPI [REDACTED] spoke briefly with program manager, [REDACTED]. CPI [REDACTED] explained what the allegations were regarding case # [REDACTED]. [REDACTED] was exiting the program upon arrival of CPI [REDACTED]. CPI [REDACTED] spoke with [REDACTED] for 10-15 minutes and she stated she could not talk long as she was leaving. [REDACTED] was asked about safety measures in the home and how [REDACTED] came in possession of a pair of scissors. [REDACTED] responded that she was recently promoted to supervisor and "they are just trying to get this place (pointing to Hope Unit) up and running." [REDACTED] also indicated most of the staff in the Hope Unit are new and they are trying to just get through each day. CPI [REDACTED] explained this reasoning was not an acceptable answer and that safety measures should already be in place and part of their training of new employees."

The OCA supports the assigned CPI's statements and further agrees this is an unacceptable response. In accordance with DCYF Licensing Regulations and St. Mary's policy, staff should be trained and equipped to maintain the safety of the children in their care.<sup>41</sup>

<sup>41</sup> See Appendix A, St. Mary's Employee Guidebook; Appendix B, DCYF Licensing Regulations 4.3.2 (C).

The above statements by the Program Manager were similarly made to the OCA throughout the investigation when speaking with all staff at St. Mary's and will be further detailed in the appropriate section of the report. The statements made by the Program Manager further indicate that St. Mary's is unable to adequately meet the needs of the population they serve by not having the appropriate level of staffing and experience in each Unit.

After speaking with the Program Manager, the CPI entered the Hope Unit. The CPI spoke with two staff about room searches.

"CPI ██████ asked two of the staff present if there are periodic room searches and both staff indicated that to search a room, they are required to get permission from the executive director. They also shared by the time they go through the proper channels to get to the executive director it takes too long. Staff present indicated they did not know how ██████ obtained the scissors. CPI ██████ observed ██████ bedroom. The room is small (roughly 8' X 5'), there is a bed affixed to the floor and a closet. The closet was found to be locked. In the room was the bedding sheets, two blankets, a few books, and a portable CD/DVD player.

The portable CD/DVD player was addressed with campus supervisor ██████, residential coordinator ██████, and ██████ on the evening of 5/4/2023 in which CPI ██████ requested to speak with anyone that was still available in administration as it was past normal business hours. This meeting took place in a separate building in a conference room space. CPI ██████ was present during this impromptu meeting as she was on campus for a report of another child engaging in self-harm. CPI ██████ explained what the allegations were regarding case # ██████. This discussion was not only about this event but about multiple other calls to the hotline. Regarding this event CPI ██████ discussed the safety of ██████ and why would there be a DVD/CD player in the room with a CD inside that could be used to self-harm when ██████ was found to have had a pair of scissors with blood on them in ██████ pillow the day prior. ██████ noted that she would follow-up on that as soon as the meeting was over and make sure the item was removed."

The CPI returned to St. Mary's the following day, May 5, 2023.

"CPI ██████ returned on Friday 5/5/2023 at 10:00a. CPI ██████ met with residential Program Manager Mike Burgess, Residential Counselor ██████, and Nursing Director ██████ RN.

CPI ██████ received multiple forms regarding multiple cases from Mr. Burgess and Ms. ██████. CPI ██████ put them aside to review later and move forward with the interviews. CPI ██████ explained what the allegations were regarding case # ██████. Each agreed the events are concerning and they will be working on ways in which to improve the safety by making sure staff/programs are following policy and procedure. Mr. Burgess also mentioned putting some re-training into place if needed, he will ensure 30-minute room checks are being completed, and that children that are on a safety watch plan are being observed appropriately, stress to staff that all office and kitchen doors must be shut and locked and children only allowed in if present with staff."

The CPI spoke with the youth directly on May 5, 2023.

“CPI ██████ asked if ██████ felt safe at St. Mary’s, and ██████ said “no.” ██████ stated staff can’t keep ██████ safe and all they do is sit on their phones. CPI ██████ asked where ██████ obtained a pair of scissors and ██████ stated ██████ retrieved them from the staff office because “the door is always open.” CPI ██████ observed the DVD/CD noticed the day prior had been removed. ██████ room appeared free and clear of any objects that cause harm but, CPI did not look under blankets or conduct a full search. ██████ became agitated and firmly stated ██████ wanted to go back to sleep.”

The CPI reviewed documentation provided by St. Mary’s on May 5, 2023.

“There were three documents provided regarding this incident; rounds note dated 5/3 10:06a, a nurse’s note, and a contact to family note.

- 1) A section of the Rounds Note states “█████ had been engaging in SIB after scissors were found in ██████ room under ██████ pillowcase.” ██████ will be on safety watch. Clinical to devise individualized safety plan to be implemented in the milieu and at school.” Again, CPI ██████ returned on 5/5/23 to meet with ██████. ██████ was in ██████ room and there was no staff present at ██████ closed door.  
FSU worker ██████, as noted prior, spoke to ██████ (last name unknown) on 5/3/2023 2:30pm in which ██████ told SW about the incident. CPI ██████ learned through conversation, with ██████, that the incident had occurred on 5/2/2023 and was discussed at rounds the next morning on 5/3/2023. CPI ██████ also notes that St. Mary’s did not report the incident to the hotline.
- 2) The Family Contact Note was reviewed by CPI ██████. The note written by ██████ BSN, RN indicates ██████, ██████, ██████, was contacted about the scissors being found in the pillow at 5/3/2023 at 12:33am. “Plan: patient will continue to be monitored on safety watch/protocol.” This plan was not being adhered to when CPI arrived at the Hope Unit on 5/5/2023.
- 3) The Nursing Note written by ██████ BSN, RN was reviewed and notes: “Camp Sup ██████ called this RN to report this patient was engaging in unsafe behavior, making superficial cuts to both of his hands with miscellaneous items (CDs that ██████ broke, broken plastic, shoes, laces, and pencils) that were in ██████ room. Staff ██████ were instructed to offer basic first aid to the affected area until RN’s arrival for assessment, along with initiating safety protocol, clearing ██████ room of all potentially hazardous items, offering 1:1 support with staff attempting to check in and sit as ██████ door for constant monitoring/supervision.”

“On the evening of 5/4 CPI ██████ observed a DVD/CD player (with a CD inside) in ██████ room while ██████ was elsewhere on campus and on the late morning of 5/5 ██████ was in ██████ room with the door closed and no staff present at ██████ door or engaged in constant monitoring.”

- 4) There is no written Staff Incident Report. Only a phone call to SW [REDACTED] roughly 16 hours after the event. In this event a Staff Incident Report would/should normally be written per St Mary's policy.
- 5) On 5/4/2023 CPI [REDACTED] arrived at Hope Unit at 2:50pm. At roughly 3:15pm CPI [REDACTED] asked to speak to the nurse. CPI [REDACTED] was told the nurse(s) were in a meeting. CPI [REDACTED] reviewed the Contact Note to Family and the Nursing Note. Both were digitally signed on 5/4/2023 at 3:42pm and the other at 3:51pm. Both shortly after CPI asked to speak with nursing and told they were in a meeting. The event happened late in the evening on 5/2/2023. There was no official documentation of the event (besides round's notes) until 5/4/2023 after CPI [REDACTED] arrived on campus to discuss the matter."

St. Mary's developed a safety plan for this youth to ensure safety and prevent the youth from engaging in self-harming behaviors. The CPI investigation notes that St. Mary's was not in compliance with their own safety plan. This was addressed by the CPI with St. Mary's administration.

On May 8, 2023, the OCA entered the Hope Unit and [REDACTED] was in [REDACTED] room alone with the door closed and no staff monitoring child. After approximately fifteen (15) minutes the OCA team knocked on the door of [REDACTED] room to check on [REDACTED] and found the room in total darkness and [REDACTED] sleeping under a pile of blankets. It was approximately 3:15PM. The OCA was in the unit for at least thirty (30) minutes and no monitoring of the child as outlined in the safety plan was done by St. Mary's staff. The OCA reported this information to Program Manager, Mike Burgess.

Despite St. Mary's advising and documenting a safety plan was in place, it was not adhered to. This continued to leave the child in an unsafe situation and allowed the child to be alone in their room and have access to items that may cause harm if youth were to engage in self-injurious behaviors. This incident raises significant concerns regarding the adherence to St. Mary's policy on supervision of the children in their care.<sup>42</sup> Prior to this incident, this child was already on a "safety watch" plan. In accordance with St. Mary's policy, this child should have been provided with increased supervision to ensure safety.<sup>43</sup>

DCYF Licensing conducted a regulatory response of the above incident, "On 6/6/23, this Licensing worker spoke with St. Mary's program director, Mike Burgess. Mike Burgess reported staff left office door open so [REDACTED] snucked in and stole the scissors. Mr. Burgess reported the office door is supposed to be locked when staff is not in the office but staff sometimes fail to do so. The staff on shift did not see [REDACTED] going in and out of the office so unknown when the scissors was stolen from the office. Mr. Burgess reported locking the office rule have been reviewed with all staff. Mr. Burgess reported staff continues to conduct safety bedroom check everyday to make sure no sharp objects or unsafe items are in resident's bedrooms. Since this incident, there have been no other similar incident.

No other regulatory issues reported."

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<sup>42</sup> See Appendix A, St. Mary's Policy CRR-001.

<sup>43</sup> See Appendix A, St. Mary's Policy CRR-010.

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. Without reviewing documentation and assessing the unit in person, it is improper to state, 'no licensing issues reported'. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

**May 3, 2023, 8:08:54 PM-Hope Unit**

"On 05/03/2023, [REDACTED] ([REDACTED]) [REDACTED] reported the following:

Reporter stated he was concerned about [REDACTED] (age 15) AKA [REDACTED].  
Reporter stated [REDACTED] was in DCYF care at St. Mary's on the Hope Unit.

Reporter stated today, he learned of [REDACTED] prozac being discontinued.

Reporter stated the doctor did not discontinue the medication, the nurse did not give it to [REDACTED] for 2 days.

Reporter is unsure why. Reporter also spoke with FSU Worker, [REDACTED] ([REDACTED]) who informed Reporter to make the call."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 21, 2023. CPI reports, "The case is indicated as there is sufficient acknowledgment by the nursing department that the error occurred due to St. Mary's mis-documenting between the MAR and the medication binder. There is also sufficient evidence that the error was not documented by nursing until after CPI [REDACTED] was attempting to speak with nursing to investigate the matter."

The OCA completed an independent investigation of this incident. The assigned CPI was thorough in the investigation and reported detailed information and documentation to allegations of Institutional Abuse/Neglect.

DCYF Licensing conducted a regulatory response of the above incident, "On 6/6/23, this Licensing worker spoke with St. Mary's program director, Mike Burgess. Mike Burgess reported to mitigate medication errors, the Nursing Director reviews medication administration procedure everyday."

A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present and the child's best interests are being met. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

**May 3, 2023, 8:22:42 PM-Arts/Harding Unit**

"Reporter is [REDACTED] [REDACTED] Supervisor of St. Mary's ARTS Program  
[REDACTED]

She states that when staff noticed [REDACTED] [REDACTED] missing, they cleared the building and found a door unlatched which is normally locked.

[REDACTED] [REDACTED] says this is a locked unit and someone may have used a badge and didn't close the door tight.

[REDACTED] has never left the unit previously and Staff are concerned the child is suicidal and making risky decisions.

Both parents were notified via a voice message and North Providence Police responded.

Johnston Police were able to locate the child and [REDACTED] is currently at the Johnston Police station. At 11:40pm CPSS [REDACTED] spoke with [REDACTED] Staff who stated [REDACTED] is back at the program.

There is a DCYF investigation from today where [REDACTED] was able to get scissors and hide them under [REDACTED] pillow. That case is pending to CPI [REDACTED].

It is important to note the referenced investigation of scissors being hidden under a pillow are not for this same child or the same unit at St. Mary's that is referenced previously in this report.

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on June 2, 2023. CPI reports, "Based on the information above, there does not appear to be a preponderance of the evidence to substantiate allegations of Other Institutional Abuse against [REDACTED] [REDACTED] at St. Mary's Mauran Unit. This investigation is UNFOUNDED.

The OCA completed an independent investigation of the incident. The assigned CPI was thorough in the investigation and reported detailed information and documentation regarding the allegations of Institutional Abuse/Neglect.

DCYF Licensing conducted a regulatory response of the above incident approximately seven (7) weeks later "On 6/20/23, this Licensing worker spoke with St. Mary's Program Director, Mike Burgess. Mr. Burgess reported he believes [REDACTED] took advantage of a door that was not close entirely to AWOL from program. Mr. Burgess reported the staff acted appropriate when did not see [REDACTED] in the unit after checks, they contacted the police and DCYF. Mr. Burgess reported [REDACTED] was returned to the program by the North Prov. police with no problems. Mr. Burgess reported to mitigate risks, staff are aware now that they will ensure all doors close entirely before leaving the area. Mr. Burgess reported that all doors do have alarms. Mr. Burgess reported [REDACTED] is at the program and is doing well at this time."

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present and the child's best interests are being met. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

**May 4, 2023, 4:07:24 PM-Horton Unit**

"On 05/04/2023, at 2:55PM, [REDACTED] [REDACTED] ([REDACTED] and [REDACTED] ), CBH CW , reported the following:

[REDACTED] (age 15.8) family of origin is open to CBH for placement funding. High end residential placement is needed due to mental and behavioral health issues. Referrals were made to multiple placements including out of state and St. Mary's had the first opening. Reporter will meet with her supervisor, [REDACTED] [REDACTED] , tomorrow to discuss referrals being sent out again.

Reporter arrived at St. Mary's today for a scheduled visit with [REDACTED] at 2:05PM at which time there was only one staff member on the unit with 5-6 residents, one being [REDACTED] who requires a 1:1. When Reporter went back to the unit at approximately 3:00PM, there were four staff members.

██████████ (██████████) informed Reporter on Monday that she picked ██████████ up for a home visit on Sunday when she searched ██████████ clothing found that ██████████ had a blade from a pencil sharpener on ██████████. ██████████ informed was contacted prior to the visit and told that ██████████ had superficially cut ██████████. ██████████ said this is not accurate and is very concerned because the cuts were big and deep. When she brought ██████████ back to the program, ██████████ talked with staff about putting ██████████ on safety watch because ██████████ is harming ██████████ and does not feel safe at the program. Because of this and ██████████ wanting to go to the ED rather than being there ██████████ was supposed to have a 1:1 from that time. ██████████ and Reporter are concerned that the staff members are not telling ██████████ or ██████████ about most of the self inflicted cuts and ██████████ finds out when she picks ██████████ up on Sundays.

Reporter observed a large self-inflicted injury on ██████████ right leg and two on ██████████ left arm. These were not reported to ██████████ or DCYF. Reporter was told that ██████████ inflicted the one on ██████████ leg yesterday during school while the staff member, ██████████ ██████████, who was supposed to be providing supervision, fell asleep. ██████████ works on a different unit. The ones on ██████████ arm are from Tuesday that ██████████ also did at school. ██████████ went to the teacher, Ms. ██████████ (first name unknown) told her and showed her what ██████████ did, at which time Ms. ██████████ sent ██████████ to the nurse to get treatment as ██████████ was bleeding. Ms. ██████████ did not take the blade from ██████████. Reporter asked for these incident reports and was told none of them have been typed and possibly get completed tomorrow. The school does not have the staff to provided the 1:1 or any type of safety watch.

██████████, residential counselor, conducted room sweeps yesterday. She has been the only staff member to provide the 1:1 supervision. ██████████ made a report to this Hotline on Saturday (no documentation found.)

██████████ said ██████████ does not want to be there because it is stressful, crowded, is triggered often, and even this morning at 7:00AM was woken by two residents fist fighting. When ██████████ goes to ██████████ clinician, ██████████ ██████████, regarding SI/cutting, she tells ██████████ is exaggerating, that ██████████ is fine, and dismisses what ██████████ says. Staff members have gone to ██████████ informing her of ██████████ active SI and ██████████ tells them ██████████ is doing it for attention.

Of note, ██████████ ██████████ (CBH CW,) was with Reporter today at St. Mary's.

Reporter will email the pictures of ██████████ self-inflicted injuries.

██████████ is not currently expressing SI. ██████████ will be with ██████████ today as a 1:1 until the end of her shift at 11:00PM/midnight.

St. Mary's Horton Unit."

Of major significance to note, the OCA was able to find a call placed to the Hotline by ██████████ on April 22, 2023, with respect to ██████████ above.

On April 22, 2023, ██████████ from St. Mary's called the RI Child Abuse Hotline to report a youth engaged in self-harming behaviors. This report was documented under the child's case information in the Case Activity Notes and not under a Child Abuse Hotline call. Due to this information being logged in this manner, no CPS investigation nor DCYF Licensing regulatory response was initiated.

"Res Counselor ██████████ from St. Mary's called the Hotline. While in the shower ██████████ cut ██████████ on ██████████ arms and legs. ██████████ used a clothes pin ██████████ found outside to injure ██████████. ██████████ did not express any SI. ██████████ was evaluated by campus RN. The cuts were superficial no further medical treatment is needed currently."

This information should have been logged as CPS call to the Hotline not as a CAN. Documentation of a CPS call under a CAN is not an appropriate procedure and does not prompt an appropriate follow-up.<sup>44</sup> When a call is appropriately documented as a Hotline call it prompts further action either by initiating an investigation or initiating a regulatory response from the Licensing Division. Neither of these things happened in this situation and it was over a week before ██████████ notified the DCYF worker and subsequently a new call was made to the Hotline of the self-injurious behaviors. Documenting Hotline calls under CAN's has been an ongoing concern and the OCA has made numerous attempts to rectify this inappropriate documentation with prior DCYF Administration to no avail. This child was

<sup>44</sup> See Appendix C, DOP 500.0005 II (A)(b), DOP 500.0005; 500.0065; 500.0035 and See Appendix D, RIGL § 40-11-3.

reportedly on a 1:1 and had the call on April 22, 2023, been documented appropriately the next incidence of self-harm may have been avoided.

A subsequent report was called into the CPS Hotline on May 4, 2023, at 10:02:23 PM-Horton Unit

"854pm

██████████ from St. Mary's called the hotline. Callback is █████-████-████ ext █████

Reporter advised she knows this has already been reported and is being investigated but she was advised to call the hotline anyway

Reporter advised that child, 15yo █████, told reporter yesterday after school that █████ engaged in self harming behavior while at a school.

Reporter advised that child took an eraser head and rubbed █████ skin from █████ kneecap down to █████ ankle until it was raw.

Staff █████ was supposed to supervise child as child requires a one on one. According to child, █████ was observed to be sleeping in the hallway.

This occurred while child was at school

Reporter also advised that according to child, █████ advised █████ yesterday after █████ harmed █████.

This is a pending investigation to █████ █████".

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 25, 2023. The outcome of this investigation was that,

"Allegations:

1)Based upon the Preponderance of Evidence, the allegation against █████ █████ of Institutional Neglect/Other Institutional Neglect regarding █████ █████ is UNFOUNDED.

CPI █████ has obtained evidence to indicate █████ █████/Clinical Team had proper safety plans/measures in place. It was not within their control when staff did not follow those orders.

2)Based upon the Preponderance of Evidence, the allegation against █████ █████ of Institutional Neglect/Other Institutional Neglect regarding █████ █████ is UNFOUNDED.

CPI █████ has obtained confirmation from █████ and Management that █████ was in the school hallway where it was quiet to do █████ work when █████ engaged in self-harm. CPI obtained confirmation that █████ █████ was in the classroom and not assigned as █████ 1:1.

3)Based upon the Preponderance of Evidence, the allegation against █████ █████ of Institutional Neglect/Other Institutional Neglect regarding █████ █████ is INDICATED.

CPI █████ has obtained confirmation that █████ █████ was █████ assigned 1:1 staff in the school hallway when the self-harm is reported to have occurred.

4)Based upon the Preponderance of Evidence, the allegation against Group Home Staff of Institutional Neglect/Other Institutional Neglect regarding █████ █████ INDICATED.

CPI [REDACTED] has been provided with confirmation and documentation that [REDACTED] was considered a 1:1 as of 4/22/2023. It is unknown of the exact date [REDACTED] used the razor in [REDACTED] bedroom. Therefor the allegation is toward group home staff as an individual(s) can not be determined due to lack of documentation.”

The OCA completed an independent investigation of the incident. The OCA has concerns with the finding made by the CPI with respect to the first allegation. CPIs are not clinicians that provide oversight to other clinicians. Clinicians are not direct staff or a part of staffing ratio when it comes to Institutional Neglect allegations. To have clinical oversight or input into another clinician and determine if their plan was detrimental or neglectful to a child there needs to be a determination made through a formal process of a licensing board and/or ethics commission. In this specific investigation neither the assigned clinician nor clinical team were identified as having any involvement with the allegations of self-harm for this child. The allegations were, the child self-harming while assigned a 1:1 staff, and the assigned staff was not following the policy of adequately supervising the child, allowing the child to significantly harm themselves. Additionally, the assigned CPI never spoke with or met with the assigned clinician who was mentioned in the investigation and subsequently affected by the allegation.

The OCA made several attempts to clarify the investigator’s responsibility in the accusations against the clinician, as this raised many concerns for the OCA with respect to policy, procedures, and the background of investigators in overseeing and assessing clinicians moving forward but to no avail. The OCA did not receive answers when attempting to clarify this information as indicated in the following emails.

On Thursday, June 1, 2023, at 2:08PM the OCA reached out via a email to DCYF Administrators, Acting Director Kevin Aucoin, CPS Administrator Vincent McAteer, CPS Administrator Domenic Lancellotta, CPS Administrator Stephanie Terry, CPS Administrator Ann Murphy. Legal Counsel Patricia Hessler, DCYF Director Ashley Deckert:

“Good afternoon,

The OCA is following up on the above case ID. This is a St. Mary’s investigation that appears closed as of May 25, 2023. The OCA is requesting copies of all photographs DCYF received with respect to this investigation. Please have these emailed at your earliest convenience.

Additionally, the OCA would appreciate clarification as to the UNFOUNDED allegations regarding [REDACTED] and the clinical team. The OCA does not feel it is appropriate to mention clinical staffing and clinical teams as a part of this investigation when the allegations were for this child accessing items used to self-harm, which had no direct bearing on clinicians. Clinicians and clinical teams are not considered direct care staff and if they are going to be included in investigations moving forward the OCA would recommend a meeting to discuss this position of DCYF. This raises many concerns with respect to an investigator/CPI’s ability for clinical oversight to program clinicians and the clinical decisions being made by those assigned to each youth in placement and in outpatient clinical roles. While the OCA understands the allegations were UNFOUNDED in this instance, the specific clinician noted, [REDACTED] was not interviewed by a CPI and was not informed of any allegations against her or the clinical team involved with this child.

Please advise- as this will change the course of investigations moving forward if CPI’s will be providing clinical oversight with respect to youth involved in allegations of abuse and/or neglect. The OCA would like this information in order to properly review and provide oversight per our statutory duty.

Thank you,

Katy  
Kathryn R. Cortes  
RI Office of the Child Advocate  
Special Projects Coordinator  
6 Cherrydale Court  
Cottage 43  
Cranston, RI 02920  
(401)462-4300  
(401)462-4305 (F)

On Thursday, June 8, 2023 at 7:52 AM the OCA sent a follow-up, email to DCYF Administrators above:

"Good morning Vin,  
The OCA is following up on the below email.  
Thank you,  
Katy  
Kathryn R. Cortes  
RI Office of the Child Advocate  
Special Projects Coordinator  
6 Cherrydale Court  
Cottage 43  
Cranston, RI 02920  
(401)462-4300  
(401)462-4305 (F)"

On June 9, 2023, at 12:41pm, Administrator Vin McAteer replied with the following email, removing Director Ashley Deckert and Legal Counsel Patricia Hessler:

"Katy,  
Please see the attached pictures regarding [REDACTED].  
Regarding "...The OCA..." not feeling "...it is appropriate to mention clinical staffing and clinical teams as a part of this investigation..."  
I would think it is more appropriate for DCYF, in concert with, and the support of, its Legal staff to determine an investigative course of action within the boundaries set by established law and all promulgated policies and procedures.  
Thanks"

The OCA sent the following response to Administrator McAteer, adding Director Ashley Deckert and Legal Counsel Patricia Hessler back into the email correspondence.

"Hello Vin,

This is an unfortunate response to the OCA's initial inquiry as this office is attempting to understand DCYF's practices and current investigative practices as is our statutory responsibility and within our oversight role. Please forward the promulgated policies and procedures currently being used as you indicate below.

As part of our statutory duties we oversee all divisions and units within DCYF. This office will refer back to the original email and set of questions posed to CPS that are not included in this reply. Should you need or want the original email sent to this office we are happy to resend.

Please advise if you are unable or unwilling to address the concerns noted in that email so we may proceed accordingly.

Thank you,

Katy

Kathryn R. Cortes

RI Office of the Child Advocate

Special Projects Coordinator

6 Cherrydale Court

Cottage 43

Cranston, RI 02920

(401)462-4300

(401)462-4305 (F)"

At this time, Director Ashely Deckert responded via email and requested a meeting between the OCA and DCYF to discuss the requests of the OCA and to ensure the OCA received the information requested. It was later determined that Acting Child Advocate, Katelyn Medeiros and Director Deckert would meet with together to discuss the requests of the OCA.

To date, the OCA has not received any clarification from CPS as to an investigator's responsibility and ability to provide clinical oversight with respect to investigations. The OCA remains concerned with this practice in CPS Investigations and the potential issues that may arise for clinicians working within licensed agencies, especially when the assigned clinician is unaware, they are listed or identified as a perpetrator and not interviewed as part of the case.

DCYF Licensing completed a regulatory response over one month later, "On 06/14/23, this Licensing worker spoke with St. Mary's program director, Mike Burgess. Mr. Burgess reported they are currently working on ways to improve safety and mitigate risk. Mr. Burgess reported all staff will participate in trainings to ensure the bedrooms are thoroughly check for safety, to observe residents accurately and document all occurrences. Mr. Burgess noted this resident is doing well at this time."

The regulatory response by DCYF Licensing was inadequate as it did not appropriately address the issues raised in the CPS call.<sup>45</sup> This youth did not engage in self-harm in a bedroom. The self-harm behavior took place at school. Being an assigned 1:1 is a very specific duty. If the assigned 1:1 had been with this child as required, this self-harm behavior could have been addressed immediately.<sup>46</sup>

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<sup>45</sup> See Appendix B, DCYF Licensing Regulations 4.2.4 (A); Appendix D, RIGL § 42-72.1, et al.; RIGL§ 42-72-5(b)(7).

<sup>46</sup> See Appendix A, St. Mary's Policy CRR-010.

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present and the child's best interests are being met. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

**May 4, 2023, 11:20:33 PM-ARTS/Harding Unit**

"Report time 11:09pm

Reporter [REDACTED] Res Counselor Harding

8 yo [REDACTED] inappropriately touched 14yo [REDACTED] inappropriately.

Peers were downstairs in the unit activity room. Peers were jumping on bean bags. And were redirected to stop.

[REDACTED] was sitting on a bean bag. [REDACTED] jumped on top of [REDACTED] licked [REDACTED] neck and touched [REDACTED] breast.

[REDACTED] screamed and cried for [REDACTED] to get off [REDACTED]. [REDACTED] did stop and get off [REDACTED].

Police did come by and spoke with [REDACTED]. [REDACTED] did not make a police report. [REDACTED] denied any sexual intent and expressed [REDACTED] did this to be 'annoying'

Reporter stated over the weekend [REDACTED] did flash [REDACTED] penis to the girls on the unit.

Both children remain on the unit.

[REDACTED] parents were informed but [REDACTED] parents were not yet advised."

This report was designated as a Screen Out by DCYF. After a review by the OCA and a review of the regulatory response, the OCA determined this warranted an investigation.

DCYF Licensing completed a regulatory response six (6) days later, "On 5/10/23, this Licensing worker spoke with St. Mary's program director, Mike Burgess. Mr. Burgess reported that [REDACTED], 8yo has been exhibiting sexualized behaviors. Mr. Burgess reported that [REDACTED] seems to admire [REDACTED] as [REDACTED] persistently seek [REDACTED] attention but inappropriately. Mr. Burgess reported [REDACTED] is very young and does not understand boundaries and consequences of unsafe/inappropriate touches. Mr. Burgess reported [REDACTED] thinks everything is a joke and is receiving therapy addressing these behaviors. Mr. Burgess reported [REDACTED] is closely supervised and is never left alone with any of the youths including [REDACTED]."

The OCA conducted an independent review of the above incident. The OCA requested video footage of the location in which the incident took place and St. Mary's was unable to provide video footage, indicating the cameras were not working at the time. Upon review of documentation and interviews with children and staff in the Harding Unit, the OCA determined in addition to the above 14 year old child, [REDACTED] displayed sexually inappropriate behaviors and unwanted sexual contact with other children in the Harding Unit.

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present and the child's best interests are being met. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.<sup>47</sup>

Although St. Mary's Administration was aware of the sexualized behaviors of [REDACTED], no action was taken to reduce [REDACTED] ability to stop [REDACTED] from touching other youth(s). The statements above, "[REDACTED] may be attention seeking but his persistent sexualized gestures towards [REDACTED] is becoming concerning." [REDACTED] receiving therapy is only one mechanism in place to help [REDACTED] but not enough to protect the other children from being harmed and further traumatized. There is no indication any safety plans were in place to keep [REDACTED] from touching other children.

The licensing worker did not outreach any of the children effected by these sexualized behaviors and unwanted physical contact. Had either a CPI or a licensing worker spoken to or met with any of the children or staff after this incident it would have been clear there were supervision issues and safety issues within the ARTS/Harding Unit that were negatively impacting and further traumatizing children. These incidences from [REDACTED] against [REDACTED] persisted for weeks afterwards until [REDACTED] was discharged from St. Mary's.

**May 6, 2023, 4:48:35 PM-ARTS/Harding Unit**

"Report time 1:30pm

Reporter [REDACTED] [REDACTED] Residential Counselor from St. Mary's Home for Children, [REDACTED]

8yo [REDACTED] [REDACTED] was in the shower. [REDACTED] opened the bathroom door naked. [REDACTED] called for staff to come to the bathroom. Staff prompted [REDACTED] to shut the bathroom door. [REDACTED] then attempted to get 14yo [REDACTED] to go over to the bathroom. [REDACTED] ignored [REDACTED]. However [REDACTED] [REDACTED] did see [REDACTED] penis.

Staff prompted [REDACTED] to close the door which again [REDACTED] did.

Reporter stated [REDACTED] might be removed from the unit but currently is on the unit."

This report was designated a Screen Out by DCYF. Based on the information in this narrative and the report made two (2) days prior, the OCA determined this warranted an investigation.<sup>48</sup>

DCYF Licensing completed a regulatory response six (6) days later, "On 5/10/23, this Licensing worker spoke with St. Mary's program director, Mike Burgess reported that [REDACTED], 8yo has been exhibiting sexualized behaviors. Mr. Burgess reported that [REDACTED] may be attention seeking but [REDACTED] persistent sexualized gestures towards [REDACTED] is becoming concerning. Mr. Burgess reported [REDACTED] is very young and thinks this is a joke as [REDACTED] does not understand boundaries and consequences of inappropriate sexualized behaviors. [REDACTED] is receiving therapy addressing these inappropriate sexualized behaviors. Mr. Burgess reported [REDACTED] is closely supervised and is never left alone with any of the youths including [REDACTED]."

<sup>47</sup> See Appendix A St. Mary's Policy CRR-001.

<sup>48</sup> See Appendix C, DCYF Policies and Procedures, DOP 500.0005 and DOP 500.0035.

The DCYF regulatory response was inadequate. This is the second CPS call in two (2) days regarding sexualized behaviors. This Licensing response is almost verbatim from the follow-up two (2) days prior. As noted by the OCA in the above incident two (2) days prior, the St. Mary's Administration was aware of the sexualized behaviors of [REDACTED], no action was taken to reduce [REDACTED] ability or to mitigate these behaviors. There is no indication any safety plans were in place to keep any of the children safe. The DCYF Licensing regulatory response is failing to identify the licensing issues and the violations of St. Mary's policy that are detrimental to St. Mary's residents.

**May 6, 2023, 11:47:44 PM-Hope Unit**

"Report time 10:33

Reporter is [REDACTED] Residential Counselor Hope Unit from St. Mary's Home for Children, [REDACTED]-[REDACTED]-[REDACTED] ext [REDACTED].

[REDACTED] pierced [REDACTED] own nose on the unit. [REDACTED] wanted to do it as well. Staff was telling children to stop.

[REDACTED] was escalated and asked to make a phone call. Campus Supervisor [REDACTED] [REDACTED] told [REDACTED] the phone calls are limited to 15 minutes per the program policy. [REDACTED] became angry when informed of this information. [REDACTED] broke the unit phone on the back deck of the program.

[REDACTED] returned into the unit. [REDACTED] slammed [REDACTED] body into the office door. [REDACTED] was told to stop by Campus Supervisor [REDACTED] [REDACTED]. [REDACTED] was punching, slapping, and biting Campus Supervisor.

Reporter tried to stop [REDACTED] from attacking the Campus Supervisor and [REDACTED] kicked reporter.

[REDACTED] went AWOL. North Providence, PD were called and picked up [REDACTED] on Fruit Hill Avenue. [REDACTED] went to Hasbro, Reporter did not have the police report #.

Reporter denied any party having been injured during the incident.

CPI [REDACTED] asked if [REDACTED] new nose piercing was examined by campus nurse. Reporter denied nurse looking at the piercing. CPI [REDACTED] requested nurse examine the piercing.

No further concerns were addressed."

This report was designated a Screen Out by DCYF.

DCYF Licensing completed a regulatory response approximately four (4) days after the report to the Hotline, "On 05/10/23, this Licensing worker contacted Program director, Mike Burgess. Mr. Burgess reported that [REDACTED] was discharged and returned to the program w/i 24hrs. Mr. Burgess reported to prevent sharp objects from entering the program, each youth is wind down with a metal detector when they returned from visits or from community outings. Their bags and backpacks are also searched thoroughly. Mr. Burgess reported the program staff later discovered [REDACTED] pierced [REDACTED] nose with an earring, Mr. Burgess reported [REDACTED] are allowed to wear earrings in the program. Mr. Burgess reported [REDACTED] was examined by the nurse and noted [REDACTED] was okay. Mr. Burgess reported there had been no other incidences."

The regulatory response was sufficient for this incident and documents follow through on behalf of St. Mary's and clarification as to safety measured in place by St. Mary's.

**May 8, 2023, 11:24:32 AM-Mauran Unit**

"Call in: 10:34 AM Call end: 10:46 AM  
COVID concerns: 'No' per RP

RP is [REDACTED], CSW @ St. Mary's; 353-3900 ext# 275

[REDACTED] told RP that [REDACTED] was put in a restraint by staff [REDACTED] [REDACTED] (time of restraint 8:28 AM-8:38 AM). During the restraint [REDACTED] pushed [REDACTED] hand/wrist was against [REDACTED] temple, [REDACTED] watch on is wrist went against [REDACTED] temple then over [REDACTED] nose causing a hard time to breathe.

During the restraint [REDACTED] mouthed 'Fuck you' to [REDACTED] and dug his nails into [REDACTED] wrist.

[REDACTED] complained of facial pain. [REDACTED] was assessed by Nurse [REDACTED] [REDACTED]. [REDACTED] has a small mark on is wrist (RP/Nurse could not recall which wrist- ? right one). Reporter said it is unclear whether this mark occurred during the restraint.

[REDACTED] was given two Tylenol.

RP said Residential Director was advised of the information."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 10, 2023. CPI reports, "Based on the facts above, there does not appear to be a preponderance of the evidence to substantiate allegations of Institutional Abuse-Inappropriate restraint against staff member, [REDACTED] [REDACTED]. This investigation will therefore be UNFOUNDED."

The OCA completed an independent investigation of the incident.

DCYF Licensing completed a regulatory response of this incident. "On 05/11/23, this licensing worker spoke with St. Mary's program director, Mike Burgess. Mr. Burgess reported [REDACTED] exhibited non-compliant aggressive behaviors and staff, [REDACTED] attempted to deescalate [REDACTED] but out of control behaviors continued to escalate. Mr. Burgess reported staff [REDACTED] initiated restraint which was appropriate to prevent any injury to staff or other residents. Mr. Burgess reported allegations against staff are false. Mr. Burgess reported himself and CPI [REDACTED] viewed the camera footage which did not reveal any assault from staff. Mr. Burges is aware this matter was unfounded. Mr. Burgess reported there has been no other incident since then. Mr. Burgess reported [REDACTED] is doing fine at this time."

It would have been in the child's best interest for a Licensing Worker to meet in person with the child, review corresponding documentation, and walk through the unit. Pursuant to DCYF Licensing Regulations and St. Mary's Policies, there is specific protocol to be followed during and after the restraint of a child. This includes specific documentation and de-briefing protocol.<sup>49</sup> While the allegations did not amount to a finding of abuse and/or neglect by CPS, it is imperative that a regulatory response is completed to ensure proper protocol was followed with the use of restraint to further ensure the safety and well-being of children in care. Had this course of action been taken ongoing licensing violations would have been noted and the safety of all children could have been addressed much sooner by DCYF.

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present and the child's best interests are being met. Relying

<sup>49</sup> See Appendix A, St. Mary's Policies CRR-009; CRR-005; See Appendix B, DCYF Licensing Regulations, 4.3.6(L).

on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

May 9, 2023, 12:03:25 AM-Hills Unit

"At 11:23pm on 05/8/2023 the hotline received a call from [REDACTED] [REDACTED].

Reporter stated that [REDACTED] was dropped off by [REDACTED] bus a mile away from the group home today. [REDACTED] had called the placement, however, they missed [REDACTED] call. As a result, [REDACTED] asked a stranger for a ride to [REDACTED] placement which did happen.

[REDACTED] is not reporting anything bad happening during [REDACTED] ride, however, [REDACTED] was shaken at having to ask a stranger for a ride.

[REDACTED] is staying at the St. Mary's Hills Unit. [REDACTED] can be reached at [REDACTED]-[REDACTED]-[REDACTED]".

This report was designated a Screen Out by DCYF. Based on the information in this report the OCA determined this warranted an investigation.<sup>50</sup>

The DCYF Licensing Division conducted a regulatory response approximately three (3) days after the report to the Hotline. "On 5/12/23, this licensing worker spoke with St. Mary's program manager, Mike Burgess to address this Screen Out. Mr. Burgess reported a new hire staff was instructed to pick up youth, [REDACTED] at the designated bus stop on [REDACTED] [REDACTED] [REDACTED], at 4:19pm, (time school bus arrives) but she failed to follow through with this tasks. Mr. Burgess reported child got nervous when staff did not pick [REDACTED] up esp after [REDACTED] called the program with no response. [REDACTED] went into a nearby store and asked for a ride. This incident exposed youth to a risky dangerous situation. Mr. Burgess reported the issue has been rectified and program will ensure it does not happen again. A seasoned responsible staff is now assigned to pick up youth at the bus stop everyday. Mr. Burgess reported the child is doing fine at the program."

This regulatory response is inadequate in this situation. DCYF Licensing, following their regulatory response, should have reported this new information to the CPS hotline. This additional information should have prompted an investigation due to the failure of the staff person to ensure the safety of a youth at St. Mary's.

The OCA completed an investigation in August/September 2022 of five (5) youth that were AWOL from St. Mary's. While in the community they asked stranger(s) for a ride. All five (5) children were taken to an unknown location by two adult males and subsequently sexually assaulted.

While the child referenced in the current report above was not harmed, the inactions of St. Mary's staff resulted in this child getting in a car with a stranger. St. Mary's and DCYF has a heightened obligation to protect and provide for the safety and well-being of the children in their care.

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present and the child's best interests are being met. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of

<sup>50</sup> See Appendix C, DCYF Policies and Procedures, DOP 500.0005 and DOP 500.0035.

all youth at St. Mary's. It is imperative that DCYF closely monitor and conduct regular, in-person follow-up.

May 10, 2023, 4:44:57 PM-ARTS/Harding Unit

"Call in: 4:08 PM Call end 4:24 PM  
COVID concerns: 'No' per RP.

RP identified herself as [REDACTED], Assistant Supervisor of the Harding – ARTS Unit @ St Mary's; [REDACTED]-[REDACTED] ext# [REDACTED]

RP stated [REDACTED] claims that last night, staff [REDACTED] Unknown was comparing her size 'boobs' with those of [REDACTED]. [REDACTED] said [REDACTED] told [REDACTED] that [REDACTED] boobs were bigger and that [REDACTED] needs to step hers up.

RP spoke with [REDACTED] today, asking whether there was a conversation about boobs the night before. [REDACTED] told RP [REDACTED] did not know what [REDACTED] was talking about."

This report was designated as a Screen Out by DCYF.

The DCYF Licensing Division conducted a regulatory response approximately two (2) weeks after the report to the Hotline. "On 5/23/23, This licensing worker spoke with St. Mary's Program Director, Mike Burgess regarding this matter. Mr. Burgess reported staff denied having such conversation. with residents. The resident, [REDACTED] also stated [REDACTED] did not have any conversation re: boobs with staff.

No licensing issues noted."

The statement, "No licensing issues noted" is incorrect as on this date St. Mary's had already entered into an agreement for a hold on all intakes due to numerous licensing violations by the DCYF Chief of Licensing. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.<sup>51</sup>

May 10, 2023, 12:28:27 PM-ARTS/Harding Unit

"Call time is 11:35am. R is [REDACTED], staff at St. Mary's Arts and she can be reached at [REDACTED]-[REDACTED] ext [REDACTED].

[REDACTED] age 14 is a resident of the program. [REDACTED] is not open to DCYF.

Today, [REDACTED] talked about self-harm. [REDACTED] located tiny sharp objects within the unit and on the grounds and used them to make cuts to [REDACTED] left forearm. [REDACTED] stored the items in a bag and did the self harm today. [REDACTED] has superficial cuts. [REDACTED] is meeting with [REDACTED] clinician."

This report was designated as a Screen Out by DCYF.

The OCA could not find evidence of a follow-up regulatory response by the DCYF Licensing Division in accordance with governing state law, policy, and regulations.<sup>52</sup>

May 11, 2023, 2:38:21 PM-ARTS/Harding Unit

<sup>51</sup> See Appendix B, DCYF Licensing Regulations 4.2.4 (A)(B); Appendix D, RIGL § 42-72.1, et al.; RIGL§ 42-72-5(b)(7).

<sup>52</sup> See Appendix B, DCYF Licensing Regulations 4.2.4 (A)(B); Appendix D, RIGL § 42-72.1, et al.; RIGL§ 42-72-5(b)(7).

"Date Reported: 05-11-23 (Thurs.) @ 1:12pm

Reporter is [REDACTED] [REDACTED] St. Mary's Home for Children (Harding Unit) [REDACTED] [REDACTED] [REDACTED] [REDACTED] NP: ([REDACTED]-[REDACTED]-[REDACTED] ext.: [REDACTED]). No Covid signs or symptoms reported.

Reporter stated resident ([REDACTED]; 16) disclosed to her today (11:30am) that [REDACTED] ([REDACTED]) found a round white pill in the downstairs play area on Monday (5-8-23) and [REDACTED] ingested the pill.

Reporter stated [REDACTED] did not complain of any illness or injuries after taking the pill and [REDACTED] stated no one saw [REDACTED] take it. Reporter spoke to nurse and no need to monitor [REDACTED] as it has been several days since. Unknown how pill got into the room."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 13, 2023. CPI reports, "Based on the facts above, there does not appear to be a preponderance of the evidence to substantiate allegations of Other Institutional Neglect against Unknown Unknown St Mary's staff as to [REDACTED] [REDACTED]. This investigation will therefore be UNFOUNDED."

DCYF Licensing completed a regulatory response of this incident. "On 5/22/23, this licensing worker spoke with St. Mary's program director, Mike Burgess. Mr. Burgess reported it is unknown where or whom the pill came from. The area youth found the pill is the [chill room] where youths are sent to calm down. Also, parents usually visit their children in this area. Mr. Burgess reported the pill could have dropped from anyone. Mr. Burgess reported child is doing well and there has been no other similar incidences.

No other regulatory issues noted."

The DCYF Licensing regulatory review was inadequate. The OCA completed an independent investigation. The OCA requested video footage of the room on the date the child reportedly ingested the pill. St. Mary's administration stated the cameras were not recording/working on this day and time. This is a regulatory issue that requires inquiry and follow-up by DCYF.<sup>53</sup> The statement, "No other regulatory issues noted" is incorrect as on this date, aside from the cameras not working, St. Mary's had already entered into an agreement for a hold on all intakes due to numerous licensing violations by the DCYF Chief of Licensing. This lack of regulatory follow through and information, continues to leave vulnerable children in unsafe situations.<sup>54</sup>

The continued process by which DCYF Licensing speaks with the Program Director following every Screen Out without additional follow-up fails to identify ongoing staffing, communication, and safety issues at St. Mary's. This process does not ensure the safety and best interests of all residents at St. Mary's.

**May 14, 2023, 2:18:25 PM-Hope Unit**

"Reporter is [REDACTED] and [REDACTED] [REDACTED] [REDACTED] [REDACTED] can be reached at ([REDACTED]-[REDACTED]-[REDACTED]). He contacted the DCYF hotline at 12:30pm on 05/14/2023

Reporter stated he was very concerned about [REDACTED] (age 15) [REDACTED] [REDACTED]. Reporter stated [REDACTED] is in DCYF care at St. Mary's on the Hope Unit. Reporter stated today, he learned of [REDACTED] attempt to go AWOL from the unit last night but was informed [REDACTED] was back on campus.

<sup>53</sup> See Appendix B, DCYF Licensing Regulations 4.3.3 (A)(3).

<sup>54</sup> See Appendix B, DCYF Licensing Regulations 4.2.4 (A)(B); Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

Rp stated when he talked to [REDACTED], [REDACTED] reported getting as far as the main road and almost being hit by a car, but staff pulled [REDACTED] back to avoid being hit. Rp states that he does not understand why the St. Mary's staff did not inform him that [REDACTED] was saved by staff from [REDACTED] attempting to go AWOL. Rp states that he wants to pull [REDACTED] from St. Mary's because the place is filthy and dirty. Rp states that St. Mary's has many other things they feel are a danger to [REDACTED].

Rp asked if they could get [REDACTED] and have [REDACTED] discharged at reporters' discretion. Rp was informed to contact his PSU worker and discuss the option. Rp is extremely upset and would like a call back."

This report was designated as a Screen Out by DCYF. Based on the information in the narrative the OCA determined an investigation would have been the proper follow-up.<sup>55</sup>

Later on, this day, this child was removed from St. Mary's by legal guardians. This was not a scheduled discharge or approved by DCYF. Guardians drove to St. Mary's told staff they needed to show child something out in the car, and then left the campus with child. While a call was placed to the CPS Hotline it was erroneously documented under the child's case information in the Case Activity Notes and not under a Child Abuse Hotline call.

"Campus Supervisor [REDACTED] contacted the DCYF hotline to report that [REDACTED] showed up for a visit and told them they wanted to have child go outside because [REDACTED] wanted to fold clothes [REDACTED] stated they walked outside and left with child. When [REDACTED] called back the [REDACTED] they reported they did not like St. Mary's and would not bring child back. CPSS supervisor notified, on call PSU Sup notified, and CPI [REDACTED] will be going to the home. [REDACTED] can be reached at [REDACTED]-[REDACTED]-[REDACTED]."

As previously noted, this information must be properly documented under a CPS call to the Hotline not as a CAN. Documentation of a CPS call under a CAN is not appropriate, nor helpful. When a call is appropriately documented as a Hotline call it prompts further action either by initiating an investigation or initiating a regulatory response from the Licensing Division.<sup>56</sup> The information in the Screen Out does not mention the child being removed without permission from St. Mary's, only that the child attempted to elope. An investigation should have been initiated when the child was removed from St. Mary's and a regulatory response should have been completed with respect to the child being taken from campus. The practice of documenting calls in a CAN rather than under the CPS information is an ongoing problem the OCA has tried to rectify with DCYF Administration for quite some time to no avail.

DCYF Licensing completed a regulatory response of this incident approximately two (2) weeks after the report to the Hotline. "On 5/26/23, this licensing worker spoke with St. Mary's Program Director, Mike Burgess about this matter. Mr. Burgess reported that [REDACTED] did attempt to AWOL but staff stayed with [REDACTED] during the entire episode. Mr. Burgess reported [REDACTED] did walk down the street with staff verbally redirecting him back to the program. Mr. Burgess denied [REDACTED] almost got hit by a car and noted this story was fabricated by [REDACTED]."

Mr. Burgess reported he does not have his notes to see reason staff did not inform [REDACTED] but parents are informed of all episodes/incidences. Mr. Burgess denied the program is filthy. Mr. Burgess reported staff make sure the program is clean and organized every day. Mr. Burgess reported that [REDACTED] is at the program and [REDACTED] is doing well. Mr. Burgess reported there has been no similar incidences since then.

<sup>55</sup> See Appendix C, DCYF Policies and Procedures, DOP 500.0005 and DOP 500.0035.

<sup>56</sup> See Appendix C, DOP 500.0005; 500.0065; 500.0035 and See Appendix D, RIGL § 40-11-3.

No licensing issues reported.”

This regulatory response is inadequate. There is no mention of [REDACTED] being removed without DCYF notice or approval from St. Mary’s in the Licensing regulatory response. This additional information if documented correctly would have prompted an investigation. The statement, “No licensing issues noted” is incorrect as on this date St. Mary’s had already entered into an agreement for a hold on all intakes due to numerous licensing violations by the DCYF Chief of Licensing. This lack of regulatory follow through and information, continues to leave vulnerable children in unsafe situations.

While the child being removed from St. Mary’s without a discharge plan or permission from DCYF is not an acceptable practice, it was determined understandable by all parties including St. Mary’s why the family felt removal was in the best interest of the child. Additionally, St. Mary’s reported to the OCA they did not fault the family for making this decision, as they would not want their child in this placement. On May 14, 2023, the OCA again recommended St. Mary’s get ahead of the ongoing issues and stop all new intakes into St. Mary’s. The administration declined and stated they would continue to take in new admissions at this time. On May 18, 2023, a hold was placed on St. Mary’s for all intakes for all units.

This is the third (3<sup>rd</sup>) youth that has been removed by family without prior knowledge or notice to DCYF or St. Mary’s within the last two (2) years. Each family expressed St. Mary’s being unable to keep their child safe and fear for the child and their mental well-being.

**May 15, 2023, 11:17:18 PM-Mauran Unit**

“Date reported: 05-15-23 (Mon.) @ 9:25pm

Reporter is [REDACTED], Resident Counselor, at St. Mary’s Mauran [REDACTED], North Providence RI 02911 ([REDACTED]-[REDACTED]-[REDACTED]-[REDACTED]). No Covid signs or symptoms reported.

Reporter stated he was working on the Mauran Unit and it was bedtime. Reporter asked resident ([REDACTED]; age 10) to put [REDACTED] markers and cards away. [REDACTED] said, “I don’t want to, and you can’t make me.” Reporter went into [REDACTED] room and closed the closet as the closets are not supposed to be open at bedtime. [REDACTED] became upset and tried to kick and punch reporter. [REDACTED] then tried to run off the unit, but reporter blocked [REDACTED] by standing between [REDACTED] and the door. [REDACTED] then started to flip the furniture on the unit. Reporter called for campus supervisor ([REDACTED]) to come to the unit to assist reporter.

Reporter stated him and [REDACTED] started to do a 2-standing hold on [REDACTED], and it lasted for about 20 seconds. [REDACTED] was trying to bite both staff members. [REDACTED] then dropped to the floor and was scrambling around on the floor. Eventually [REDACTED] calmed down and [REDACTED] went to [REDACTED] room. The campus nurse came to the unit because [REDACTED] had a bloody nose and lip.

Reporter did not know when [REDACTED] got the injuries to [REDACTED] lip and nose but could have been when [REDACTED] was flipping the furniture or when [REDACTED] was scrambling around on the floor. Nurse cleaned [REDACTED] face and did not need any further medical assistance. [REDACTED] calmed down and went to bed and feel to sleep.”

This report was designated a Screen Out by DCYF. Based on the information in this narrative the OCA determined this warranted an investigation.

Four (4) days later on May 19, 2023, this Screen Out was upgraded to an investigation per Administrator McAteer.

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 25, 2023. The assigned CPI reports, “Based on the facts above, there

does not appear to be evidence to substantiate allegations of Other Institutional Abuse against [REDACTED]. There is however evidence to substantiate the same allegation against Campus Supervisor, [REDACTED] as to resident, [REDACTED]. This investigation will therefore be INDICATED.”

DCYF Licensing completed a regulatory response of this incident. “On 5/26/23, this Licensing worker spoke with St. Mary’s program director, Mike Burgess. Mr. Burgess reported the video footage revealed staff, [REDACTED] did not apply appropriate and safe restraining techniques during the crisis situation with youth, [REDACTED], Mr. Burgess reported [REDACTED] actions were inappropriate throughout the incident which is unacceptable. Therefore, [REDACTED] was terminated. Mr. Burgess reported [REDACTED] is doing well at the program and there has been no other incidences.

This matter was upgraded to an investigation.”

This DCYF Licensing regulatory review is inadequate.<sup>57</sup> In order to identify licensing violations and ongoing issues at St. Mary’s, DCYF Licensing has to conduct in-person visits and speak with staff and residents. DCYF cannot depend on one conversation with the one administrator, especially when it is unclear if the administrator was present for the incident. DCYF Licensing’s reliance on St. Mary’s to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary’s. Specifically, relying on the program director’s statement “the child is doing well” is not sufficient to ensure that ongoing licensing issues are not present on the Unit. The child continued to reside in this unsafe setting until [REDACTED] discharge in June 2023.

The OCA completed an independent investigation of the incident. The OCA reviewed video footage of the incident and find the actions of both staff to be assaultive and not within the guidelines of safe and appropriate restraint techniques.<sup>58</sup> The OCA determined both staff involved should be indicated for their roles in the incident with [REDACTED]. While the actions of [REDACTED] were far more egregious and warranted termination, both staff inappropriately placed their hands on the child and further training should be completed with [REDACTED] with respect to hands on policies.

**May 16, 2023, 11:15:50 PM-ARTS/Harding Unit**

“Report time 11pm

Reporter [REDACTED] RN at St. Mary’s Home for Children.

[REDACTED] pierced [REDACTED] own nose today with [REDACTED] own earring. [REDACTED] removed the earring and there is dried blood. [REDACTED] would not allow nursing to clean it but nursing explained how to continue to clean the area.

[REDACTED] also injected pen ink into [REDACTED] own face. A disassembled red pen was found in [REDACTED] room. [REDACTED] had a pin from a poster. [REDACTED] did stick and poke [REDACTED] on the corner of [REDACTED].

Reporter stated [REDACTED] tattooed [REDACTED] during the unit dinner time. Reporter did not know how the pen was found and stated ‘it was probably lying around’.”

Another call was placed into the CPS Hotline with additional information regarding the above incident:

<sup>57</sup> See Appendix B, DCYF Licensing Regulations 4.2.4 (A)(B); Appendix D, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

<sup>58</sup> See Appendix A, St. Mary’s Employee Guidebook, Page 25; St. Mary’s Policy CRR-005 Physical Restraint in Crisis Intervention.

**May 17, 2023, 7:48:15 PM-ARTS/Harding Unit- Additional Information**

“Reporter [REDACTED] [REDACTED] RN from St. Mary’s Home for Children

Reporter stated staff became aware today that 14yo [REDACTED] [REDACTED] also tattooed themselves yesterday when [REDACTED] tattooed themselves as well. [REDACTED] reported [REDACTED] helped [REDACTED] with [REDACTED] tattoos. [REDACTED] [REDACTED] sign on [REDACTED].

[REDACTED] reported [REDACTED] used a push pin and pen ink. [REDACTED] did not report where the pin came from. Staff retrieved the pin and did a search of the unit for other sharps.

[REDACTED] has no infection currently. [REDACTED] was informed of the risk of self-tattooing with nonsterile tools. No further concerns were addressed.

Reporter stated another peer may have also tattooed themselves but the child in on a pass and will be assessed when returned to the unit.”

Another call was placed into the CPS hotline with additional information regarding the above incident:

**May 17, 2023, 9:55:35 PM-ARTS/Harding Unit- Additional Information**

“Reporter [REDACTED] [REDACTED] RN from St. Mary’s Home for Children

Reporter stated staff became aware today that 16yo [REDACTED] [REDACTED] also tattooed themselves yesterday when [REDACTED] and [REDACTED] tattooed themselves as well.

[REDACTED] tattooed [REDACTED]. [REDACTED] used a push pin with ink and paint. [REDACTED] tattooed a smiley face on [REDACTED] ankle and an [REDACTED] on the other ankle.

This occurred before dinner time around 5pm.

Unknown where the child got the push pins.

Child has no infection currently. First Aid was administered and child was informed of the risk of self-tattooing with non sterile tools. No further concerns were addressed.”

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 30, 2023. This investigation was INDICATED. The OCA completed an independent investigation of the incident.

DCYF Licensing Division conducted a regulatory response, “On 6/2/23, this Licensing worker spoke with St. Mary’s program Director, Mike Burgess. Mr. Burgess reported he is aware of the incident. Mr. Burgess noted to prevent this situation from occurring again, all sharp objects and pens have been removed from the main area. Push pins are no longer allowed in the facility and pens are locked up in the office.”

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF must be completed to determine if any licensing violations are present and the children’s best interests are being met. Relying on St. Mary’s to identify and report their own licensing issues and/or violations fails to protect children.

In accordance state law and DCYF Residential Licensing Regulations, it is the role and responsibility of DCYF to monitor and evaluate all residential programs.<sup>59</sup> Following a Screen Out, the information should be provided to the Licensing Division and a regulatory response through the DCYF Licensing Division should be prompted as the call pertains to a licensed residential facility.<sup>60</sup>

May 18, 2023, 5:23:12 PM-St. Mary's ARTS Program

"On 5/17/23, 14yo [REDACTED] was angry with 12yo [REDACTED] for swearing at a staff member. [REDACTED] ran into [REDACTED] room with a bottle of vegetable oil with the intentions of hitting [REDACTED]. [REDACTED] kicked [REDACTED] in [REDACTED] left arm and called [REDACTED] a 'b\*\*\*\*'. Staff intervened.

[REDACTED] has a bruise on [REDACTED] arm. Nursing did not look at [REDACTED]. CPI [REDACTED] informed reporter a nurse needs to examine [REDACTED] arm because [REDACTED] has a bruise.

No further concerns were addressed."

This report was designated as a Screen Out by DCYF.

DCYF Licensing completed a regulatory response of this incident. "On 5/22/23, this Licensing worker spoke with St. Mary's Home for Children, Program Director, Mike Burgess. Mr. Burgess reported sometimes the residents engages in verbal altercations due to their inability to control their anger or to gain respect. Mr. Burgess reported staff always ntervenes before it escalates. Mr. Burgess reported the residents are taught to refrain from fighting and learn to express their feelings/anger but seems difficult for them. Mr. Burgess reported they youth will continue to learn healthy ways to express their emotions. Mr. Burgess reported the nurse examined the area and noted [REDACTED] is fine. There has been no other incidences between [REDACTED] and [REDACTED] since then.

No licensing issues noted."

This regulatory response is inadequate. DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present and the child's best interests are being met.<sup>61</sup> Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's. Additionally, meeting with the children involved would have brought to light the ongoing issues between these two children and the targeting behaviors of one child onto the other. The statements made above to the Licensing Worker downplay the abusive situation these children were living in and remained in.

The OCA conducted an independent review of the above Screen Out and upon review of all documentation and video footage provided, the OCA determined ongoing inappropriate physical and sexualized behaviors from [REDACTED] towards [REDACTED]. Both children confirmed these ongoing issues to the OCA team and advised they had previously reported the information to staff. Additionally, Mr.

<sup>59</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL§ 42-72-5(b)(7).

<sup>60</sup> See Appendix C, DOP 500.0035.

<sup>61</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL§ 42-72-5(b)(7).

Burgess informed the OCA he was aware of the ongoing concerns with these children, and they were 'working on it'. The OCA advised Mr. Burgess this was not an acceptable answer and requested these children be separated and protected from additional abusive situations.

**May 19, 2023- 10:57:02-St. Mary's ARTS Program**

"Reporter [REDACTED] Residential Counselor St. Mary's Harding/ARTS.

[REDACTED] reported [REDACTED] dyes [REDACTED] hair on the unit in the livingroom. [REDACTED] was unclear how the hair dye came onto the unit. [REDACTED] was unsure whether the children were allowed to dye one another's hair.

CPI [REDACTED] requested the Campus Supervisor call the Hotline. 10pm [REDACTED] Campus Supervisor called the Hotline with more information. Reportedly the unit clinician gave [REDACTED] hair dye in a 'goodie bag'. The Assistant Supervisor for the Unit had locked the hair dye up. Camp Sup did not have a timeframe of when the dye was placed on the unit or locked into the office.

[REDACTED] requested the hair dye tonight from [REDACTED] Residential Counselor. Residential Counselor [REDACTED] gave [REDACTED] the hair dye.

[REDACTED] dyed [REDACTED] hair in the unit living. Campus Supervisor [REDACTED] saw the dye and informed staff this was not allowed."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on May 31, 2023. This investigation was UNFOUNDED. The OCA completed an independent review of the incident. The OCA further found this incident to be an example of lack of communication between staff at every level. While this may have been a minor situation it highlights the concerns regarding communication that St. Mary's staff noted to the OCA to be ongoing for a long time.

DCYF Licensing completed a regulatory response of this incident. "On 6/14/2023, this Licensing worker spoke with St. Mary's program Director, Mike Burgess. Mr. Burgess reported staff, [REDACTED], was unaware of dye policy. Mr. Burgess reported the residents are not allowed to dye their hair on site nor without parent's permission/signed consent and it has to be done by a professional. Mr. Burgess reported that supervisor reviewed dye regs with staff, [REDACTED] to prevent this from occurring again."

The DCYF Licensing regulatory response was inadequate. As noted above, this situation demonstrates a lack of communication at all levels of St. Mary's employees, effecting their ability to provide appropriate care to their residents. There were several staff and supervisors working the night this incident occurred and no one stopped the hair dye from being used. It was only after the Hotline had been called and a second Campus Supervisor was notified that it was explained this was a violation of the policy.

DCYF's Licensing process of speaking with the same individual to effectively identify licensing violations is wholly inadequate. In order to identify any licensing issues, visits to St. Mary's, as well as, discussions with staff and children must occur. Based on the continued calls to St. Mary's, as outlined in this report, there are clear issues that went unaddressed, such as communication issues, safety concerns, and staff not following through on St. Mary's policies and procedures.

**May 20, 2023, 6:57:57 PM-Mauran Unit**

"Report time is 6:25pm.

Reporter is [REDACTED] [REDACTED] Res Counselor from St. Mary's Home for Children, Mauran Unit, [REDACTED]-[REDACTED]-[REDACTED].

At 7am upon waking up 11yo [REDACTED] [REDACTED] went after 9yo [REDACTED] [REDACTED], punching and pulling [REDACTED] shirt. Staff broke up the fight.

[REDACTED] went after [REDACTED] [REDACTED] hitting punching pulling shirt. [REDACTED] kicked [REDACTED] in [REDACTED] groin.

At 6:42pm [REDACTED] [REDACTED] called back and reported also during the morning [REDACTED] grazed 7yo [REDACTED] with [REDACTED] foot. [REDACTED] was antagonizing [REDACTED].

No children had any marks or injuries during the incident."

This report was designated as a Screen Out by DCYF.

This Screen Out received a regulatory response by the DCYF Licensing Division approximately two (2) weeks after the report to the Hotline. "On 6/6/23, this Licensing worker spoke with St. Mary's program director, Mike Burgess. Mr. Burgess reported the staff acted appropriately by deescalating the situation. Mr. Burgess reported the residents in Mauran unit are reactive as they are unable to express their anger in a healthy manner due to their trauma history. Mr. Burgess reported the youths usually start off with verbal insults towards each other and sometimes escalates into a physical altercation. In this unit staff are continuously using verbal redirection and crisis intervention techniques Staff utilizes pause consequences a lot meaning they don't do anything until whatever the issue is resolved thru dialogues and learning ways to express anger in a healthy manner.

Mr. Burgess reported this approach works well with the youths. Mr. Burgess reported all the youths mentioned above are receiving therapy weekly in house. Mr. Burgess noted currently all the youths are doing well.

No other licensing issues noted."

This licensing follow-up was inadequate and allowed these children to be further subjected to inappropriate interactions. DCYF has an obligation to verify the information firsthand and not depend on one conversation with the same administrator.<sup>62</sup> The information provided by the St. Mary's administrator minimizes the actions and abilities of the children to problem solve without physical aggression. In this instance verbal de-escalation and crisis intervention techniques did not work as suggested in the licensing note. The children were able to engage beyond verbal aggression and engage in physical aggression towards one another, which resulted in multiple children becoming involved. While no youth may have been physically injured in this situation, the statements provided by Mr. Burgess indicate these youth have ongoing issues and are in greater need of staff interventions. Children have a right to be safe and protected from physical abuse by others, including abuse from other children.

The OCA conducted an independent review of the above Screen Out and upon review of all documentation and video footage provided the OCA found ongoing physical aggression and dysregulation amongst the children in the Mauran Unit. While this situation may not have warranted a Child Protective Services investigation it certainly warranted a closer look into the children's needs and the ongoing issues being presented regularly within the unit. This would have allowed DCYF to recognize a need to plan for safety to ensure children are protected.

<sup>62</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

**May 22, 2023, 4:33:14 PM-St. Mary's Horton Unit**

"On 5-22-23 [REDACTED] [REDACTED] of St Marys Home contacted the Hot Line. [REDACTED] can be reached at [REDACTED]-[REDACTED].

Reporter stated that a few days ago [REDACTED] age 16 broke a microwave and glass shattered everywhere. Reporter believes [REDACTED] must have grabbed a piece of glass and hid it.

Today in between 5 minute room checks and staff change [REDACTED] cut [REDACTED] right leg with glass. [REDACTED] was seen by RN and cut was treated and bandaged."

This call was designated a Screen Out by DCYF. On May 23, 2023, an additional call was placed to the CPS Hotline regarding the above child and incident.

**May 23, 2023, 12:05:58 AM-St. Mary's Horton Unit**

"5/22/23 8:43pm [REDACTED] [REDACTED] St. Mary's.

Reporter stated [REDACTED] cut [REDACTED] on [REDACTED] left leg with a piece of glass [REDACTED] found. The cuts are superficial. Nursing came and cleaned [REDACTED] up.

An investigation was created 5/1/23 under the ARTS unit due to multiple incidents of [REDACTED] cutting [REDACTED] with concerns of neglect by staff.

There is also a S/O under the Horton unit on 5/22/23 stating [REDACTED] took a piece of glass and cut [REDACTED] leg. This has now happened again today.

A 1:1 safety plan was previously in place on the ARTS unit. Unknown if that plan is supposed to be in place on the Horton unit."

These two calls were upgraded to an investigation and assigned to a CPI. An investigation was completed and approved by CPS Administrator McAteer on June 13, 2023. The CPI reports, "based on the above information, there does not exist a preponderance of the evidence to support the allegation of Other Institutional Neglect against [REDACTED] regarding [REDACTED]. This investigation will therefore be UNFOUNDED.

The OCA completed an independent review of the incident and due to inconsistencies in the all information reviewed the OCA could not find conclusive evidence to support or disprove the allegations.

DCYF Licensing conducted a regulatory response of this incident. "On 5/26/23, this Licensing worker spoke with program director, Mike Burgess. Mr. Burgess reported that youth, [REDACTED] is a cutter and carries history of suicide. Mr. Burgess reported youth hid a piece of broken glass under [REDACTED] clothing when staff was cleaning up the glass. Mr. Burgess reported that was contacted and youth was taken to Hasbro. The youth is currently admitted for treatment."

The OCA found no documentation the youth was admitted to Hasbro. At the time of the above regulatory response, St. Mary's had already been placed on a licensing hold and numerous licensing, safety and contractual issues were in the process of being identified by DCYF.

**May 22, 2023, 2:44:16 PM-St. Mary's Hope Unit**

"RP is [REDACTED] [REDACTED] [REDACTED]-[REDACTED]; 578-8211

RP stated that when [REDACTED] dropped off (15.11-yo) [REDACTED] [REDACTED] from a visit on 5/21/23, the internal door to enter the unit was propped open. There was one staff inside on the unit.

RP said the concern is the door to the unit is supposed to be closed/locked at all times. RP said [REDACTED] addressed this with staff before but it continues to occur.

RP said the door was closed prior to RP leaving.”

This report was designated as a Screen Out by DCYF.

DCYF Licensing conducted a regulatory response of this incident. “On 5/26/23, this Licensing worker spoke with St. Mary’s program director, Mike Burgess. Mr. Burgess reported when [REDACTED] dropped resident, [REDACTED] back to the program, staff was doing Spring cleaning on the unit at that time. Mr. Burgess reported there were no residents in the program as they were all out on visits with family or out in the community. Mr. Burgess reported [REDACTED] was the 1st resident to return from [REDACTED] visit. Mr. Burgess reported the doors are always locked but when cleaning opened the doors to take garbage out. Mr. Burgess reported staff closed the door upon [REDACTED] return. Mr. Burgess does not recall this happening in the past but will make sure staff keep doors locked for safety.”

The OCA conducted an independent review of the above Screen Out and upon review of all information verified the information provided by Mr. Burgess to be accurate.

**May 23, 2023, 1:12:09 PM-St. Mary’s Horton Unit.**

“On 05/23/2023, [REDACTED] ([REDACTED]) Residential Counselor at St. Mary’s reported the following:

Reporter stated a man from DCYF came out and spoke with [REDACTED] [REDACTED] (age 16) in regards to an incident with [REDACTED] cutting [REDACTED]. Reporter stated after the man left, [REDACTED] [REDACTED] was in bad head space, ran upstairs to where maintenance was working and tried to grab a hammer and a screw which Reporter was able to get before [REDACTED] [REDACTED] grabbed it. Reporter stated [REDACTED] [REDACTED] grabbed a CD, snapped it in half, cut [REDACTED] left arm, and then ran outside. Reporter stated he followed [REDACTED] [REDACTED] the whole time and called local police. Reporter stated around [REDACTED] Ave, [REDACTED] [REDACTED] picked up a rock, smashed it against the ground which created 2 rocks, put a large hole in [REDACTED] left arm and continued to keep cutting. Reporter stated Police arrived on scene, EMS was called, and [REDACTED] [REDACTED] was transported to the hospital with Mr. [REDACTED]. Reporter stated he is unaware of which hospital [REDACTED] was going to and Mr. [REDACTED] went with [REDACTED].

This report was designated as a Screen Out by DCYF.

DCYF Licensing conducted a regulatory response of this incident. “On 5/26/23, this Licensing worker spoke with St. Mary’s program Supervisor, Mike Burgess. Mr. Burgess reported that [REDACTED] presents with significant mental health challenges. Mr. Burgess noted [REDACTED] is currently hospitalized as [REDACTED] needed to be reevaluated for effective treatment and meds.”

On May 31, 2023, an additional licensing note was entered for this Screen Out. “On 5/31/23, this Licensing worker spoke with St. Mary’s program Supervisor, Mike Burgess. Mr. Burgess reported that [REDACTED] presents with significant mental health challenges. Mr. Burgess noted [REDACTED] is currently hospitalized for reevaluation for effective treatment and medication.”

The OCA conducted an independent review of this Screen Out and found no documentation to support the child was hospitalized. While a regulatory response was completed the OCA finds it inadequate in addressing the underlying issues within the unit. DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present and

the child's best interests are being met. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

An additional call regarding this child was placed several hours later.

**May 23, 2023, 9:01:10 PM-St. Mary's Horton Unit**

"On 5-23-23 at 830pm, [REDACTED] [REDACTED] from St. Mary's Harding Unit called the hotline. R. can be reached at [REDACTED]. R. states that earlier today, [REDACTED] was brought to the ER for SIB behavior which was called into the hotline. Screen out on 5/23/23 reflects this call. R. states that when [REDACTED] was released to hospital [REDACTED] was brought back to the unit, however new safety protocols were put in place such as 1:1 coverage and [REDACTED] room was stripped and only left with sheets on [REDACTED] bed and one sleep outfit.

R. states that when nursing staff came to inform [REDACTED] of new safety protocols, [REDACTED] lost [REDACTED] mind and started kicking and spitting at RN and also himself and other staff members. [REDACTED] ripped out the tampon from [REDACTED] private area and threw it at staff and also ripped off [REDACTED] clothes. R. states that they could not calm down [REDACTED] and [REDACTED] went into the staff office and broke all the windows, broke the phone and also the computer monitor. R. states that the police and 911 were called and [REDACTED] was brought back to the Hasbro ER."

This report was designated as a Screen Out by DCYF.

The only regulatory response the OCA located for this Screen Out was documented on November 30, 2023, although the date this occurred states May 23, 2023. "As of the time of this entry, this facility is not under the regulatory oversight of DCYF (despite the organization having other licenses). Any future opening must include a review of all previous CPS activity."

**May 26, 2023, 9:56:39 PM-St. Mary's Horton Unit**

"On 05/26/2023, at 9:15PM, [REDACTED] [REDACTED] (preferred name is [REDACTED]), victim, reported the following:

[REDACTED] (age 16.1), [REDACTED] (age 14.3,) and [REDACTED] (age 14.0) went to Dollar General with [REDACTED] [REDACTED], staff member, this evening at approximately 7:00PM. While in the store [REDACTED] and [REDACTED] were 'rough housing' which made [REDACTED] mad. He paid for the items, went outside, and started the van. [REDACTED] stated he was 'about to drive off without us.' When asked to explain further [REDACTED] said that 'we were thinking' he was going to drive away but we are not sure. [REDACTED] later said he started backing the van up and stopped when they came out of the store. One of the reasons, [REDACTED] 'don't feel safe in the house because no one will protect me' is due to [REDACTED] not redirecting [REDACTED] and [REDACTED] while they were rough housing and running around the store.

[REDACTED] stated one of the [REDACTED], [REDACTED] does not know which one, 'accidentally kinda like touched my boob'. This was above [REDACTED] clothing. [REDACTED] could not describe the type of touch indicating it happened too fast for [REDACTED] to know. Which ever one touched [REDACTED] 'grazed me with [REDACTED] hand' when pretending to defend [REDACTED] from the other [REDACTED] while they were play fighting. [REDACTED] said even though the touch was accidental it still made [REDACTED] uncomfortable and gave [REDACTED] flashbacks. [REDACTED] further said when [REDACTED] was touched, [REDACTED] told them [REDACTED] was touched and said 'thanks now I'm having flashbacks of what my aunt did to me as a child'. When they were in the van going back to the home [REDACTED] said that [REDACTED] was calling CPS because [REDACTED] does not feel safe anymore.

[REDACTED] stated [REDACTED] was sent home early by the campus supervisor, [REDACTED] [REDACTED] (spelling unknown) because he tried to leave [REDACTED] and the other two residents at the store. [REDACTED] and [REDACTED] were already in bed for the night when [REDACTED] made this call."

This report was designated as a Screen Out by DCYF.

The OCA is aware multiple divisions of DCYF were making unannounced visits to St. Mary's during this time period however the OCA could not locate documentation of any Licensing regulatory response specific to this Screen Out. The OCA recommends an in-person regulatory response of any call placed to the CPS Hotline in order to ensure the child has the ability to express their concerns to

ensure their best interests are being met and they are safe in their residence.<sup>63</sup> This information will allow Licensing to determine if all programmatic requirements are being met and followed. Additionally it will protect children, and allow for ongoing dialog between licensing, programs and the child's FSU team to ensure they are all working together towards childrens' best interests. This will allow Licensing to be aware of programmatic issues and concerns effecting the quality of care for children in real time.

May 24, 2023, 5:32:34 PM-St. Mary's Hills Unit

"Reporter is [REDACTED] [REDACTED] [REDACTED] from St. Mary's Home for Children, Harding/ARTS Unit 401-353-3900.

Reporter stated she saw 16yo [REDACTED] Hill Unit running across campus. [REDACTED] was crying because [REDACTED] was left at [REDACTED] bus stop. Reporter returned [REDACTED] to the unit. Reporter did not have further information.

4:47pm [REDACTED] [REDACTED], [REDACTED] Supervisor, called the hotline back. [REDACTED] Supervisor stated [REDACTED] is dropped by school bus at 3:40pm on [REDACTED] Avenue. [REDACTED] did not get back to campus today until 4:25pm. [REDACTED] appeared unharmed but was upset [REDACTED] not picked up as [REDACTED] is supposed to be.

[REDACTED] stated there is not supervisor on the unit today. [REDACTED] stated himself and another supervisor was responsible for the unit today. [REDACTED] stated he knows the pick up days for [REDACTED]. However [REDACTED] stated the pick up was forgotten because [REDACTED] has been suspended for the previous four school days."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on June 1, 2023. "Based on the above information, there does exist a preponderance of the evidence to support the allegation of Other Institutional Neglect against [REDACTED] [REDACTED] regarding [REDACTED]. This investigation is therefore INDICATED."

The OCA completed an independent review of the incident.

DCYF Licensing conducted a regulatory response of this incident. "On 6/20/23, this licensing worker spoke with St. Mary's Program Director, Mike Burgess. Mr. Burgess reported this was a miscommunication between staff. Mr. Burgess reported one staff forgot to relay this information to shift staff or supervisor. Mr. Burgess reported [REDACTED] did walk half way home and got a ride from a strange. Mr. Burgess reported to prevent this from reoccurring, they have devised a schedule for [REDACTED] to pick up from bus stop from M to F. Mr. Burgess reported that [REDACTED] is doing well at the program and there has been no further issues. No licensing issues reported."

The DCYF regulatory review is inadequate, and the information provided by the Program Director is inconsistent with the call to the Hotline and the CPS investigation. These inconsistencies should have been inquired about and noted by the Licensing worker. This regulatory response is inappropriate to state there are no licensing issues reported, as the child was not picked up at the bus stop by staff and had to walk home unsupervised.<sup>64</sup> On May 9, 2023, St. Mary's failed to pick up another youth from the bus stop and that youth received a ride from a stranger. This is the second incident of staff forgetting to pick up a child in less than a month indicating a clear need for regulatory follow-up.

<sup>63</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

<sup>64</sup> See Appendix A, St. Mary's Policy CRR-001 Supervision of Youth; See Appendix B, DCYF Licensing Regulations 4.3.1(C)(2).

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation.<sup>65</sup> Without reviewing documentation and assessing the unit in person, it is improper to state, 'no licensing issues reported'. DCYF cannot depend on a conversation with an administrator, especially when it is unclear if the administrator was present for the incident. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

**May 24, 2023, 2:33:24 PM-St. Mary's Hills Unit**

"5-24-23 at 1:20PM, RI DCYF FSU SCW II [REDACTED] [REDACTED] called the Hotline. Tel: [REDACTED]-[REDACTED]

Reporter is concerned that on Saturday 5-20-23, 15 y/o [REDACTED] [REDACTED] was sent on pass off campus with [REDACTED] former Foster Parent [REDACTED] [REDACTED]. Child went to eat and then to the former Foster Parent's home during this pass.

On Sunday 5-21-23, [REDACTED] was sent out on pass with former St. Mary's Staff [REDACTED] [REDACTED]. Child reported they went out to eat and then back to campus.

Rp is highly concerned that DCYF did not authorize these off campus passes. Visits are to be approved by FSU a week in advance.

Reporter had authorized on campus visits with both individuals; not off campus passes. [REDACTED] is on electronic monitor.

Rp is aware [REDACTED] [REDACTED] was fired from St. Mary's, however did not know why."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on June 1, 2023. "Based on the above information, there does exist a preponderance of the evidence to support the allegation of Other Institutional Neglect against [REDACTED] [REDACTED] regarding [REDACTED]. This investigation is therefore INDICATED."

The OCA completed an independent review of the incident.

DCYF Licensing conducted a regulatory response of this incident over one month later. "On 7/17/23, this Licensing worker spoke with program manager, Mike Burgess. Mr. Burgess reported new staff was not aware of the protocol but is now aware and has been trained and understands that all youth visits off site need to be approved by DCYF FSW worker and St. Mary's administrator. Mr. Burgess reported since then there has been no off visits without DCYF FSU authorization. No licensing issues noted."

The DCYF regulatory review is inadequate, and the information provided by the program director is a clear licensing violation.<sup>66</sup> The report provided by the program manager states that "new staff was not aware of the protocol but is now aware and has been trained and understands that all youth visits off site need to be approved by DCYF FSW worker and St. Mary's administrator." The staff member that was indicated in the above investigation was not a new staff and told the assigned CPI she assumed the child could go off grounds. Additionally, St. Mary's remained under a corrective action plan and issues continued to be noted and documented by DCYF. Allowing staff to work with children

<sup>65</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

<sup>66</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

entrusted in their care without proper training or being aware of the protocol of allowing children off grounds is careless.

May 29, 2023, 2:34:55 PM-St. Mary's Mauran Unit

"Call time is 2:10pm. R is [REDACTED], staff at St. Mary's Mauran Unit [REDACTED]-[REDACTED] ext. [REDACTED].

Today at the playground Resident [REDACTED] grabbed a stick and tried to hit resident [REDACTED] [REDACTED] blocked the stick, grabbed it from [REDACTED] and hit [REDACTED] on the back with it. [REDACTED] was cleared by the nurse. No injury."

This report was designated as a Screen Out by DCYF.

DCYF Licensing conducted a regulatory response of this incident. "On 6/14/23, this Licensing worker spoke with program Director, Mike Burgess. Mr. Burgess reported staff there were no injuries and staff, [REDACTED] acted appropriately; took stick away from [REDACTED] and immediately brought [REDACTED] back to the program. Staff, [REDACTED] reported incident to supervisor and then to DCYF. Mr. Burgess reported these two [REDACTED] are frequently engage in verbal or physical altercation. Mr. Burgess reported since this incident, the [REDACTED] have been separated. [REDACTED] was transfered to the Arts program and [REDACTED] remains in Mauran unit. Mr. Burgess reported both [REDACTED] are doing well at this time."

This DCYF Licensing regulatory review is inadequate. To identify licensing violations and ongoing issues at St. Mary's, DCYF must conduct in-person visits and speak with staff and residents.

DCYF Licensing has an obligation to verify the information reported is accurate and the children are safe in their placement. Mr. Burgess reports the two children have ongoing issues. Despite St. Mary's remaining on a hold and numerous licensing, safety and contractual issues being identified by DCYF, there was an obligation to meet with these two children. Given the information provided by St. Mary's a review of both children and their treatment plans would be beneficial in determining if these children were appropriately placed at St. Mary's and their needs being met sufficiently.

May 31, 2023, 10:59:34 AM-St. Mary's Mauran Unit

"Reporter is [REDACTED] [REDACTED] [REDACTED] who called in at 10:52am on 05/31/23

Admin McAteer would like this made into a report against St. Mary's

May 26<sup>th</sup>, a call came into the Hotline that an 8yo went missing from St. Mary's. The e-mail read at 519PM and returned by police at 7pm.

They never called the AWOL for the 8yo originally and called everything in at the same time when the child was returned by police."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on June 1, 2023. "Based on the above information, there does not exist a preponderance of the evidence to support the allegation of Other Institutional Neglect against [REDACTED] [REDACTED] regarding [REDACTED]. This investigation is therefore UNFOUNDED."

The OCA completed an independent review of the incident.

DCYF Licensing conducted a regulatory response of this incident. "On 6/14/23, this licensing worker spoke with St. Marys' Residential Director, Mike Burgess. Mr. Burgess reported that [REDACTED] did walk off site without permission but staff remained with [REDACTED] throughout [REDACTED] off site episode. Mr. Burgess

reported that [REDACTED] refused to return to the program so staff contacted the police. Mike supported staff stating staff acted appropriately. Mike reported staff contacted the hotline and reported incident after dealing with other situations going on at that same time. Mike reported [REDACTED] is doing well at this time and there has been no other similar AWOL incidences with this resident since then.”

The OCA remains steadfast that all information should be independently verified in person by licensing any time a call is place to the Hotline, regardless of the CPS Division’s response and reports by the agency. Additionally, the actual gender of the child above is misrepresented in the Licensing documentation. This child does not identify as transgender and is referred to as a different gender in the Licensing notes above. Had an in-person visit been conducted the Licensing Worker would have known the child’s correct information.

**June 4, 2023, 8:43:10PM-St. Mary’s Mauran Unit**

“R is [REDACTED] [REDACTED], PA at Hasbro Children’s Hospital- 401-444-4900

R states [REDACTED] (11.7) was brought in with a few other residents from St. Mary’s Group home after a brawl had began.

R states [REDACTED] is autistic and is sensitive to loud noises. A fight broke out at the group home which caused [REDACTED] to escalate. A few other residents were threatening to hurt [REDACTED] as well.

R stated staff at St. Mary’s were able to break up the fight before [REDACTED] got hurt.

R stated she spoke with [REDACTED] and [REDACTED] states [REDACTED] is okay but states [REDACTED] would prefer to go live somewhere quieter and does not want to go back to St. Mary’s.”

This report was designated a Screen Out by DCYF. Based on the information in the narrative the OCA determined this warranted an investigation.

DCYF Licensing conducted a regulatory response of this incident. “On 6/16/23, this licensing worker spoke with St. Mary’s Program Director, Mike Burgess. Mr. Burgess reported [REDACTED] presents with special needs and usually has issues with other residents on the unit. Mr. Burgess reported that staff acted appropriately by taking resident to the emergency for an evaluation. [REDACTED] did not meet criteria for admittance and was discharged. Mr. Burgess reported [REDACTED] is back at the program and is doing well at this time. No licensing issues noted.”

The OCA conducted an independent review of the above Screen Out and upon review of all information provided the OCA remains concerned no CPS investigation was initiated.

DCYF Licensing has an obligation to verify the information reported is accurate and the children are safe in their placement.<sup>67</sup> Mr. Burgess reports the child... “presents with special needs and usually has issues with other residents on the unit.” Follow-up by Licensing as well as the CSBH Unit is necessary to determine if St. Mary’s is equipped to deal with a child with “special needs” and additionally determine if the child is appropriately placed based on the administration’s statements above that the child generally does not get along with the other residents. The explanation of this incident by St. Mary’s administration minimizes the actual events that day.

<sup>67</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL§ 42-72-5(b)(7).

The OCA's review revealed, three (3) additional children were involved in this incident and significant property damage resulted on the unit, including windows being broken and boarded up. Three (3) children were brought to Hasbro Children's Hospital for psychiatric evaluations after police intervention was necessary to help staff control the situation.

The regulatory response was inadequate. Numerous licensing violations were apparent on the day of this incident and would have been documented above had an in-person visit been conducted. To state no licensing issues were noted, is erroneous. DCYF cannot rely on a conversation with an administrator, especially when it is unclear whether that person is present for these incidents. A thorough review of supporting evidence, including an in-person conversation with the children by DCYF Licensing must be completed to determine if any licensing violations are present. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

On August 31, 2023, two months later this Screen Out was upgraded to an investigation. This investigation was assigned to a CPI and completed on 09/18/2023. The investigation is UNFOUNDED.

The OCA conducted an independent review of the investigation and is unable to corroborate the information reported by St. Mary's as well as the information contained in the DCYF investigation. The information provide by St. Mary's is not consistent with the police reports and the timeframe of events. St. Mary's provided the assigned CPI and the OCA with inaccurate time frames. The assigned CPI and the OCA were provided video footage from approximately 3:30 PM until 4:30 PM. While the children are clearly dysregulated during the timeframe reviewed, the primary event was approximately two (2) hours later. According to police reports obtained by the OCA, the incident referred to in the narrative did not begin until approximately 6:30 PM and continued until the three (3) youth were transported to the hospital for an emergency evaluation.

**June 8, 2023, 9:09:21 PM-St. Mary's Hope Unit**

"██████████ ██████████ from FSU Region 2 called the hotline. Callback is ██████████-██████████-██████████.

Reporter advised that child ██████████ is placed at St. Marys. Today they conducted an intense room search and found numerous unsafe items. Child is known to engage in self harming behavior.

They found numerous pieces of broken glass, metal and plastic pieces. These pieces were found in a notebook. On the pages of the notebook appears to be smeared with blood. The items have what appear to be blood on them as well.

They found two small packs of Mucinex, which child is known to steal and over dose on. 1 loose pill which they have not identified yet and had a hand held tape recorder which had a song on it about child wanting to kill themselves on ██████████ ██████████.

Clinician met with child. Child got angry and threatened clinician. Child then began banging ██████████ head. Clinician told Legal Guardian ██████████ in their professional opinion, it would be best for him not to take the child out for ██████████ birthday (██████████). ██████████ did so anyway.

Once learned that they found the items and that ██████████ will be on constant watch once ██████████ returns, ██████████ began telling reporter that ██████████ doesn't want to return to the program.

Reporter advised that ██████████ text her at 530pm advising child was safe and they were out to eat at the Olive Garden. When they're done eating they're dropping a relative off in Tiverton and then they're taking the child back to the program.

Reporter does not know how child got these items in the placement or when child cut ██████████."

This report was designated a Screen Out by DCYF. Based on the information in this narrative the OCA determined this warranted an investigation in accordance with DCYF policy.<sup>68</sup>

The OCA conducted an independent review of the above Screen Out. Based on the information in the report, an investigation should have been initiated. The report clearly outlines that a “child known to engage in self-harming behavior” had numerous items used to self-harm, pieces of broken glass, metal and plastic pieces. Also found was Mucinex, which the child has been known to overdose on, as well as other concerning reports. Additionally, there have been other calls to the Hotline and investigations due to this youth engaging in self-harm and previously being under a strict safety protocol.

DCYF Licensing conducted a regulatory response of this incident. “On 6/22/23, this Licensing worker spoke with St. Mary’s Program Director, Mike Burgess. Mr. Burgess reported [REDACTED] presents with significant MH/BH challenges and constantly seek for every opportunity to get hold of unsafe items to self-harm. Mr. Burgess reported [REDACTED] is currently admitted into Bradley hospital and is unsure when and if [REDACTED] would be returning to St. Mary’s.”

Had an in-person visit been conducted, the correct child would have been identified and revealed that this child was not at Bradley Hospital. Additionally, an in-person review would have helped reveal further licensing issues and help determine how numerous prohibited items were able to be brought in and hidden within the child’s room.

This DCYF Licensing regulatory response is inadequate. In order to identify licensing violations and ongoing issues at St. Mary’s, DCYF must conduct in-person visits and speak with staff and residents. DCYF should not rely on one conversation with the same administrator. The child mentioned in the licensing regulatory response is not the same child the CPS report was made for nor was the child in the CPS report admitted to Bradley Hospital. The Program Director did not recognize that this report was regarding a completely different youth. The Licensing worker did not receive any actual information about the youth in question and whether they were safe in their program.

The numerous prohibited items within this child’s room and staff being unable to determine how the items were brought into the unit indicate that there are staffing issues and possible supervision issues.<sup>69</sup> A CPS investigation would have assisted in identifying ongoing staffing concerns, licensing issues and issues related to the supervision of children, that were prevalent within the unit.

**June 8, 2023, 11:05:34 PM-St. Mary’s Hills Unit**

“[REDACTED] [REDACTED] from St. Mary’s Home for children called the hotline. Callback is [REDACTED]-[REDACTED]-[REDACTED].

Reporter advised that earlier this evening a clinician observed [REDACTED] using a cellphone. When asked who’s phone it was, child advised it was [REDACTED].

Staff asked for the phone and child refused to give it to them. Child then went downstairs and started using a vape pen while sitting on the couch.

Staff locked child’s bedroom door and was explaining [REDACTED] consequences for not listening.

<sup>68</sup> See Appendix C, DOP 500.0000, DOP 500.0005, 500.0035.

<sup>69</sup> See Appendix A, St. Mary’s Policy CRR-001 Supervision of Youth.

Child █████ got involved when staff opened █████ door as it was bedtime and █████ allowed █████ into █████ room. █████ then exited the window and was climbing the fire escape.

█████ followed █████ and they were both running on the fire escape between █████ room and █████.

Child █████ got involved when █████ physically held staff █████ back from preventing █████ and █████ from exiting their windows.

█████ and █████ then went into █████ room where they began making tiktok videos.

Police were contacted and they began escalating.

Both █████ and █████ were transported to Hasbro for an eval. Staff █████ and █████ accompanied them.”

This report was designated a Screen Out by DCYF.

DCYF Licensing conducted a regulatory response of this incident. “On 6/21/23, this Licensing worker spoke with St. Mary’s program Director, Mike Burgess. Mr. Burgess reported residents are not allowed to have cell phones and esp. vapes on the premises. When staff observed █████ with these items she asked █████ to turn it in but █████ refused. █████ then went into another resident's bedroom climbed out the window onto the roof to get into the bedroom which is extremely dangerous. Mr. Burgess reported the █████ have been warned multiple times to not go onto the rooftop but they do. Mr. Burgess reported █████ joined █████ in this charade and they both escalated when staff attempted to verbally redirect them.

Mr. Burgess reported █████ does not leave the premises because █████ refuses to go to school but only have visits with mother once a week. Mr. Burgess reported they believe █████ is getting these items from █████ mother during supervised visits as █████ later admitted to staff that mother gave █████ vape to smoke during their visit. Mr. Burgess noted even though all residents are searched upon return from visits or community outings, these items are not detected because resident hide it in private areas as they know staff are not allowed to search in that area. Mr. Burgess reported they have reached out to the FSU worker regarding items brought back from supervised visit and is waiting to get a call back. Mr. Burgess reported both █████ were taken to hospital but discharged as they did not meet the criteria for admittance. Both █████ bedrooms have been changed. They no longer have access to bedrooms with windows that opens up to the rooftop/fire escape. Mr. Burgess both █████ are doing well at this time and there has been no similar incidences since then.”

This DCYF Licensing regulatory response is inadequate. DCYF Licensing has an obligation to verify the information reported is accurate and the children are safe in their placement.<sup>70</sup> Had an in-person visit been conducted by the Licensing Division, it would have been evident St. Mary’s was struggling with staffing issues and the high-level needs of the children. At no time is there any indication licensing reviewed incident reports, video footage or discussed the incident with the youth or staff involved. The lack of independent verification of information leaves children in potentially dangerous situations. The CSBH Unit must be included and notified of all investigations, Screen Outs, and regulatory responses. This will allow the CSBH Unit to also follow-up in-person with the child and current placement to assess if the placement is meeting the child’s needs effectively and appropriately.

<sup>70</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

**June 9, 2023, 3:55:17 PM-St. Mary's Horton Unit**

"On 6/9/2023, at 3:14pm, [REDACTED] [REDACTED], staff at St. Mary's, she is on the Horton Unit today, contacted the hotline. She can be reached at [REDACTED]-[REDACTED].

R. notes that she was escorting another resident back to the unit from school.

Upon arrival back to the unit, she found resident [REDACTED] [REDACTED] (age 16) alone, no staff on the unit.

Per R., new staff [REDACTED] [REDACTED] 'just dropped [REDACTED] off to the unit, did not bring [REDACTED] in, and left the premise again'.

R. is unsure how long [REDACTED] was unsupervised for.

[REDACTED] is back on the premises. R. notes they spoke with her about the fact she cannot leave a resident alone in the house.

Nothing happened to [REDACTED], R. has not spoken with [REDACTED]."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on June 26, 2023. CPI states, "Based on the facts above, there does appear to be a preponderance of the evidence to substantiate allegations of Other Institutional Neglect against staff/perp, [REDACTED] [REDACTED] as to resident [REDACTED] "[REDACTED]" [REDACTED]. This investigation will therefore be INDICATED." The OCA completed an independent review of the incident.

This incident outlines a clear violation of St. Mary's policy regarding supervision as well as DCYF Licensing Regulations.<sup>71</sup> The OCA could not find documentation to support a DCYF Licensing Division regulatory response of this investigation.

**June 11, 2023, 9:38:47 PM-St. Mary's Mauran Unit**

"Call time: 9:15pm

R is [REDACTED] [REDACTED] resident staff at St. Mary's Home- [REDACTED]-[REDACTED]-[REDACTED]

R states [REDACTED] (8.5), was walking all over campus today and R stayed behind [REDACTED] the while time in case [REDACTED] tried fleeing.

R states [REDACTED] attempted to cross [REDACTED] [REDACTED] Ave but R stood in front of [REDACTED] to prevent [REDACTED] from crossing. R states [REDACTED] then grabbed him in the groin."

This report was designated a Screen Out by DCYF.

DCYF Licensing conducted a regulatory response of this incident. "On 6/12/2023 Licensing Administrator spoke with Mike Burgess, Residential Program Manager, who confirms that [REDACTED] continued to be dysregulated throughout the day however [REDACTED] was never not within sight of staff. [REDACTED] was able to be redirected and was able to remain at baseline without further incident.

Administrator reviewed Incident Forms which were scanned to Licensing for review."

The OCA conducted an independent review of the incident. A written report of the incident was provided to DCYF Licensing and reviewed by a DCYF Administrator in order to verify and confirm the information. It is also noted by the OCA, DCYF staff from several divisions were conducting on-site visits with St. Mary's during this reporting time. This practice of visitation by multiple DCYF

<sup>71</sup> See Appendix A, St. Mary's Policy CRR-001 Supervision of Youth; See Appendix B, DCYF Licensing Regulations 4.3.1(C)(2).

units is a significant change in practice from the prior administration. While the prior Administrative Team were still a part of DCYF at this particular time, making authoritative decisions, Director Deckert was adamant that DCYF have staff on the campus on a regular basis. This practice continues to date.

**June 11, 2023, 10:07:05 PM-St. Mary's Mauran Unit**

"6/11/23 [REDACTED] [REDACTED] from St. Mary's Mauran Unit contacted the hotline.

Reporter stated that earlier, [REDACTED] had returned dysregulated with staff and was touching staff's vagina and breasts and was trying to bite staff's breasts. [REDACTED] then took over and [REDACTED] continued this behavior and was aggressively grabbing [REDACTED] vagina and breasts and trying to bite her breasts. [REDACTED] stated she moved away from [REDACTED] and would also move [REDACTED] hands. [REDACTED] was able to settle [REDACTED] down.

[REDACTED] mentioned [REDACTED] had gone AWOL multiple times today and that the inappropriate touching is ongoing problem. CPI noted that no AWOL's had been reported to the hotline though [REDACTED] said police were notified. [REDACTED] stated around 6pm [REDACTED] left and went to Walgreens [REDACTED] told people [REDACTED] was homeless and they gave [REDACTED] food and drinks which [REDACTED] was consuming upon [REDACTED] return around 6:30pm. The 2<sup>nd</sup> time [REDACTED] went AWOL, [REDACTED] was still on grounds at St. Mary's wandering around."

This report was designated a Screen Out by DCYF.

DCYF Licensing conducted a regulatory response of this incident. "Licensing Administrator, [REDACTED] spoke with Mike Burgess, Residential Program Manager who reported that yes, [REDACTED] was in fact dysregulated and acknowledged that [REDACTED] was acting inappropriately towards teacher, [REDACTED]. A discussion occurred as to why the door was not properly secured; to which Mike stated he would immediately follow-up as well as to ensure that staff will be reminded to ensure that the door is completely shut, secured and the alarm is activated. While [REDACTED] left the residence, [REDACTED] was never not in the presence of staff including while at Walgreens.

Written report from [REDACTED] [REDACTED] was received and reviewed by Administrator. Hard-copy filed in the provider file."

The OCA conducted an independent review of the incident. A written report of the incident was provided to DCYF Licensing and reviewed by an Administrator in order to verify and confirm the information. It is also noted by the OCA, DCYF staff from several divisions were conducting on-site visits with St. Mary's during this reporting time.

**June 15, 2023 4:20:34 PM-St. Mary's Horton Unit**

"On 6-15-23 [REDACTED] [REDACTED] DCYF contacted the Hot Line at the request of [REDACTED] [REDACTED]. He can be reached at [REDACTED]-[REDACTED].

Reporter stated he received a call from North Providence PD regarding another matter. During that conversation he was told that [REDACTED] [REDACTED] age 16 and [REDACTED] [REDACTED] were picked up by the NPPD.

While being transported [REDACTED] disclosed to the Officer that when [REDACTED] was at St Marys [REDACTED] was being Trafficked. Reporter does not have any further information. He requested the Officer call the Hot Line with further information."

This report was designated a Screen Out. While designated a Screen Out a CPI was assigned to speak with the child. Based on the information presented in the narrative and the ongoing concerns with youth in care being victims of trafficking, the OCA deems that this warranted an investigation. There is a specific unit within DCYF dedicated to AWOL and CSEC youth. It is unclear if this unit was notified of this Screen Out and aware of the information reported.

CPI reports, "On 6-16-23 CPI [REDACTED] met with [REDACTED] [REDACTED], victim, at [REDACTED] mom's home. CPI had [REDACTED] [REDACTED] sit in close proximity so she could witness interview as this CPI felt uncomfortable being alone with [REDACTED] due to [REDACTED] past accusations against adult men. [REDACTED] states that [REDACTED] was AWOL this week and was picked up by the NPPD. [REDACTED] denied that [REDACTED] ever told any officer that [REDACTED] was sex trafficked while at St. Mary's. [REDACTED] on this date said [REDACTED] would not speak about anything at Bradley, St. Mary's or anywhere else. [REDACTED] clearly stated that no staff at St. Mary's had ever trafficked [REDACTED]. [REDACTED] was asked if [REDACTED] was assaulted while on AWOL at ST. Mary's and [REDACTED] denied any allegations of sexual abuse by anyone and would clearly keep stating 'nothing I do is anyone's business'. Interview was terminated at this point."

The above follow through is not appropriate nor best practice when conducting an interview. Conducting an interview with a parent in the room and with a preset notion of bias based on the child's prior allegations is not conducive to an effective interview.

Based on the above statements by CPI, there is evidence of a biased attitude towards this child prior to the interview. The CPI acknowledges and documents he "felt uncomfortable being alone with [REDACTED] due to her past accusations against adult men." Knowing this bias ahead of time as an investigator, the assigned CPI had a duty to request removal from the assignment. Perhaps a female CPI should have been assigned. At the very least, the assigned CPI could have paired up with an additional investigator rather than a parent. Additionally, when interviewing victims having a parent in the room presents an additional barrier to a successful interview. A child may have feelings of shame, embarrassment or other emotions discussing sensitive situation in front of a parent. CPI documents the child has a history of accusations against adult men yet fails to mention if the allegations were proven. Due to the traumatic history of this child, an interview in a more trauma-informed and centered atmosphere and by a trauma-informed or forensically trained interviewer may have been more successful in the child providing information.

DCYF Licensing conducted a regulatory response of this incident. "On 6/28/23, this Licensing worker spoke with St. Mary's program Director, Mike Burgess. Mr. Burgess was surprised as he has never heard any child disclosing sex trafficking at St. Mary's. Mr. Burgess reviewed their records and noted [REDACTED] was discharged from St. Mary's on 8/24/22. Mr. Burgess reported youth, [REDACTED] was not identified as C-Sect: a youth that is high risk for trafficking or has his history of. Mr. Burgess denied any trafficking activity at St. Mary's presently or in the past. No licensing issues noted."

DCYF Licensing has a duty to independently review the case and/or review video footage and written documentation. Without reviewing documentation and assessing the unit in person, it is improper to state, 'no licensing issues reported'. DCYF cannot rely on a conversation with an administrator. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's.

Furthermore, many, if not all children at St. Mary's are at high risk for sex trafficking based on the population of youth and current environment. To deny any trafficking activity at St. Mary's is extremely concerning and is a significant misrepresentation and characterization of past events. In fact, within this time frame St. Mary's Outpatient Clinical Director and CEO were in the process of coordinating Bikers Against Child Abuse (BACA) to monitor the entire St. Mary's campus due to the

trafficking and AWOL concerns of the youth placed at St. Mary's. This issue will be discussed further in this report.

Concerns of trafficking are prevalent throughout all facilities where children are placed and are not exclusive to St. Mary's. However, to state there is no activity of trafficking minimizes the efforts of task forces in place to help children and increases the risk of harm to children at St. Mary's. While St. Mary's was currently on a hold for accepting new youth into the program and DCYF staff from several divisions were conducting on-site visits during this reporting time. It is negligent not to follow-up on each specific call into the Hotline. This type of follow-up would ensure issues are identified and relayed to the entire team and each DCYF Unit to make appropriate changes to protect children and provide any safety planning necessary.

**June 15, 2023, 1:02:31 PM-St. Mary's Hills Unit**

"Reporter is [REDACTED] [REDACTED] (resident at St. Mary's Hills Unit) [REDACTED] Ave., North Providence RI 02911 (401) [REDACTED]-[REDACTED]. No Covid signs or symptoms reported.

Per Admin [REDACTED] this is a task.

Reporter emailed administrative staff at DCYF: CPS the following information:

"Hi my name is [REDACTED] [REDACTED], and I'm currently at St. Mary's. I'm concerned for myself badly. Yesterday I was attacked by a [REDACTED] for laughing. This [REDACTED] is always threatening me, and St. Mary's staff don't do anything. There's barely any food, like yes occasionally there's food but barely enough for us 5 [REDACTED]. This place is honestly bad and the staff don't do their jobs. They pick and choose which kids they like and just give this one [REDACTED] everything [REDACTED] wants. They are very unfair. I have a DCYF who does their job, but I just wanted to reach out to another DCYF worker."

This report was designated a Screen Out with a Task response from a CPI.

Assigned CPI reports, "CPI [REDACTED] spoke to victim who said [REDACTED] was arguing with other resident who attacked [REDACTED] and hit [REDACTED] twice in the head. [REDACTED] then defended [REDACTED] and went after the other resident at which time the staff that was in the room stopped the fight. Two other staff in the office also responded. On 6/15/23, the FSU SW went to the program and met with the victim, [REDACTED] clinician and campus supervisor. A safety plan was put in place where both residents will be monitored."

Based on the information presented in the narrative, current situation, and ongoing investigation by DCYF including the Licensing Division and CSBH Units, the OCA deemed this situation warranted a full investigation rather than a Task response.<sup>72</sup>

DCYF Licensing conducted a regulatory response of this incident. "On 6/16/23, this Licensing worker spoke with program Director, Mike Burgess. Mr. Burgess reported this incident occurred during a verbal altercation between [REDACTED] and another resident, [REDACTED]. While tossing words back and forth, [REDACTED] got really upset and walked over to [REDACTED] attempting to physically attack [REDACTED], but staff intervened and deescalated the situation. The [REDACTED] were separated. Mr. Burgess reported staff acted appropriately preventing physical altercation between the [REDACTED]. Mr. Burgess reported [REDACTED] is doing well and there has been no other similar incidences. This worker mentioned concerns regarding insufficient food in the program and staff favoritism. Mr. Burgess reported they do have more than sufficient food but the residents prefer junk food; frozen foods, popcorn, chips soda etc. Mr.

<sup>72</sup> See Appendix C, DOP 500.0000, DOP 500.0005, 500.0035.

Burgess reported they encourage healthy eating, fruits and veggies for snacks at the agency. Mr. Burgess denied staff are not doing their jobs. He also denied they play favoritism. No other licensing issues noted.”

The OCA conducted an independent review of this incident and upon review of all information the OCA discovered the above child was physically assaulted by another resident. This information was reported to the Hotline by St. Mary’s nursing staff on June 14, 2023. There was no action taken by CPS until an email was sent the following day, June 15, 2023, to a DCYF Administrator by the child.

The information reported by the nursing staff at St. Mary’s was placed in the case activity notes rather than under the CPS Intake information, in violation of DCYF policy.<sup>73</sup> The OCA has previously stated the dangers of these reports not being categorized under the Child Protection Services information. This incident would not have been addressed on any level had the child not written a follow-up letter, potentially leaving the child subject to more victimization. Failure to adhere to this policy and properly document the call, led to further violation of additional policies and delayed the appropriate follow-up.<sup>74</sup> Additionally, in accordance with DOP 500.0070, Section II. (B)(3), the Office of the Child Advocate should be assigned in RICHIST to any case alleging institutional abuse and/or neglect.<sup>75</sup> This prompts notification to the OCA and provides the office with the opportunity to complete an independent review of the incident. Failure to properly document any allegation of abuse and/or neglect hinders the OCA’s ability to fulfill our statutory mandate in a timely manner.

The incident took place on June 14, 2023, and was reported to the Child Abuse Hotline on this date. On June 15, 2023, CPS Administrator received an email from the victim and forwarded it to the CPS Hotline, requiring a Task response. On June 16, 2023, CPI spoke with child and the Licensing Worker spoke with Mr. Burgess regarding the incident. On June 17, 2023, Licensing Administrator and CSBH Administrator conducted an announced visit to St. Mary’s. Licensing Administrator, Lori DAlessio and CSBH Administrator, Chris Strnad conducted an announced visit to St. Mary’s. “During this Saturday morning visit, campus supervisor [REDACTED] started the tour of the homes however shortly after arriving at the campus Residential Manager, Mike Burgess arrived; he also was present during the walk-through. During this site visit, each home was visited and photos were taken to document any areas of need or correction. Photos and follow-up will be shared with the agency as part of the Executive Summary.”

The OCA conducted an independent review and investigation. While the OCA acknowledges Licensing and CSBH conducting a walk-through of all homes a few days later, the OCA was informed that at no time did either Administrator speak with any children. The lack of engagement with children exacerbates the ongoing issues of inadequate staffing, children feeling unsafe, and their individual needs not being met. A review of this incident by the Administrators on this day may have validated the children’s fears of safety and ensured treatment concerns were being addressed. Speaking with the children placed in these homes would have allowed CSBH to determine that their needs were far greater than the treatment they were receiving. This would have been evident at the time due to clear deficiencies in programming in conjunction with the acuity level of the children in the unit, and the

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<sup>73</sup> See Appendix C, DOP 500.0005 II (A)(b).

<sup>74</sup> See Appendix C, DOP 500.0005; 500.0065; 500.0035 and See Appendix D, RIGL § 40-11-3.

<sup>75</sup> See Appendix C, DOP 500.0070 II (B)(3).

staffing issues. While documenting through photographs the physical aspect of living arrangements is important the issues at St. Mary's far exceeded the physical aspects of the home.

The conversation with Mike Burgess and the Licensing Worker on June 14, 2023, does not provide independent verification of what was reported by the child. The Licensing Worker and DCYF Administrators on campus two (2) days later did not verify any information provided by Mr. Burgess.<sup>76</sup> The children engaged in a physical altercation and the child was seen by the nurse due to the assault. To state the children only engaged in a verbal altercation is incorrect and leaves children in unsafe situations. A review of the Task conducted by the CPI also indicates the child was assaulted and that a safety plan had been implemented where both residents would be monitored, signifying staff were not in the immediate vicinity of the children when the assault took place. According to several reports there were two staff in the office and one staff in the area, when the children began verbally arguing. At this time, all staff should have been in the immediate vicinity to try and de-escalate the situation. Waiting until a physical altercation begins to attempt de-escalation defeats the purpose of protecting children from harm. A complete investigation may have led to heightened awareness of staffing concerns and staff supervision.

Licensing never addressed food availability or options with the youth. The OCA found evidence that adequate food options were not available within the unit and on several visits to the unit the OCA team observed food in aluminum trays sitting on the counters uncovered for extended periods of time such as breakfast foods sitting on the counter after 4 PM in the afternoon and pizza boxes sitting on the dining room table.

Licensing has an independent obligation to follow-up with the children to assist in meeting their needs. Furthermore, the names listed in the Licensing review are incorrect and had in-person verification been completed it would have been evident the children involved are different than the ones referred to in the regulatory response.

**June 18, 2023, 8:25:51 PM-St. Mary's Mauran Unit**

"On 6.18.2023 a 717p, Boystown, Family Teacher [REDACTED] 401-824-4938, made the following report:

Reporter stated [REDACTED] (11 yo) contacted [REDACTED] sister, [REDACTED] (13yo) and informed [REDACTED] that staff, unknown, walked in while [REDACTED] was in the shower and that [REDACTED] could not complete [REDACTED] shower. [REDACTED] reported that [REDACTED] had bruises on [REDACTED] body but did not disclose where or how [REDACTED] sustained them before ending the call."

This report was designated a Screen Out by DCYF. Based on the ongoing issues at St. Mary's and despite a hold being placed on intakes, calls continued to come into the Hotline with significant allegations. The Licensing regulatory responses are inadequate and do not address safety concerns, therefore the OCA deemed this incident warranted an investigation.

DCYF Licensing conducted a regulatory response of this incident. "On 6/21/22, this Licensing worker spoke with St. Mary's program Director, Mike Burgess. Mr. Burgess reported [REDACTED] present with significant MH/BH challenges so [REDACTED] struggles to express identify [REDACTED] feelings. Mr. Burgess reported [REDACTED] fabricates stories when [REDACTED] gets upset. Mr. Burgess reported [REDACTED] is receiving therapy once a week. Mr. Burgess denied staff walked into the bathroom while a resident is showering. Mr. Burgess

<sup>76</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL§ 42-72-5(b)(7).

reported there has been no reported marks or bruises on [REDACTED]. Mr. Burgess reported [REDACTED] is doing fine at the program at this time.”

DCYF has an obligation to independently verify any information reported.<sup>77</sup> This follow-up is inappropriate and unacceptable. No one from DCYF spoke to or met with [REDACTED] regarding the information relayed during [REDACTED] phone call. To state none of the above happened and state the child “fabricates stories when [REDACTED] gets upset” is indicative of biased views based on behaviors common with the child’s diagnosis. Statements like this are counterproductive to helping a child and in essence call the child a liar. These statements coupled with the fact no one spoke with this child to discuss the allegations, leaves this child at increased risk of harm and in vulnerable situations. This child has the right to be safe from harm and if this incident did happen, not allowing the child to speak about the incident creates further trauma for the child and may prevent the child from disclosing abuse in the future. It is unclear how Mr. Burgess can make a statement that the incident never happened when there was no review of the reported incident and/or follow-up conversation with the child. The fact that neither Licensing nor CPS independently reviewed the allegations is alarming. This is a child that has been placed at St. Mary’s for three (3) years, and according to clinical feedback has adapted to [REDACTED] environment. This child continues to await a more appropriate placement as the child does not require this level of care.

**June 26, 2023 2:48:54 PM-St. Mary’s ARTS Program**

“6-26-23 at 2:23PM, [REDACTED] [REDACTED] [REDACTED]/St. Mary’s Home for Children/ARTS called the Hotline. Tel: [REDACTED]-[REDACTED] x [REDACTED]

[REDACTED] [REDACTED] and [REDACTED] [REDACTED] were playing a Pokeman board/card game. [REDACTED] touched [REDACTED] cards. [REDACTED] got upset and hit [REDACTED] on the rear end and pushed him.

Staff intervened.”

This report was designated a Screen Out by DCYF. Based on the ongoing issues and continued visitation and monitoring by DCYF staff, calls continued to come into the Hotline with significant allegations. The Licensing regulatory responses are inadequate and do not address safety concerns. The OCA deemed this incident warranted an investigation or at the very least a Task response by a CPI to assess for the safety of the children and independently verify the information.

DCYF Licensing conducted a regulatory response of this incident. “On 6/28/23 this licensing worker spoke with St. Mary’s program Director, Mike Burgess. Mr. Burgess reported during cleaning up time, [REDACTED] picked up [REDACTED] cards in error assuming they were [REDACTED] as they both have similar cards. Mr. Burgess reported [REDACTED] smacked [REDACTED] on the buttocks but not a hard hit. Mr. Burgess reported there were no injuries and [REDACTED] apologized to [REDACTED]. Mr. Burgess reported the [REDACTED] are doing well at the program. Mr. Burgess reported there have been no other incidences since then.”

DCYF has an obligation to independently verify any information reported.<sup>78</sup> This follow-up is not conducive to the ongoing safety of children. There is no indication DCYF spoke to or met with any of the youth, or staff involved in the incident and no evidence documentation or video footage reviewed.

<sup>77</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

<sup>78</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

The OCA conducted a review of the incident and spoke with the children and staff on the Mauran Unit. The OCA was informed these children often have issues with one another and are not allowed to share Pokemon cards as a rule. Staff informed that the children are not allowed to share items, as it often creates disagreements and escalation in unsafe behaviors towards one another. The children involved confirmed this information to the OCA and admitted the child knew the card was not [REDACTED] but wanted that specific card, so [REDACTED] pretended to accidentally take the card as [REDACTED] own. While there were no injuries involved in this specific incident, children have the right not to be touched, hit, slapped or otherwise harmed. Minimizing the situation by adults only exacerbates future incidences. Had there been an in-person conversation or follow-up, this information would have been noted by DCYF and the ongoing issues with staffing and children's safety addressed in the moment. Unfortunately, the children in this unit continued to face challenging situations within the unit and identified feeling unsafe in the residence.

**June 27, 2023, 3:40:43 PM-Hills Unit**

"Call time is 2:44 pm. R is [REDACTED], Campus Supervisor at St. Mary's Home from Children and [REDACTED] can be reached at [REDACTED]-[REDACTED] ext [REDACTED].

As R was walking into the Hills Unit [REDACTED] was resident [REDACTED] (age 17) coming out of another resident's room.

R said he is calling the hotline to report the resident was unsupervised for 3 to 5 minutes.

R is calling to document. He notified [REDACTED] FSU SW."

This report was designated a Screen Out by DCYF. Based on the ongoing issues at St. Mary's despite a hold being placed on intakes, calls continued to come into the Hotline. The Licensing regulatory responses are inadequate and do not address safety concerns. The OCA deemed this incident warranted an investigation to assess for the safety of the children and ongoing staffing and supervision concerns.

DCYF Licensing conducted a regulatory response of this incident. "On 6/28/23, this Licensing worker spoke with St. Mary's program Director, Mike Burgess. Mr. Burgess admitted staff, [REDACTED], and [REDACTED], left 2 residents unsupervised upstairs to come downstairs for staff meeting. After several minutes, less than 5 minutes, staff went back upstairs and verbally directed residents downstairs where staff were able to eyeball them during staff meeting. Mr. Burgess reported both staff are trained and were fully aware but failed to follow protocol. Mr. Burgess reported supervisor reviewed protocol with both staff and they were warned that if this occurs again, they will be terminated. No licensing issues noted."

DCYF has an obligation to independently verify any information reported.<sup>79</sup> In this situation there was no additional follow-up from licensing with respect to the admitted violation of policies. This follow-up is inappropriate and unacceptable. No one from DCYF spoke to or met with any of the youth or staff involved in the incident. To make the statement, "No licensing issues noted" is inaccurate as the documentation indicates protocol was not followed by the staff, also in violation of DCYF Licensing

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<sup>79</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

Regulations.<sup>80</sup> The ongoing lack of follow through by Licensing specific to these calls allowed protocol and policy violations to continue, keeping children in unsafe and unprotected situations. While St. Mary's was operating under a hold and corrective action plan, there is no documentation to support outreach and safety planning implementation for the children on campus after incidents.

**July 12, 2023, 3:05:09 PM-St. Mary's Hope Unit**

"Call in: 2:24 PM Call end: 2:36 PM  
COVID concerns not asked..."

RP is [REDACTED], Supervisor on the Hope Unit @ St. Mary's Home for Children in North Providence; [REDACTED] ext # [REDACTED].  
Added to report is CSW [REDACTED].

(15.1-yo) [REDACTED] told RP that (16.10yo) [REDACTED] said staff [REDACTED] is going to get [REDACTED] a vape.

RP said [REDACTED] is from Arbor Associates and works at St. Mary's. RP said [REDACTED] is [REDACTED] go-to person for check-ins. Last night RP overheard [REDACTED] phone call to [REDACTED] who was on a different unit. [REDACTED] asked him when was his break for the night and when was his next day to work. [REDACTED] told [REDACTED] he already had his break and that he would be back to work on Thursday.

RP said she does not find [REDACTED] credible. [REDACTED] often does not tell the truth.

RP said a search was done of [REDACTED] room and nothing was found."

This report was designated a Screen Out by DCYF.

DCYF Licensing conducted a regulatory response of this incident. "On 7/17/2023 Licensing Administrator [REDACTED] spoke with Mike Burgess, Residential Program Manager who clarified that [REDACTED] doesn't work on the Hope Unit, rather he is assigned to the Harding/ARTS Unit. Mike reports that [REDACTED] has been working as a contracted staff person for quite some time. He has a good reputation and has a calming presence. [REDACTED] stated that [REDACTED] called over to the Harding/ARTS unit to speak with [REDACTED] - he is able to calm [REDACTED]. When questioned why a contracted staff member from another unit would have any contact with a youth on Hope, Mike explained this is not unheard of - certain youth gravitate to certain staff. [REDACTED] does work consistently at St. Mary's and may have covered shifts at Hope. The call was made to the main phone on Harding/ARTS - not a personal cell phone.

[REDACTED] did not appear to be credible in her reporting. A search of the room found no vape pen. Confirmation with Mike Burgess that there was no vape pen found. He spoke with [REDACTED] who denied such; [REDACTED] doesn't smoke himself so he personally doesn't have a vape pen. Mike did note that this allegation is possibly as a result of [REDACTED] having a vape pen, with nothing in it, but still have one on [REDACTED] possession.

DFS reports no additional follow-up needed at this time from Licensing."

Based on the allegations in this narrative the OCA remains concerned with the child having a vape pen with nothing in it in the child's possession and no additional follow through. The OCA also has concerns with the relationship between the child and a contract staff when it is stated he "may have

<sup>80</sup> See Appendix A, St. Mary's Policy CRR-001 Supervision of Youth; See Appendix B, DCYF Licensing Regulations 4.3.1(C)(2).

covered shifts at Hope”. It would be beneficial to determine how the relationship between the child and staff originated and the parameters around the contract staff’s involvement with the child’s case. Furthermore, Licensing must conduct their own follow-up and not make it incumbent upon FSU to make recommendations.<sup>81</sup>

**July 13, 2023, 9:17:51 PM-St. Mary’s Horton Unit**

“Reporter [REDACTED] [REDACTED] Asst Sup Horton [REDACTED]

[REDACTED] 15yo [REDACTED] was making eggs. 14yo [REDACTED] asked for eggs as well. [REDACTED] called [REDACTED] a pig and slapped [REDACTED]. [REDACTED] stepped between the children. [REDACTED] spit in [REDACTED] face. [REDACTED] smacked [REDACTED] in the face.

Staff broke the fight up. No one was injured during the incident.

[REDACTED] went to Hasbro because [REDACTED] became escalated again. [REDACTED] was told by [REDACTED] clinician [REDACTED] would not be going off grounds. [REDACTED] was laying in the street. Police told [REDACTED] they were going to spray [REDACTED] with pepper spray. [REDACTED] got up and out of the street. [REDACTED] went to Hasbro.”

This report was designated a Screen Out by DCYF.

DCYF Licensing conducted a regulatory response of this incident. “On 7/18/2023 Licensing Administrator, Lori DAlessio contacted Mike Burgess, Residential Program Manager to discuss the incident. Mike stated that the units now have extra eggs, lunch meats and juices in the staff refrigerator for youth during off cafeteria times. [REDACTED] got upset and left the unit and proceeded to Fruit Hill Ave. where [REDACTED] in fact was on the side of the road laying in the street. [REDACTED] assigned clinician did make efforts prior to [REDACTED] reaching the street to reiterate that [REDACTED] could not leave the campus grounds. Mike noted that several staff were present and needed to call NPPD for assistance after approximately 15 minutes of trying to verbally get [REDACTED] back to the unit. NPPD arrived, and did state to [REDACTED] if [REDACTED] didn’t remove [REDACTED] from the street, [REDACTED] would be pepper sprayed. When the threat of calling fire/rescue was made [REDACTED] did remove [REDACTED] from the street. [REDACTED] was not pepper sprayed. [REDACTED] was taken to Hasbro for evaluation and was later returned to the unit.

On 7/19/2023 Licensing Administrator spoke with NPPD Deputy Lepre re: pepper spray to ensure all facts were given and to learn more about the situation. Body camera audio was reviewed. Officer # 33 arrived on scene. As stated above the youth had already been near/in the street for 15 minutes before calling. This is concerning given the location of St. Mary’s and the # of vehicles on that road. Despite verbal attempts [REDACTED] would not remove [REDACTED] from the road. Audio reflects Officer stated he was going to “gas” the youth if [REDACTED] didn’t move. He explained as a directive in a calm voice and not as an order. He stated that if this reaches the level of an order then this would happen as a result. [REDACTED] asked what “gas” was and staff explained such to [REDACTED]. It should be noted that staff stated a similar incident happened the day prior but they were able to control the situation and did not warrant a call. When it was told that fire/rescue would be called, [REDACTED] removed [REDACTED] from the street. There were several staff from St. Mary’s trying to assist including the counselor/clinician sitting with [REDACTED].

<sup>81</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

On 7/19/2023 Licensing Administrator corresponded by email with DFS Supervisor [REDACTED]. She stated that she has no concerns at this time. At time [REDACTED] can escalate and be impulsive. Otherwise, [REDACTED] been doing relatively well and we are planning for discharge end of August.”

Concerns remain from the OCA based on the statements above by Mr. Burgess stating, ... “the units now have extra eggs, lunch meats and juices in the staff refrigerator for youth during off cafeteria times.” Children should have access to food at all reasonable times and it should not take a fight amongst youth and the dysregulation of children for food to be made readily available.

**July 15, 2023, 1:44:55 PM-St. Mary's ARTS Program**

“Reporter is [REDACTED] [REDACTED] [REDACTED] to the victim [REDACTED]-[REDACTED]-[REDACTED]  
R called at 1:10pm on 7/15/23

[REDACTED] called into the Hotline to report on St. Mary's

[REDACTED] is reporting that St. Mary's denied his visit to his child, [REDACTED] today. The assigned clinician never approved the visit and the current clinician isn't willing to provide the visit.

[REDACTED] states they have a list for who [REDACTED] is allowed to call. [REDACTED] confirmed that there was no list in the binder though, so anyone could have been calling to talk to his [REDACTED]. [REDACTED] is not worried that people are calling but he stated he called and they just allowed him to talk to his [REDACTED].

[REDACTED] has been there for 72hrs. [REDACTED] also was never given any policies and procedures. They were never told that the visits have to go through the clinician. [REDACTED] was assigned a clinician yesterday and then they were unable to schedule a visit. Parents want to see him and drop off items but are not being allowed.”

This report was designated a Screen Out by DCYF.

DCYF conducted a regulatory response and an in-person follow-up. Documentation shows on July 15, 2023 approximately ten (10) minutes after the Hotline call was placed, Licensing Administrator, [REDACTED] arrived on St. Mary's campus for an unannounced visit. Upon arrival Campus Supervisor, [REDACTED] informed Administrator [REDACTED] of the call placed by the [REDACTED] of child. Documentation of this visit and follow-up are below written by, Administrator [REDACTED].

“This writer was present when campus supervisor made a call to the on-call clinician in efforts to get the fathers visits approved for that afternoon. Although the on-call clinician was not assigned she was able to approve such. In addition to the on-call clinician calling father, [REDACTED] also made a follow-up call.

This writer spoke with Mike Burgess, Residential Program Manager on 7/17/2023 who reported that he actually arrived on campus about 45 minutes after this writer left. He stated that the visit did occur. He stated that this visits had been approved however the approval did not get into the binder ahead of the weekend therefore residential staff were not aware of such. This has been resolved. Mike also stated that he would follow-up to ensure that [REDACTED] receives the policies and procedures.

This writer reached out to the assigned SCW [REDACTED] and supervisor [REDACTED] who report no additional concerns or follow-up need at this time from Licensing.

This writer spoke with [REDACTED], [REDACTED] on 7/18/2023. He explained that [REDACTED] had resided at Hasbro for the last 3 months and recently moved to [REDACTED] this past Thursday, 7/13/2023. He was instructed by his assigned SCW that if any issues arise to always call the hotline after hours. This

writer explained that she overheard the phone calls to the on-call clinician and to him on Saturday. Explained reason for being on campus was an unannounced visit. He stated that the intake was not in-person rather he received all the paperwork by email. A new clinician to St. Mary's was assigned on Friday. He did have an opportunity to speak with clinician, [REDACTED] for several hours obtain necessary information. He noted frustration with Hasbro as he still has not received a copy of the discharge summary.

No other matters require f/u at this time."

The DCYF response addressed the concerns in a timely fashion and appropriately.

**July 20, 2023, 12:36:04 PM-St. Mary's Hills Unit**

"R is [REDACTED]

R stated that on 07-20-23, youth went AWOL

[REDACTED] [REDACTED] (16) was upstairs in [REDACTED] room with staff checking rooms every 15 minutes until 3:30am. That staff person went on break for 45 minutes so she went downstairs and the other staff person went upstairs to continue w room checks. The staff person on break is seen sitting on the chair in the living room area. Within a few minutes [REDACTED] says [REDACTED] wanted to go downstairs to speak with staff person on break but instead walks out the door. The staff person upstairs, confirmed to be awake assumes [REDACTED] is downstairs the entire with the other staff person and doesn't bother to check with that staff person to ensure such. It also took hours to notify the Department and NPPD because the staff did not know [REDACTED] was missing.

[REDACTED] remains AWOL. Note [REDACTED] is CSEC involved- this was the youth that was located at the [REDACTED] motel last week; went to St. Mary's Hills and immediately following the intake went AWOL had a ride waiting; returned to Hills on Friday, 7/14/2023. [REDACTED] had not gone AWOL since 7/15/2023.

R stated that the process to move to St. Mary's PRTF has been in motion for a few days."

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on October 7, 2023. CPI documentation shows the child was located from being AWOL on October 4, 2023 and CPI was able to meet with youth. "Based on the facts above, there does appear to be a preponderance of the evidence to substantiate allegations of Other Institutional Neglect against St. Mary's staff, [REDACTED] [REDACTED] and [REDACTED] [REDACTED] as to resident [REDACTED] [REDACTED]. This investigation will therefore be INDICATED."

DCYF Licensing conducted a regulatory response. "On 10/18/23, this licensing worker spoke with St. Mary's program manager, Mike Burgess. Mr. Burgess reported staff lack of communication and not following through with protocol. Mr. Burgess reported staff was terminated for failure to keep track of youth at all times, per protocol."

The OCA reviewed all information and follow-up and found multiple discrepancies in the Licensing documentation. The Licensing Worker documents the date of October 18, 2023, as her follow-up with Mr. Burgess. However the note was entered in the DCYF system on October 23, 2023, and indicates the date the conversation occurred was October 7, 2023. The OCA is unable to verify the accuracy of documentation and remains concerned with the inaccuracies in reporting by DCYF workers.

**July 22, 2023, 1:29:22 PM-St. Mary's Mauran Unit**

"A call was received to the RI Child Abuse and Neglect Hotline on 7/22/23@12:56p. Reporter is RN [REDACTED] [REDACTED] from St. Mary's who can be reached at [REDACTED]-[REDACTED]

Reporter stated that [REDACTED] reported staff [REDACTED] caused a bruise to [REDACTED] wrist. Reporter examined the wrist and it did have a bruise.

Child stated it happened yesterday in [REDACTED] room and after breakfast. Cameras were not checked and there are not cameras in the bedrooms.

The incident took place on the Mauran Unit.”

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on August 7, 2023. CPI reports, “Based on the above information, there does not exist a preponderance of the evidence to support the allegation of Other Intentional Abuse against [REDACTED] [REDACTED] regarding [REDACTED] [REDACTED]. This investigation is therefore UNFOUNDED.” The OCA completed an independent review of the incident and supports the finding of this investigation.

DCYF Licensing conducted a regulatory response, “On 8/7/23, this Licensing worker contacted St. Mary’s program director, Mike Burgess reported youth, [REDACTED] rescinded statements [REDACTED] made against staff, [REDACTED]. Mr. Burgess reported agency has no concerns re: this staff. Mr. Burgess noted staff is still working for the agency. No licensing issues noted.”

The OCA remains steadfast that the Licensing Division must independently verify information reported.<sup>82</sup> To state no licensing issues noted is inaccurate, as St. Mary’s remains under a corrective action plan and ongoing issues continued to be documented and addressed by DCYF. A thorough review of supporting evidence, including an in-person conversation with the children by DCYF Licensing must be completed to determine if any licensing violations are present. Relying on St. Mary’s to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary’s.

**July 27, 2023, 2:38:45 PM-St. Mary’s Horton Unit**

“On 7/27/2023, [REDACTED] ([REDACTED] [REDACTED]) Supervisor from St. Mary’s Horton Unit reported the following:

Reporter stated [REDACTED] and staff member [REDACTED] were leaving the facility to go to urgent care for [REDACTED] throat to be checked. Reporter stated [REDACTED] accidentally backed into a parked staff members car. Reporter stated [REDACTED] was seen by the nurse and checked out okay and was then sent to Hasbro Children’s Hospital for medical clearance and for [REDACTED] throat to be checked.”

This report was designated a Screen Out. Based on the information presented in the narrative and regulatory response conducted by Licensing the OCA supports the Screen Out designation.

DCYF Licensing conducted a regulatory response of this incident. “On 7/28/23, this Licensing worker contacted St. Mary’s program manager, Mike Burgess. Mr. Burgess reported staff was taking youth, [REDACTED] to [REDACTED] routine medical appt. when staff hit another staff’s car in the parking lot. The youth stated [REDACTED] was okay but for safety precautions, youth was taken to the hospital and was examined to rule out any injuries. Dr deemed child okay. Mr. Burgess reported child is doing well at this time. No licensing issues noted.”

The OCA remains steadfast that Licensing follow-up must to be conducted in-person and documentation reviewed, and independently verified by DCYF. DCYF must not depend solely on one

<sup>82</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

person/the agency to provide reporting and take information provided at face value. To state no licensing issues noted is inaccurate, as St. Mary's remains under a corrective action plan and ongoing issues continued to be documented and addressed by DCYF.

**July 27, 2023 10:37:40 PM-St. Mary's Mauran Unit**

"Reporter is [REDACTED] [REDACTED] RN from St. Mary's Home for Children.

[REDACTED] was making a penis out of clay. When redirected by staff [REDACTED] became escalated. [REDACTED] had to be restrained twice.

After being released from the first restraint [REDACTED] kicked reporter in the face.

During second restraint police arrived and told staff to release [REDACTED].

[REDACTED] threatened police with a chair. Police sent [REDACTED] to Hasbro."

This report was designated a Screen Out by DCYF. Based on the fact St. Mary's remained under a corrective action plan by DCYF and serious incidents continued to be reported, an investigation and in-person Licensing follow-up is necessary.

DCYF Licensing conducted a regulatory response of this incident. "On 7/27/23, this Licensing worker spoke with program manager, Mike Burgess, Mr. Burgess reported child stated [REDACTED] was molding a telephone, but it closely resembled a penis. When staff redirected [REDACTED], [REDACTED] escalated, hitting, kicking, verbally threatening and throwing objects. Police arrived and [REDACTED] continued to exhibit out of control behaviors so [REDACTED] was taken by rescue. Mr. Burgess reported youth was discharged from Hasbro today and is back in the program. Mr. Burgess reported at this time youth is doing well but is on a strict safety plan. Not allowed to leave the facility for any reason as [REDACTED] has been encouraging other residents to elope with [REDACTED]. Mr. Burgess reported the youth is receiving individual and group therapy once a week. No licensing issues noted."

DCYF has an obligation to independently verify all information to ensure all children are safe and their best interests are being met daily.<sup>83</sup> The lack of follow-up is a dereliction of duty as St. Mary's continued to be operating under a corrective action plan and a thorough review of this incident may have identified ongoing issues. To state no licensing issues noted is erroneous. The CSBH Unit also has a duty to review all incidences reported in order to assess and review the current placement to determine if the child 's treatment needs are being met. This youth continued to struggle within this placement and place [REDACTED] and others in unsafe situations. This child's family continuously reached out to the OCA to assist this child in being referred to a new placement as [REDACTED] continued to struggle in the unit and with other residents.

**August 2, 2023, 8:09:53 PM-St. Mary's ARTS Program**

"On 08/02/2023, [REDACTED] [REDACTED] ([REDACTED]-[REDACTED]-[REDACTED]) North Providence Police Officer reported the following:

Reporter stated he responded to St. Mary's Group Home for an assault by a staff towards a juvenile. Reporter stated he learned [REDACTED] (age 8) was eating when staff member, [REDACTED] was trying to talk to him. Reporter stated [REDACTED] then burped in (staff) [REDACTED] face and [REDACTED] responded by pushing [REDACTED] in the chest 2 times with his palm.

Reporter stated [REDACTED] didn't have any marks, did not complain of any pain currently, and did state it hurt at the moment.

<sup>83</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

Reporter notified the police to report the incident.

Reporter stated [REDACTED] was asked to wait in staff member [REDACTED] office until police arrived. Reporter stated that they learned over dispatch of [REDACTED] having a knife, although Officers did not see a knife. Reporter stated [REDACTED] was hysterical and screaming as he hates police due to being [REDACTED] and police hating [REDACTED] people. Reporter stated [REDACTED] was making suicidal statements, was put in handcuffs, and was transported to Fatima Hospital.

Reporter stated there are no charges at this time as he is unsure if the Department wants to press charges as he struck a juvenile in DCYF custody.”

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on August 7, 2023. The completed investigation by CPI states, “Based on the facts above, there does not appear to be a preponderance of the evidence to substantiate allegations of Other Institutional Abuse against staff/perp, [REDACTED] as to resident, [REDACTED]. This investigation will therefore be UNFOUNDED.”

After conducting an in-depth review of incident reports, video footage, and holding conversations with staff and youth, the OCA findings differ from those of DCYF. The staff identified in the report clearly shoved the child more than one (1) time. The staff member was separated by another staff member and the staff that assaulted the child can be seen leaving the area and going into the staff office. The OCA witnessed the staff shove the child. This is not acceptable and warranted an indicated finding.

The OCA is highly concerned that four (4) children remained in the unit and witnessed the staff’s mental health crisis. The shoving incident happened at 5:39PM and police entered the unit at 5:55PM and children remained in the area for the entirety time. Two youth are seen on the unit after 6:01 PM. Several police officers were in and out of the unit at this time and the children can be seen looking into the staff office. The staff member suffering a mental health crisis is seen leaving the unit in handcuffs at 6:16 PM. Having children witness this event is traumatizing. None of the children should have been in the area during this crisis. To allow children to remain is placing them at risk of harm and another trauma for them to endure.

DCYF Licensing conducted a regulatory response of this incident. “On 8/7/23, this Licensing worker spoke with St. Mary’s program manager, Mike Burgess. Mr. Burgess reported staff, [REDACTED] was hired 4/23 and completed all required trainings. Mr. Burgess reported even though the investigation was unfounded, [REDACTED] was terminated not just for this incident but for other incidences prior. Mr. Burgess reported [REDACTED] presents with some emotional challenges and reported to other staff [REDACTED] was engage in therapy. Mr. Burgess reported this agency has low tolerance for physical abuse towards a youth in placement. Mr. Burgess reported the youth is doing well at this time. No other licensign issues noted.”

The regulatory response was inadequate. DCYF cannot rely on a conversation with an administrator, especially when it is unclear whether that person is present for these incidents. A thorough review of supporting evidence, including an in-person conversation with the children by DCYF Licensing must be completed to determine if any licensing violations are present. Relying on St. Mary’s to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary’s

August 4, 2023, 2:48:27 PM-St. Mary's Hope Unit

“Reporter is [REDACTED], DFS Worker [REDACTED]  
R called at 1:50 pm on 08/04/23

██████ was told to get off the phone. ██████ then began to threaten staff.

██████ reports that staff antagonize and provoke ██████. (R does not have information on the staff member.) ██████ then assaulted staff.

██████ was notified of the information. ██████ questioned St. Mary's what was going to happen with this staff member since these are vulnerable kids. The psychologist reports that they are taking steps to get their staff retrained for de-escalation techniques and other aspects of the job.

██████ and this staff member also had remediation, but it did not go well. ██████ is reporting ██████ no longer feels safe around this staff because of the antagonizing."

This report was designated a Screen Out by DCYF. Based on the information presented in the narrative and regulatory response conducted by Licensing an investigation should have been initiated. The fact St. Mary's remained under a corrective action monitoring and visitation by DCYF, and calls continued to be placed to the Hotline signifies ongoing issues. In-person follow-up is necessary with respect to specific Screen Outs.

DCYF conducted a regulatory response of the incident. "On 8/7/23, this Licensing worker contacted St. Mary's program manager, Mike Burgess. Mr. Burgess reported this incident occurred when youth was speaking to ██████ mother speaking negatively about staff, ██████. Staff verbally asked youth to end the conversation but the youth refused and said "shut the fuck up" and threatened to punch staff in the face. Staff continued to pressure child to hang up the phone and youth physically attacked staff. Another staff, ██████ came to assist and youth calm down but youth attempted to AWOL, but unsuccessful. The situation was deescalated and there were no injuries. Mr. Burgess reported St. Mary's supervisor reviewed effective deescalation techniques and effective comm skills with staff, ██████. Staff learned what she could she have done differently. Mr. Burgess reported the youth is doing well at this time. Mr. Burgess reported youth has no issues with staff at this time. No other issues reported."

DCYF has an obligation to independently verify all information to ensure all children are safe and their best interests are being met daily.<sup>84</sup> An in-person review and independent verification of all information is important to the safety and well-being of all youth. A phone call follow-up is not adequate and stating no other licensing violations is erroneous when not making in person contact with staff and children. The OCA conducted a review of this situation and continued interviews with individuals involved determining that staff escalated the situation causing a physical altercation. Licensing has a responsibility to speak with and listen to children and families to determine the full extent of fears and safety concerns of youth entrusted to the care of DCYF and St. Mary's.

**August 4, 2023, 10:53:14 AM-St. Mary's ARTS Program**

"On 8.04.2023 at 9:33a St. Mary's Home for Children, Supervisor ██████ ██████ ██████-█████-█████ ext ██████, made the following report:

Reporter stated ██████ (10 yo) disclosed this morning that ██████ (12 yo) entered ██████ room around midnight and 'demanded' that ██████ have sex with ██████. ██████ disclosed ██████ did have sex with ██████ and that ██████ 'made me and I didn't have a choice'. Reporter stated the cameras were checked and it was confirmed that ██████ was seen going into ██████ room and then coming out of ██████ room. The camera footage reportedly had a lag in the footage and it is currently unclear how long ██████ was in ██████ room.

<sup>84</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

Reporter stated both residents parents will be informed. [REDACTED] is being sent to Hasbro for a rape kit, and both were located on separate floors after [REDACTED] made the disclosure. Reporter stated Residential Counselor, [REDACTED] [REDACTED], was working the overnight last night.”

An additional call regarding the same child was placed two days later.

**August 6, 2023, 5:13:47 PM-St. Mary's ARTS Program**

“RP is assistant supervisor at St. Mary’s Home for Children in N. Providence. RP is calling from the ARTS-Harding Unit; [REDACTED]-[REDACTED] ext# [REDACTED]

Earlier today residents [REDACTED] [REDACTED] and [REDACTED] [REDACTED] approached and asked to speak privately.

[REDACTED] said [REDACTED] told her that former resident, [REDACTED] [REDACTED] went into ([REDACTED]) room at night when [REDACTED] was sleeping and touched [REDACTED] chest. [REDACTED] confirmed the information. Nothing more was reported.”

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator Murphy on August 14, 2023. The CPI report documents, “Based on the facts above, there does appear to be a preponderance of evidence to substantiate allegations of Other Institutional Neglect against staff/perpetrator, [REDACTED] and [REDACTED] as to both resident [REDACTED] and [REDACTED]. This investigation will therefore be INDICATED.”

The OCA completed an independent investigation of the incident. Findings of DCYF and the OCA factually show the unit was out of staff ratio in violation of DCYF Licensing Regulations and St. Mary’s Policies.<sup>85</sup> The campus supervisor on duty the night of the incident was aware of this and admittedly did nothing to put the unit staff-to-child ratio in place. The staff working the night of this incident was a new staff and had not been properly trained to be left alone in the units with children. The Campus Supervisor was also aware of this fact and still allowed a staff with less than two (2) weeks of experience to be left alone with seven (7) youth.

The OCA investigation revealed St. Mary’s was aware of the twelve (12) year old youth’s sexualized history and propensity to target younger children, yet St. Mary’s blatantly failed to provide adequate supervision to these children. In accordance with St. Mary’s policies, this youth should have been considered for an increased supervision plan. However, St. Mary’s failed to provide even the basic level of supervision required.<sup>86</sup> The identified ten (10) year old victim was placed in the unit two (2) days prior to the sexual assault and this was the child’s first time in an out-of-home placement.

According to DCYF documentation:

“DCYF Executive Team met to discuss sexual assault that occurred yesterday @ St. Mary’s Harding/ARTS.

Following this discussion an emergency conference call with the following occurred : Licensing Admin Lori DAlessio, CSBH Admins Chris Strnad and Heather Warner, CEO St. Mary’s Carlene Casciano-McCann, Assist. Residential Program Manager Arianna Dolock and Clinical Manager Brianna McShane.

Discussion about the sexual assault that occurred the night prior between [REDACTED] and [REDACTED]. Conversation was overarching as there is an active investigation open to CPS. Arianna confirmed there appeared to be a 20 second lapse but the other camera did pick up a shadow. It appears that after the staff person walked by [REDACTED] bedroom [REDACTED] may have then went into [REDACTED] room. Their bedrooms are next to each other. Carlene noted that she has learned that they were out of staff ratio on the unit. There was 1 staff for 7 youth after midnight. The ratio is 1:6 awake overnight staff. This is being addressed as

<sup>85</sup> See Appendix A, St. Mary’s Policies, CRR-001; See Appendix B, DCYF Licensing Regulations, 4.3.1(C)(2).

<sup>86</sup> See Appendix A, St. Mary’s Policies, CRR-010.

she is unclear why there were not 2 staff working. She is exploring this now as she has returned from vacation early as a result of this incident.

Due to the recent sexual assault that has occurred the following safety measures are in place:

1. both video cameras are working; they are motion sensor activated
2. a female staff person will be seated outside of [REDACTED] room during the overnight. The specific staff that are working are: Friday August 4 - [REDACTED], Saturday August 5 - [REDACTED] and Sunday August 6 - [REDACTED]. It is reported that [REDACTED] is comfortable returning to the program according to St. Mary's via [REDACTED] Aubin Ctr.
3. St. Mary's confirms that no intakes occur on the weekends.

Internally - additional steps not discussed with St. Mary's:

CPS will conduct unannounced visits this weekend to the Harding/ARTS unit between the hours of midnight and 6am. CPS Admin Vin McAteer will arrange for such. Additionally, Licensing Administrator will also conduct an unannounced to the campus on Saturday, 8/5/2023.

While the OCA recognizes the immediate follow-up by DCYF Administrators with Administration at St. Mary's the OCA remains adamant and steadfast all information needs to be independently verified and followed through in person. While a CPI had been assigned and visited St. Mary's this should never take the place of Licensing and CSBH in person follow through, as each unit has a different role in always maintaining the safety and best interest of children. All units must work in conjunction with each other and not operate as individual units. The OCA was unable to find evidence or documentation that any unannounced visits were conducted by either DCYF department. The OCA received a list of visits, both announced and unannounced, completed by the Licensing Division from July 20, 2023, to November 2, 2023. There was no unannounced visit listed for August 5, 2023. The next unannounced visit listed was not conducted until August 20, 2023.

An additional licensing review was conducted on August 29, 2023, with respect to the August 4, 2023, sexual assault. "On 8/29/23, this Licensing worker spoke with program manager, Mike Burgess. Mr. Burgess reported staff heard noise and checked the bedrooms but [REDACTED] had put a pillow under [REDACTED] blanket shaped like a body. The staff assumed [REDACTED] was in [REDACTED] bed because many times residents cover their heads with their blankets while sleeping. Staff also checked [REDACTED] bedroom and [REDACTED] was awake but did not inform staff [REDACTED] was in [REDACTED] bedroom, hiding behind [REDACTED] bedroom door. Mr. Burgess reported staff asked [REDACTED] if everything was okay and [REDACTED] said yes. Mr. Burgess reported the overnight policy has changed re: 15minutes check; staff has to physically see, eyeball the residents in their beds when doing rounds. Mr. Burgess noted there should have been 2staff on shift instead of one staff but the shift supervisor failed to get a 2nd staff on shift. This supervisor was terminated for lack of following through with obtainng 2staff on overnight shift. This Licensing worker and Mr. Burgess discussed the seriousness of this incident and what needs to change for mitigate the risk of reoccurrence. Mr. Burgess reported the 15minutes checks and staff will physically eyeball children in their beds during these checks. This worker asked if the staff have access to viewing cameras tv footage while in the hallway. Mr. Burgess said no. This is something agency may want to look into. Mr. Burgess reported both youths involved are receiving individual counseling."

While the OCA acknowledges a regulatory response was conducted, it occurred three (3) weeks later rather than the August 5, 2023, date initially stated in the narrative of the CPS report. This was not an in-person visit and conducted through the phone with an administrator who was not present for the actual incident. The information presented by the above worker adds no value to the incident when it

transpired. Additionally, the name of the victim in the above Licensing report is incorrect. The information between workers is disjointed and repetitive in nature. To state both children are receiving individual counseling is not accurate. One child was immediately moved from St. Mary's to a new placement and had been there for over three (3) weeks at the time of this conversation. Mr. Burgess has no authority to report about a non-resident. If this information was independently verified, it would have been noted that the identified perpetrator had been moved immediately following the disclosure of the sexual assault and the identified victim's name would have been correct.

Additionally, although Mr. Burgess had indicated that their policy had changed, St. Mary's policy regarding supervision during the overnight had not been effectively changed by this date. St. Mary's policy change was not effectuated until November 27, 2023. Also, Mr. Burgess' conversation with the Licensing Worker outlines what transpired during one room check. It is important to note that further review of this incident showed that this incident took place over the course of two (2) hours. Additional follow-up should have been conducted regarding what transpired during the other room checks required every fifteen (15) minutes by policy.<sup>87</sup>

The OCA remains adamant that DCYF has an obligation to independently verify the information reported. The above report only relies on the reporting of a staff not working at the time of the incident and takes the information at face value. There is no documentation to suggest Licensing reviewed reports or video footage of the incident. Licensing only conversations from Administrators of St. Mary's as to what took place. This is not best practice and has the potential to allow children to be at risk of harm.

At the time of this incident, St. Mary's remained under a corrective action plan by DCYF, and staffing was identified as a major concern months ago by both DCYF and the OCA. St. Mary's Administration still allowed a staffing deficiency which resulted in a child being sexual assaulted. This is gross negligence on behalf of St. Mary's. Staffing deficiencies were identified over four (4) months prior by the OCA and subsequently by DCYF. These staffing issues were discussed in detail with the highest level of administration at St. Mary's on numerous occasions by the OCA and by DCYF. Despite this awareness at the highest levels of St. Mary's Administration this practice was allowed to continue, resulting in the sexual assault of a ten (10) year old child. Following this incident, the OCA requested DCYF reinstate the hold on all intakes to St. Mary's immediately. The hold was not reinstated at this time, as DCYF indicated St. Mary's had made some positive steps forward on the corrective action plan. Based on the ongoing investigation by the OCA, this office expressed a hold on intakes would be appropriate. Eventually, another hold was initiated in December 2023 after a child was hit by a car and hospitalized after leaving the unit without permission. This information is reported on in a separate ongoing investigation by the OCA.

**August 7, 2023, 11:11:35 AM-St. Mary's Hope Unit**

The below report is a duplicate report from August 4, 2023, which was initially designated a Screen Out response. On August 7, 2023, this was upgraded to an investigation by CPS Administrator.

**August 4, 2023, 2:48:27 PM-St. Mary's Hope Unit**

"Reporter is [REDACTED], DFS Worker [REDACTED]  
R called at 1:50 pm on 08/04/23

<sup>87</sup> See Appendix A, St. Mary's Policies, CRR-001.

██████████ was told to get off the phone. ██████ then began to threaten staff.

██████████ reports that staff antagonize and provoke ██████. (R does not have information on the staff member.) ██████ then assaulted staff.

Mother was notified of the information. Mother questioned St. Mary's what was going to happen with this staff member since these are vulnerable kids. The psychologist reports that they are taking steps to get their staff retrained for de-escalation techniques and other aspects of the job.

██████████ and this staff member also had remediation, but it did not go well.

██████████ is reporting ██████ no longer feels safe around this staff because of the antagonizing."

In documenting the original August 4, 2023, call to CPS the OCA determined an investigation would have been the appropriate designation and found the Licensing regulatory response was inadequate. Findings dated August 8, 2023, by CPS McAteer are as follows:

"CPI's preliminary inquiry determined that the worker was not being re-trained or having any de-escalation methods due to this incident or any discipline. It was merely a conversation as a learning experience for this staff. CPI spoke to the juvenile and ██████ confirmed that ██████ was calling the staff bitches to ██████ mother while on the phone, so staff told ██████ to hang up the phone but ██████ refused. The juvenile said that ██████ then said [run up on me], so the child attacked the staff by pulling her hair, punching and scratching her. CPI witnessed the video and the staff never got within 5 feet of the victim before she was attacked, and when she got free from the juvenile, she merely stood in defensive stance to protect herself. The juvenile was clearly the aggressor, and I witnessed the tape myself. This is ██████ has a history of being violent, which is why Arianna Dolock talked to her to give her advice dealing with this juvenile. TCI training happens every month for all staff as part of St. Mary's policy. The clinician, ██████ was mis-communicated what was actually happening to FSU who then reported to the hotline."

The below email is from Arianna Dolock in response to the CPS follow-up above.

"The incident on 7/29 was brought to administration on Monday August 31<sup>st</sup>. During Hope Leadership on Wednesday, both clinician ██████ and ██████ discussed with the team that youth was claiming that staff ██████ made statements of 'come up on me' as well as got in ██████ face during the situation which sparked the attack on ██████. We reviewed the camera footage we were able to determine the following: youth was clearly agitated during this phone call, ██████ could be seen shaking ██████ leg, using hand gestures and yelling mainly at staff ██████, who was in the office during the call. All parties were consistent with requesting that the call me ended due to the clear escalation of the youth. ██████ was not within 5 feet of the youth, and did back away and was then attacked by the youth.

The leadership team decided to attempt mediation as well as a supervisor with this writer and ██████ as a teaching moment in order to prevent a situation in the future. She was due to be in at 3pm that day, which as she arrived for her shift she met with me. We discussed alternatives to the incident, including 'allowing the child to express ██████ to ██████ mother, even though ██████ was not being truthful, then following up with mother after to clarify events' as a way to not risk further escalation. I reminded her that we are taught to get youth back to baseline prior to trying to clarify events. She was receptive and understanding that her responses further escalated, which was truly not

her intention. She, like all of our staff, would continue refresher trainings in Therapeutic Crisis Interventions, monthly, what cover all of these topics.”

This ends the CPS documentation. It remains unclear what if any CPS follow-up was conducted or the result of these follow-ups. There are discrepancies in the reporting dates, which leaves more questions and concerns for the OCA with respect to the CPS follow-up as well as St. Mary’s. Documentation from CPS above is August 4, 2023, however the follow-up from Ms. Dolock at St. Mary’s is dated August 31, 2023.

It remains unclear how this documentation was logged on August 8, 2023, when St. Mary’s reports addressing it on August 31, 2023. Additionally, there is confusion as to where the information reported to the Hotline originated. The caller is the child’s DCYF worker and above it states that the child’s clinician relayed the information to the DCYF worker, however the child’s mother is also mentioned as speaking to St. Mary’s staff in the report. Discrepancies and confusion of this magnitude make it nearly impossible to be proactive and collaborative in keeping children safe and addressing their daily treatment needs.

The OCA is unclear why the assigned clinician with first-hand information did not report this information directly to the Hotline. Rather, the information was relayed to a third party and possibly a fourth party leading to confusion. While the OCA acknowledges the CPS follow-up, it remains unclear what the outcome was as there is no formal investigative document to support the incident nor is there an understanding as to the statements made by CPS that the clinician “miscommunicated what was actually happening to FSU” ... as noted above in the CPS initial email.

**August 10, 2023, 4:18:57 PM-St. Mary’s Horton Unit**

“██████████ called the Hot Line. She stated she wants to be anonymous.

Reporter stated that ██████████ went missing from a computer lab at St. Mary’s. ██████████ then reported that staff caught ██████████ looking at inappropriate site. ██████████ became upset and took off. ██████████ feels that child may have been left alone in Lab.

██████████ reported that ██████████ was not contacted for over 4 hours. ██████████ arrived at St. Mary’s and no staff was looking for ██████████. The police had not arrived.

██████████ stated that ██████████ along with Family members and some “bikers” who were in the area began looking for ██████████.

██████████ reported eventually a staff member began looking for ██████████ was found in a “ditch” on St. Mary’s ground.”

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on August 31, 2023. The CPI reports, “Based on the facts above, there does not appear to be a preponderance of the evidence to substantiate allegations of Other Institutional Neglect against Unknown Staff as to resident ██████████. This investigation will therefore be UNFOUNDED.”

The OCA completed an independent investigation of the incident. While the allegations of Institutional Neglect were not substantiated by DCYF, this investigation raised multiple red flags to this office which led to additional follow-up by the OCA of “bikers” on the premises of St. Mary’s interacting with families and children without the proper clearances and authority. This also raised

concerns regarding the privacy and confidentiality of the children at St. Mary's.<sup>88</sup> The OCA determined CPS did have a duty to further investigate the claims of "bikers" on the campus of St. Mary's.

DCYF conducted a regulatory response of the incident, "On 9/15/23, this Licensing worker spoke with St. Mary's program manager, Mike Burgess. Mr. Burgess reported when [REDACTED] fled, staff did not follow [REDACTED] because staff could not leave two other residents. The ratio is 1 staff to 3 residents. Mr. Burgess reported that staff followed protocol by contacting supervisor who assisted in the search. After 10 minutes of searching, the NP police and parents were notified. Mr. Burgess reported [REDACTED] did not leave St. Mary's grounds as [REDACTED] was hiding but later came out expressing suicide ideation. [REDACTED] was taken to emer. evaluated and discharged. Mr. Burgess reported [REDACTED] is doing well at this time and there has been no other issues. Mr. Burgess reported [REDACTED] is receiving therapy. No licensing issues noted."

DCYF Licensing has an obligation to determine if the child/children are safe and a phone call with the Program Director of the agency responsible for keeping the child safe is not appropriate. DCYF cannot depend on a conversation with an administrator, especially when it is unclear whether that person is present for these incidents. A thorough review of supporting evidence, including an in-person conversation with the child by DCYF Licensing must be completed to determine if any licensing violations are present. Relying on St. Mary's to identify and report their own licensing issues fails to ensure the health and safety of all youth at St. Mary's. Based on this information, further review by DCYF regarding "bikers" on campus should have been prompted.

Discussion of and a review of "bikers" will be addressed in the report.

**August 12, 2023, 10:50:14 PM-St. Mary's ARTS Program**

"Reporter is [REDACTED], St. Mary's Campus Supervisor [REDACTED]

R called at 10:21pm on 08/12/23

Harding Unit/ARTS Program

There was a crisis throughout the unit around 9pm. [REDACTED] came back from PASS who triggered [REDACTED] to be dysregulated as well as others on the unit. [REDACTED] was encouraging other residents to kick Campus Supervisor in the groin.

[REDACTED] then said kick him in these and exposed [REDACTED] to other children. [REDACTED] saw [REDACTED] genitals as well as RN [REDACTED]. [REDACTED] pulled [REDACTED] pants back up and continued to be dysregulated.

During the incident [REDACTED] was able to get a hold of staff's keys. Another resident, [REDACTED] had come from behind staff, grabbed the keys and threw them to [REDACTED]. [REDACTED] started opening doors and brought peers downstairs. While coming back up, [REDACTED] tucked the keys away from staff. Staff attempted to get the keys back and then [REDACTED] put the keys under [REDACTED] shirt to prevent staff from getting them.

[REDACTED] had a scratch on [REDACTED] at the end of the incident and [REDACTED] stated it came from staff, but [REDACTED] couldn't pinpoint when it happened. RN was onsite and [REDACTED] refused assessment by the nurse.

[REDACTED] did eventually give the keys back willingly.

[REDACTED] was instigating the other peers as well.

No restraints were required. No damage or stolen items from the staff office or the unit that R was aware of,

Staff were able to settle everyone down."

<sup>88</sup> See Appendix B, DCYF Licensing Regulations, 4.3.6(B); Appendix D, RIGL §42-72-15(b).

This report was designated a Screen Out by DCYF. Based on the information presented in the narrative a follow-up was completed by a CPI. CPI conducted an in-person follow-up on the above information and documentation is as follows, "I met with all the kids on this matter and no abuse or neglect occurred. The staff acted accordingly, no restraints occurred, there was no damage to property and the escalation was settled down. [REDACTED] was upset that the younger kids, [REDACTED], [REDACTED] and [REDACTED] were acting up. [REDACTED] went into [REDACTED] room and shut the door, however Camp Supervisor, [REDACTED], opened [REDACTED] door due to safety issues. While the key was in the door, [REDACTED] grabbed it quick and refused to give the key back. [REDACTED] threw the key and [REDACTED] took the key and ran downstairs with [REDACTED] while staff followed. When [REDACTED] tried to get the keys from [REDACTED], who had the key clinched in [REDACTED] hand, he scratched [REDACTED] accidentally. I took pictures of the scratches and they were not anything significant and it was accidental. All of the kids said staff were acting appropriately and [REDACTED] admitted that [REDACTED] got all of the other kids riled up because [REDACTED] was upset [REDACTED] mother left. [REDACTED] was out of control, however [REDACTED] was escorted to the safety room to calm down.

[REDACTED] and [REDACTED] did make it to the family room with the key, but staff followed them and keys were returned by [REDACTED] eventually as [REDACTED] was refusing to give keys back for a short time. All of the incident reports were filed accordingly.

No investigation at this time."

DCYF conducted an in-person regulatory response of the incident. "On 8/16/23, during a monitoring visit, this Licensing worker and [REDACTED] addressed this screen out with program manager, Mike Burgess and campus supervisor, [REDACTED]. Mr. Burgess reported [REDACTED] presents with traumatic history and has a tendency to exhibit sexualized behaviors. Mr. Burgess reported crisis intervention protocol is to contact staff from other buildings for support. Staff did call over for extra help. Mr. Burgess reported nursing staff also responded, came on site. During this crisis, the campus supervisor was contacted, and situation was assessed. The goal was for staff to separate residents until residents were relaxed. Staff did follow protocol and residents did calm down. From now moving forward after [REDACTED] returns from a visit, staff will keep [REDACTED] separated from other residents and/or engage [REDACTED] in an activity.

August 23, 2023, 10:24:03 PM-St. Mary's Hills Unit

"10:02pm

Campus Supervisor [REDACTED] from St. Mary's Home for Children called the hotline. Callback is [REDACTED]

Reporter advised that 10yo [REDACTED] was dysregulated this evening. According to staff [REDACTED], he went downstairs and child followed him. It was reported that [REDACTED] lunged at him so he put his hand up to defend himself, which resulted with [REDACTED] hitting his hand and falling to the ground.

According to child, [REDACTED] stated [REDACTED] and [REDACTED] were arguing when he grabbed [REDACTED] by the arm and threw [REDACTED] to the ground.

No cameras in the area, however resident [REDACTED] claimed to have witnessed the incident.

According to [REDACTED], [REDACTED] and [REDACTED] was having a conversation when he grabbed [REDACTED] arm and threw [REDACTED] to the ground.

[REDACTED] initially stated that [REDACTED] arm hurt, RN [REDACTED] checked child and did not observe any marks or bruises, Child later "forgot about the injury" after speaking with the RN.

[REDACTED] is still working but has not worked in the same unit since the incident.

He is scheduled to work again tomorrow at 3pm.”

This report was assigned to a CPI and an investigation was completed and approved by CPS Administrator McAteer on September 27, 2023. “Based on lack of evidence, there does not appear to be a preponderance of the evidence to support the allegation of Other Institutional Abuse against [REDACTED] reading [REDACTED]. This investigation is therefore UNFOUNDED.”

The OCA conducted an independent review and could not conclusively determine if staff acted appropriately or inappropriately placed their hands on the child. There was no video footage available for this incident and the OCA could not corroborate the statements provide in the narrative. Additionally, the OCA determined this incident did not take place in the Hills Unit as documented in the CPS Report above.

DCYF conducted a regulatory response of the incident approximately one (1) month later. While there were ongoing monitoring visits taking place on the St. Mary’s campus this specific incident was not addressed until almost one (1) month later. Documentation states, “On 9/26/23, this Licensing worker spoke with St. Mary’s program manager, Mike Burgess. Mr. Burgess reported staff, [REDACTED] acted appropriately. Mr. Burgess reported is mainly assigned to the Hills unit but was only covering staff at Arts program the day of the incident. Mr. Burgess reported the youth, [REDACTED] is receiving therapy once a week at St. Mary’s. No licensing issues noted.”

The OCA remains steadfast that any regulatory follow-up based upon an investigation is done in-person. It is impossible to state no licensing issues are noted when making a phone call one month later. Relying on the word of one individual and taking the information at face value without verification places children in vulnerable situations. It is paramount to children’s safety and in all children’s best interests to have in person follow-up and review by the Licensing entity.

**August 28, 2023, 4:55:37 PM-St. Mary’s Mauran Unit**

“Reporter is [REDACTED] ([REDACTED]) Transition Coordinator at St. Mary’s  
Reporter stated she had a meeting with 8-year-old [REDACTED] and assigned DCYF worker last week when [REDACTED] disclosed another resident identified as [REDACTED] ([REDACTED]) touched [REDACTED] “pussy”. Reporter stated [REDACTED] has not given any specific date and states “the other night”.

Reporter stated [REDACTED] did not disclose if [REDACTED] had clothes on or not as reporter stepped out of the room to speak with SW. Reporter stated [REDACTED] continued to speak to other staff regarding the details despite reporter and worker not being in the room. However, reporter stated that information is unknown.

Reporter stated that [REDACTED] has 2 staff in [REDACTED] bedroom (unknown names). Reporter is not sure of what staff saw or did not see.

Reporter stated [REDACTED] did not report [REDACTED] was unsafe but instead was frustrated because [REDACTED] is talking about the incident and [REDACTED] does not agree with [REDACTED] side of the story.

Reporter stated they will increase supervision and monitoring.

Reporter stated she called because it was unknown if it had been reported to the hotline aside from the worker being present during the meeting and knowing about it. Reporter is only reporting what she knows and heard.”

This report was designated a Screen Out by DCYF. Based on the information presented in the narrative and the supervision issues continuing to plague St. Mary's an investigation by CPS should have been initiated based on the allegations.<sup>89</sup>

DCYF conducted a regulatory response of the incident. "On 8/29/23, this Licensing worker spoke with program manager, Mike Burgess. Mr. Burgess reported this incident occurred at 7:30pm during shower time. Mr. Burgess reported that staff was with [REDACTED] when [REDACTED] ran into [REDACTED] bedroom. Mr. Burgess reported staff immediately followed [REDACTED] into [REDACTED] bedroom. Mr. Burgess noted there was no physical contact between [REDACTED] and [REDACTED]. [REDACTED] did not touch [REDACTED] as staff was in the bedroom from the onset. Mr. Burgess reported staff verbally prompted [REDACTED] to leave [REDACTED] bedroom when [REDACTED] refused, staff got [REDACTED] out of [REDACTED] bedroom. Mr. Burgess reported [REDACTED] bedroom is 2 rooms apart from [REDACTED] but all residents often run into each other's bedrooms to fool around as they think it is a joke. Mr. Burgess reported staff are closely monitoring residents. Staff is stationed in the hallway to view all bedrooms during bedtime and also do 15minutes checks in the bedrooms. No other licensing issues noted."

The OCA remains steadfast that any regulatory follow-up based upon a Screen Out or investigation is done in-person. There were numerous staff identified as having conversations with [REDACTED]. Not one person that heard the disclosure was spoken to or met with by DCYF. While Mr. Burgess may state staff are closely monitoring residents, this has not been a proven measure in keeping children safe. As noted throughout many investigations in this report, staff are supposedly closely monitoring and supervising children, however children were still physically and sexually assaulted and/or left unsupervised and able to engage in unsafe behaviors. It is paramount to children's safety and in the best interest of all to have in-person follow-up and review by the licensing entity when any allegation is made. The reason oversight and Licensing entities exist is because it is unrealistic to expect an agency to report deficiencies in their abilities to provide appropriate support and safety to children. There must be a checks and balances system. It is for this reason, DCYF is statutorily mandated to provide oversight to these licensed facilities.<sup>90</sup>

**August 28, 2023, 9:23:22 PM-St. Mary's Mauran Unit.**

"At 7:36 on 8/23/23, the hotline received a call from [REDACTED] at St. Mary's Home for Children. She can be reached at [REDACTED]."

Reporter stated that on August 21<sup>st</sup>, [REDACTED] went running into [REDACTED] room. Two staff immediately followed [REDACTED] in reminding them the two cannot be in a room alone together. Staff continually kept asking [REDACTED] to leave the room, which [REDACTED] ignored. [REDACTED] started jumping on [REDACTED] bed, running around the room, just generally annoying [REDACTED]. Staff was able to get [REDACTED] to leave the room while they continued to work to get [REDACTED] out of the room. It took a bit, which [REDACTED] pretending to hump [REDACTED] pillows, but [REDACTED] did finally leave.

At this point staff changed all of [REDACTED] bedding and allowed [REDACTED] back in [REDACTED] room. At no time were the two alone and there was no contact between the two.

Reporter is calling it in now due to [REDACTED] making allegations today that [REDACTED] touched [REDACTED] "pussy". Reporter states that this did not happen, but since the allegation is being made, they want it documented."

<sup>89</sup> See Appendix C, DCYF Policies and Procedures, DOP 500.0005 and DOP 500.0035.

<sup>90</sup> See Appendix B, DCYF Licensing Regulations and Appendix D, Applicable Statutes, RIGL § 42-72.1, et al.; RIGL § 42-72-5(b)(7).

This is the second call regarding this incident. This report was also designated a Screen Out. Based on the information presented in the narrative and the supervision issues continuing to plague St. Mary's the OCA deemed an investigation should have been initiated.

DCYF conducted a regulatory response of the incident. "On 8/29/23, this Licensing worker spoke with program manager, Mike Burgess. Mr. Burgess reported this incident occurred at 7:30pm during shower time. Mr. Burgess reported that staff was with [REDACTED] when [REDACTED] ran into [REDACTED] bedroom. Mr. Burgess reported staff immediately followed [REDACTED] into [REDACTED] bedroom. Mr. Burgess noted there was no physical contact between [REDACTED] and [REDACTED]. [REDACTED] did not touch [REDACTED] as staff entered the bedroom immediately after [REDACTED] entered.. Mr. Burgess reported staff verbally prompted [REDACTED] to leave [REDACTED] bedroom but [REDACTED] refused so staff got [REDACTED] out of [REDACTED] bedroom for [REDACTED] safety. Another staff stayed with [REDACTED] outside the hallway. Mr. Burgess reported [REDACTED] bedroom is 2 rooms apart from [REDACTED] but all residents often run into each other's bedrooms to fool around as they think it is a joke. Mr. Burgess reported staff are closely monitoring residents. During the night shift, staff is stationed in the hallway to view all bedrooms during bedtime. No other licensing issues noted."

There were two (2) calls on the same date regarding this incident and no evidence to suggest an in-person follow-up was completed by CPS or Licensing.

The OCA remains steadfast any regulatory response must be completed in-person. It is impossible to state there are no other licensing issues noted when there was no in-person review of the incident. While there are no video cameras in the bedroom, there are video cameras in the hallway and a review of these would be prudent in observing the incident from an oversight perspective. Additionally, there is no indication in the licensing follow-up that paperwork and documentation was completed and/or provided to licensing for review.

**August 28, 2023, 11:31:24 PM-St. Mary's Hope Unit**

"Reporter is [REDACTED] [REDACTED] St. Marys Hope Unit

Reporter stated [REDACTED] (15) attempted to self-harm today with an eyebrow razor. [REDACTED] has history of self-harm. Reporter stated no issues prior or identified reason for [REDACTED] behavior.

[REDACTED] cleaned the area. Razor was confiscated. Nurse Victoria assessed and stated it was "superficial". [REDACTED] will not be going to Hasbro."

This report was designated a Screen Out by St. Mary's. Based on the information presented in the narrative and the supervision issues continuing to plague St. Mary's an investigation should have been initiated by CPS.<sup>91</sup>

DCYF conducted a regulatory response of the incident. "On 8/31/23, this Licensing worker contacted St. Mary's program manager, Mike Burgess. Mr. Burgess reported that youth, [REDACTED] went out in the community with [REDACTED] YAP worker. [REDACTED] must have obtained the eye brow razor during this time. Mr. Burgess reported staff did conduct search when [REDACTED] returned but the rason is small and [REDACTED] must have hidden in [REDACTED] underwear or difficult areas staff cannot see. Mr. Burgess reported youth was examined by nurse and the razor was confiscated. Mr. Burgess reported since then youth has been fine and there

<sup>91</sup> See Appendix C, DCYF Policies and Procedures, DOP 500.0005 and DOP 500.0035.

has been on other issues. Mr. Burgess added that youth met with ■■■ therapist this week to discuss safe shaving.”

The OCA remains steadfast any regulatory follow-up based upon a Screen Out or an investigation is done in person. It is impossible to determine whether there were licensing issues when there was no in person review of the facility, documentation and footage, following the incident. The follow-up above remains concerning to the OCA as this child has a history of self-harm and used a razor to harm themselves. Mr. Burgess assumed the razor was obtained while on a pass, however there is no indication or documentation that supports a conversation with the child as to where the razor was obtained. There is no evidence the razor was obtained while on a pass and it is negligent to make that assumption without further inquiry into the situation. Additionally, Mr. Burgess indicated the child is meeting with a therapist to discuss “safe shaving”. The child used the razor to self-harm and not shave and should be discussing coping skills and self-harm behaviors with a therapist. Licensing has an obligation to verify the information reported and if after a review it is determined the child obtained the razor while out on pass with YAP, DCYF has an obligation to review this with the YAP worker and agency to ensure safety policies and protocols are being followed while child is off campus. Additionally, following an incident of self-injurious behavior, the incident should be assessed to determine whether additional supports or supervision is required to maintain the child’s safety.<sup>92</sup>

Furthermore, based on the ongoing corrective action plan, all reports and allegations should be followed up on and verified with anyone that has information or received a disclosure.

### **OCA Investigative Contacts:**

The OCA team met with and/or had contact with children, front line staff, clinical staff, administrative staff, North Providence Police Department, and family members of youth placed at St. Mary’s throughout the investigative time frame all of which remains ongoing. The OCA reviewed thousands of pages of DCYF documentation including but not limited to CPS reports, licensing documentation, regulatory responses, and social worker case activity notes.

To protect the confidentiality of all involved the OCA met privately with children and staff. Some children requested their clinician to be present during their conversations and this accommodation was made for any child’s request. To maintain privacy and protection of children and staff all conversations and interviews are not broken down by unit or any other identifying information.

### **Children of St. Mary’s Interviews**

The OCA team met with children individually and others in groups to discuss their experiences at St. Mary’s and for youth to provide input into the care and treatment they receive while living at St. Mary’s. An overwhelming number of youths reported similar feelings and concerns to the OCA team. Many residents described their daily environment as chaotic and unsafe. Youth reported kids, including themselves at times being dysregulated and unmanageable by the staff. Many children describe being bullied, physically and sexually assaulted by other youth, and staff unable to protect them and prevent assaults. While stating this the children stated unit staff are doing their best but there is just not enough of them to

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<sup>92</sup> See Appendix A, St. Mary’s Policy CRR-001 and CRR-010.

keep everyone safe. Children reported many of the same staff working multiple shifts in a row and “always here”. Children explained that they rarely leave campus because there is no money to go off campus on activities and there are not enough staff to take them out in the community as a unit. Some children explained staff using their own money to take children off grounds or buy them items for the unit. Many children feel disconnected from the staff and explain many staff talk amongst each other and spend a lot of time on their cell phone while working in the unit. Numerous children described ongoing issues with management and knowing information about staff’s personal lives as well as knowing about issues happening within other units. When the OCA expanded on this information with youth, they talked about hearing staff’s conversations with one another about issues on campus. Children were privy to information about other youth and significant incidences happening on other units resulting in police and rescue response to the campus. Youth discussed other residents being intoxicated and using illicit substances within the units without staff knowledge. Children reported some staff as yelling all the time, instigating and/or triggering them to act out and misbehave. It should be noted there were many positive reports of staff by the youth. However the overwhelming theme was staff are over worked and there is not enough staff in each unit to function therapeutically.

All children expressed meeting with their clinician weekly, have a good relationship, and felt their clinician was helpful. Additionally, all children were able to identify their clinician and expressed feeling comfortable to reach out to any clinician on grounds if their clinician was unavailable. The children identified the times they meet with their clinician and identified the goals they are working towards. Many children were able to identify and explain what their treatment goals were and the skills learned and practiced during clinical sessions. The children felt comfortable and positive that a clinician would be available if there was a crisis and they needed immediate attention. The availability of clinicians was limited on overnight shifts and weekends. Most children believed they would have access to an ‘on-call’ clinician on the weekends.

### **Staff of St. Mary’s**

The OCA team was able to meet with many front-line staff, unit supervisors, clinical staff, nursing, psychiatry, and teachers on grounds at St. Mary’s on multiple visits to the campus. Some staff requested to reach out privately when the OCA team was not on campus as they expressed feeling more comfortable not being seen speaking with the OCA team. Many staff sought out the OCA team during our visits to campus and wanted to voice their concerns. All St. Mary’s staff the OCA met with were dedicated to their jobs and expressed valid concerns for the youth they serve as well as their co-workers. The overwhelming and most consistent theme reported to and observed by the OCA team was low morale.

To protect the privacy and confidentiality of staff, specific staff and their names will not be disclosed in this report. All voiced solidarity and agreement that there was a major disconnect between the Administrative Team, identified as the Executive Director and Residential Manager and the staff. This disconnect is described as a “lack of flow of daily information to the staff”, lack of information regarding the youth within the units, lack of support from upper management within the units and staff being moved from their assigned unit to constantly

cover crisis in other units. Staff reported being identified by upper management as 'good and strong staff' which causes staff to have to 'help out' other units when kids are in crisis. Staff indicated this happening regularly and it causes disruption in the relationships with the kids in the unit they are assigned to as it disrupts consistency for the children. Staff jokingly stated, "we don't want to be good and strong staff, we are exhausted." Staff reported that clinicians were regularly present in the units and meeting with the children. Staff felt comfortable with the work of the clinicians, although they did express wanting to learn effective tools to identify children's triggers and ways to help meet their therapeutic needs when becoming dysregulated.

Staff expressed frustration with not having their voices heard when bringing issues to the attention of the administrative team/leadership. When staff attempt to speak freely, they are referred to by the administrative team as "bullies". Staff feel ignored and unsupported. Staff gave examples such as being unable to attend their unit staff meetings, although mandatory, due to being utilized in another unit due to staff shortages. Staff are unable to take lunch breaks or personal breaks throughout their shifts as there is not enough staff to provide coverage to the unit. Staff reported having campus supervisors available however "with the exception of one (1) camp supe" not all supervisors answer their phones regularly and some were nonresponsive. This often includes Residential Manager (also referred to as program Director). Staff relayed an incident where a staff member was being physically assaulted for approximately twenty (20) minutes before a campus supervisor answered the phone and responded to assist. Campus supervisors are often utilized and included in the staff ratio for units presenting even more safety issues when being unable to respond to emergencies that arise. Frustration was expressed around inconsistency with campus supervisors and the lack of accountability by the administrative leadership in addressing this issue. Staff reported the expectations for each shift of work are written out and supposed to be reviewed by the campus supervisor. However, this review does not often happen and different shifts are held to different standards with no accountability for not completing mandatory staff tasks. As a result, this causes one shift to have to perform the previous shifts assigned work. Leading to feelings of resentment amongst coworkers and towards the administrative team.

All staff discussed dinnertime and expressed that feeding youth on the units is unacceptable. They felt that dinner should be in the cafeteria and served to the children like a "family setting". Staff described food being delivered to the units pre-made and in aluminum tins or Styrofoam containers and usually lukewarm. Staff also felt making dinner in the units with the assistance of the children would be a great skill building and an internal social activity, providing the children with fresh food and a voice in the dinner they have each night. When possible, all children and staff eating together would be preferred.

Staff expressed to the OCA an issue with the hiring process is lack of outreach to local colleges and universities. Staff suggested going to job fairs and offering incentives to current staff to participate in these job fairs, offering front line experience and education to students to recruit new hires. Staff further explained having knowledge of people interested in working at St. Mary's however St. Mary's requires vaccinations for employment. Many people will not apply with this mandate in place. Staff felt very strongly all of this was an active deterrent to recruiting and hiring quality staff. Fair wages were also identified as an issue with hiring and retaining staff. Staff expressed being aware of the pay differential between front line staff and

the Administrative Team. Staff expressed discouragement as they are the ones working daily with dysregulated children and feel undervalued and underpaid for the work they do. Some staff discussed working in a completely different field and making more money. But all staff indicated that they value the children and genuinely want to help the kids. The children are the only motivation to continue working in this field and at St. Mary's specifically.

Staff expressed a large divide between unit workers and upper management/the Administrative Team in recognizing the stress and burnout the unit staff are living with. Staff expressed frustration that the Administrative Team are rarely in the units, leave work at reasonable times, do not get frozen into shifts, or deal with the fall out of lack of staffing. Staff described having no "team mentality" between the staff and upper management. Staff were overwhelmingly in agreement that they are viewed as scapegoats when things go wrong and felt accountability needs to come from the top down. Staff described the morale of the unit workers as at an all-time low and has been for quite some time. Staff discussed staff meetings being mandatory, but in theory only. Staff meetings are weekly, but only two (2) per month are mandatory. There is no attendance taken and they are often not attended. Staff stated that Mr. Burgess, Program Director, will meet with staff separately but generally only if an issue arises. Staff explained they are often unable to attend the staff meetings because they are short staffed and need to cover staffing either in the school or another unit. Staff felt the most supported by the clinical team and relied heavily on the clinicians to express their concerns for staffing issues and having their immediate questions and concerns addressed.

The OCA received almost verbatim feedback from unit staff, supervisors, and medical/clinical staff. Clinicians felt very strongly that they too were used as scapegoats when issues arose within the units and felt targeted by St. Mary's Administration each time DCYF, or the OCA visits the campus with concerns. Discussions with the OCA included concerns from current staff that new hires are coming into this field with little understanding of the work. Further they had concerns that the new hires came into the work without having addressed their own trauma. Instead, there is sense among many of these staff that they can "work on their own issues" within the milieu of the program. It was reported that St. Mary's is desperate for staff and will "basically hire anyone". This was expressed as a major concern due to power struggles between staff and children, and staff speaking to children and other staff in a demeaning tone. It was reported that staff are often triggering children and causing children to become dysregulated. Poor staff training, lack of experience, intake of children with high end needs, and lack of communication and involvement with the Administrative Team on daily basis were all identified as common reasons the units were often in crisis. Staff expressed an "us against them" feeling with administration which continues to lead to low morale and high rates of burnout. According to an overwhelming majority of staff concerns are continuously brought to the Administrative Team's attention and the staff, clinical/medical staff, and supervisor's voices are not heard. Nothing changes leading to campus wide problems resulting in children and staff getting hurt. The OCA was provided examples of emails, conversations, and pleas for help between staff and the Administrative Team that went unanswered and unaddressed dating back to 2021.

### **Families of Children placed at St. Mary's**

The OCA was contacted by numerous families of children residing at St. Mary's. Family members reached out to the OCA prior to and throughout the investigative time frame. To date, the OCA receives calls regularly from parents and community members with concerns for the children placed at St. Mary's. All concerns are centered around the safety of the children. Concerns include but are not limited to, children being physically assaulted by other children, children being sexually assaulted by other children, children being injured in restraints, children having access to contraband in the units, children not having adequate or appropriate clothing, no access to appropriate meals and/or food, staff entering children's rooms resulting in negative outcomes, lack of staffing, lack of staff supervision, staff not engaging with children, staff constantly on their cell phones, and children not having access to activities due to lack of money and/or adequate staffing. A "biker gang" working for St. Mary's was also brought to the attention of the OCA.

Several parents expressed frustration that their concerns had been brought "up the chain of command" to administration with no results and state, "for all intents and purposes administration is non-existent". Parents discussed visiting their children on campus and upon entering units the staff being rude and unable to answer any questions with respect to their child or the treatment they were receiving. One parent described, "it's like pulling teeth to even have staff acknowledge you let alone answer a question." Parents expressed frustration with the way staff spoke to youth and found them to be condescending and rude when speaking to and working with many youths. This was inclusive of all units.

One child was "forgotten" at the bus stop on two occasions and on one of those occasions received a ride back to St. Mary's campus from a stranger placing the child at significant risk of harm. It was reported that staff acknowledged this happening yet minimized the dangers and child's fear around this youth receiving a ride from a stranger.

Another parent expressed frustration around the lack of supervision and apparent lack of training of some staff. Questions were raised to the OCA as to why the children are never heard and/or believed when reporting abuse and neglect. Frustration was expressed around youth having clear marks and or injuries from restraints and nothing being done to further protect a child even after a full CPS investigation. Parents stated video has clearly shown inappropriate situations with children. Although there is no audio, visual review of the incidences clearly shows staff inappropriately placing their hands on children, causing a variety of injuries. Additionally, reports of medication errors were prevalent across the investigative time frame and some medication was discontinued altogether without a doctor's orders.

Ongoing frustration was expressed by parents and family members regarding daily fear of not knowing if their child is going to be safe. One youth was located by the Rhode Island State Police walking on Interstate 295 around 5:00 AM after being reported AWOL from St. Mary's hours earlier. Family members made numerous reports of youth having access to the staff offices and removing contraband items often used to self-harm without staff's knowledge. Parents often reported children of high risk and/or self-harming behaviors often allowed in

their bedrooms with the door closed with no staff oversight. One parent questioned how children with known sexually aggressive behaviors are left in the position to assault other children when supervision and safety is a key aspect of the job. At one point in this investigative time frame one family discharged their child without permission or prior notice due to overwhelming fears of safety. While this is not an acceptable option, staff, including St. Mary's Administrative Team, did not fault the family for their actions and stated they would have done the same. Numerous families expressed feelings of anger and frustration stating that if their children were living at home and were assaulted, their children would be removed. Yet St. Mary's is allowed to keep children, treat them poorly and get paid for doing so. Many of the families that contacted the OCA stated they brought many, if not all of their concerns up the chain of command to St. Mary's Administrative Team to no avail. Many parents described being "yessed to death and placated by top level administration but nothing ever changing".

One family reported arriving to St. Mary's upon being told their child was AWOL and finding "the bikers" searching the campus for the missing child. The information provided to the OCA, was that a group of bikers congregate on the sidewalk in front of the main building at St. Mary's and watch out for the kids. It was reported that the bikers informed this family of places in the woods the kids run off to and that they helped locate two boys the week before that eloped from campus. This incident was documented on August 10, 2023.

The OCA was not aware of the presence of bikers on campus until August 23, 2023, at which time the OCA immediately followed up with the Carlene McCann, Executive Director of St. Mary's. This prompted the OCA's investigation to delve into the issues surrounding suspected breaches in confidentiality at St. Mary's by top level administration.

Information was reported to the DCYF Hotline, DFS unit and the OCA with respect to "biker gangs" on and around the campus of St. Mary's. This information came from numerous reporters including private homes within the St. Mary's neighborhood. Upon further OCA investigation, it became clear that "members of Bikers Against Child Abuse (BACA) have been 'staging' outside of St. Mary's and monitoring the location for 'child predators'".

On Wednesday, August 23, 2023, at 2:07PM, the OCA reached out to Carlene McCann, Executive Director of St. Mary's regarding BACA. A copy of this email was also provided to DCYF Director, Ashley Deckert and DCYF Chief Legal Counsel, Deborah Palumbo.

"Good afternoon,

The OCA has received information that BACA- Biker's Against Child Abuse has been 'staging' outside of St. Mary's for a few weeks and monitoring the location for child predators. Please advise if this information is accurate.

If this information is accurate please advise and provide the OCA with any /all documentation outlining the role and mission of this 'staging'. Please advise and provide documentation as to any memorandums of understanding between St. Mary's and BACA and who else, if anyone is involved in the planning, approval and implementation of utilizing BACA to monitor a DCYF licensed facility. The OCA has many concerns and questions surrounding this if in fact it is accurate.

Please advise,

Katy

Kathryn R. Cortes  
RI Office of the Child Advocate  
Special Projects Coordinator  
6 Cherrydale Court  
Cottage 43  
Cranston, RI 02920  
(401)462-4300  
(401)462-4305 (F)"

On Thursday, August 24, 2023, at 7:42 AM, Carlene McCann replied to the OCA. Also copied on this email is DCYF Director, Ashley Deckert and DCYF Chief Legal Counsel, Deborah Palumbo.

"I spoke with the President of BACA last week to thank them for their assistance and informed them that we are no longer in need. I had not seen a member of BACA out there since - though as I left yesterday, there was an individual from BACA on Fruit Hill Ave. I do intend to get in touch with Bam Bam again today to ensure that all members are aware.

***Carlene Casciano-McCann (she/her)***

Executive Director

St. Mary's Home for Children  
420 Fruit Hill Avenue  
North Providence, RI 02911  
401.353.3900 x.218"

On August 24, 2023, at 12:15 PM, the OCA responded to Ms. McCann. Also copied on this email is DCYF Director, Ashley Deckert and DCYF Chief Legal Counsel, Deborah Palumbo.

"Hello,

Thank you for the below, however if you could please provide an answer to the original email for our records it would be greatly appreciated.

Kathryn R. Cortes  
RI Office of the Child Advocate  
Special Projects Coordinator  
6 Cherrydale Court  
Cottage 43  
Cranston, RI 02920  
(401)462-4300  
(401)462-4305 (F)"

On, Thursday, August 24, 2023, at 2:31 PM Carlene McCann provided the response below. Also copied on this email is DCYF Director, Ashley Deckert and DCYF Chief Legal Counsel, Deborah Palumbo.

"Hi Katy,

Initially, the request to BACA came about after a meeting in which a member of our outpatient team attended with the FBI - at which it was suggested that traffickers are aware of our facility and the youth we serve. A member of the outpatient team contacted BACA to see if there was some way they could assist. BACA took this quite seriously and was monitoring the facility for a period of time. DCYF had expressed concerns after which I had a conversation on 8/15 with Bam Bam, the president, about pulling back and expressing that we would be in touch when there is a specific need. We do not have a MOU currently but had been in the process of sending confidentiality forms out prior to asking the group to step back. I never sent them due to our request. As I was leaving campus yesterday evening, I saw a member of BACA on Fruit Hill Ave. This morning, I emailed Bam Bam again, thanking him for their compassion and assistance and asking for them to stop monitoring our facility. I hope this helps.

Best,  
Carlene"

On August 24, 2023, at 3:18 PM, the OCA replied to Ms. McCann. Also included in the email is DCYF Director, Ashley Deckert and DCYF Chief Legal Counsel, Deborah Palumbo.

"Hi Carlene,

Thank you, yes this information is very helpful and we appreciate the follow-up.

Katy"

At this time, the OCA was in the process of identifying next steps to take with respect to addressing the breaches in confidentiality that had taken place and a review of the specific steps taken with BACA to allow their access to the campus of St. Mary's where DCYF involved minors reside. Three (3) days later on Sunday, August 27, 2023, Carlene McCann reached out to the OCA and DCYF with an update on her concerns with BACA. These are below:

On Sunday, August 27, 2023 at 8:41 PM, Ms. McCann sent the following email. DCYF was copied on this email.

"Greetings!

I am writing to inform you that we have, at least 5-6 times, asked BACA to stop monitoring our facility. They continue to do so despite our efforts. I felt the need to inform you of this because I have assured you that I had asked them to stop - yet they are ignoring all requests to do so. I do realize that I may need to get NPPD involved. I am making you aware. Thank you.

Best,

Carlene"

Both the OCA, and DCYF responded to Ms. McCann thanking her for the updates and asked her to keep both agencies posted with any additional updates. Additionally, Director Deckert advised that DCYF would be setting up a meeting with members of BACA to answer any questions and explain the role of DCYF and parameters of residential facilities when managing AWOL youth.

On Tue, Aug 29, 2023 at 2:50 PM, Ms. McCann sent the below email to members of the BACA Organization, the OCA, DCYF and North Providence Police Department.

"Good Afternoon,

As I was leaving yesterday, there was a gentleman with a Red Devils vest on with the 1% designation. I thanked him for his time and let him know that I've made repeated requests for BACA to cease monitoring our facility. And certainly, we should NEVER have people here that have not had background checks. This individual got into his truck, but I cannot be certain he left. It was reported to me that our staff witnessed 5 individuals from your group outside of the agency at about 8:00 last night. I get that you are trying to help, but you are doing things we have never asked you to do. This whole thing has become something never intended. Honestly, I am at wit's end - especially since I have explained - as have Mike and Melissa, the difficult position you have put us in - which would not have been a problem if you had just stopped 2 weeks ago when I originally asked.

Carlene"--

Carlene Casciano-McCann (she/her)  
Executive Director  
St. Mary's Home for Children  
420 Fruit Hill Avenue  
North Providence, RI 02911  
401.353.3900 x. 218"

On Wednesday, August 30, 2023 at 7:49 PM, Ms. McCann sent the below email to members of the BACA Organization, the OCA, DCYF and North Providence Police Department.

"Greetings!

I am updating this group. BACA (and associated "outlaw" motorcycle gangs) continues to loiter outside of the agency and continues to disregard my requests to stop monitoring the facility. They have taken it upon themselves to decide what's best for St. Mary's with no regard to our expertise, opinion or the difficult position they are putting us in. It has now been over two weeks since I initially asked them to stop, yet they persist. I am open to any suggestions regarding this matter as clearly my approach has been ineffective. Thank you.

Best,

Carlene"

On Thursday, August 31, 2023, at 6:00 PM the following email was received from, "Ace" a member of the BACA organization to Ms. McCann and copied to the OCA, DCYF and the North Providence Police Department:

"Good afternoon Carlene,

Per BamBam's request and the B.A.C.A. Rhode Island chapter executive board, I am emailing today to let you know B.A.C.A. has suspended the monitoring activities outside St. Mary's home for Children as requested. We trust that provisions have been made within the facility to mitigate the issues regarding child welfare for which we were originally call to assist. We also would expect that the cameras promise by the town along with additional monitoring by police of the neighborhood will soon be implemented.

I see that you have copied Ashley Deckert with DCYF along with Katelyn Medeiros with the Office of the Child Advocate so I would like to clarify a few things for the benefit of all involved in this correspondence. Bikers Against Child Abuse always puts the child first and often times steps in when all other resources within state and our community have been exhausted. When called upon, we will stand by that child through court, good times and bad, to support them promoting a safe environment. We will on occasion, when called upon, stand outside the place they reside until any threat has been resolved, allowing them to feel safe. We were calling to Saint Mary's by staff to offer that support and complied immediately. We did reach out to the Rhode Island, motorcycle coalition

for support with security only, to maintain the manpower required to meet the commitment. No interaction between coalition members and the children at Saint Mary's was involved except, by your staff, upon their request. This included a Meet & Greet, which took place last week on August 22, 2023. The event was a staff request and included changing the date from an earlier weekend to an evening that would allow most children to participate. Prior to the event, we were directed to set up our B.A.C.A. labeled pop-up tent in the rear parking area not in the public way as originally planned. We were also encouraged to allow full interaction with our members, coalition members and neighbors during the staff supervised two-hour timeframe. Please note the meeting took place last week.

In addition, BamBam received a Thank you email from you dated August 17, 2023. It read as follows;

"Hi BamBam,

I am writing to extend my heartfelt gratitude for the Herculean efforts of B.A.C.A. and Coalition members to ensure the safety of the youth we serve. Thank you so much for keeping watch over our campus and acting as a deterrent to human traffickers in the area. Please know how much we admire your work in the community. Thank you for all you do to build a brighter future for our community's most vulnerable!

With gratitude,

Carlene"

We have expressed your gratitude to all involved but with the conflicting messages offered, I'm sure you can understand our confusion with the change in direction, especially without knowledge of any changes to campus security and/or alternate interventions. As explained to you, by BamBam during our group call suggesting that we suspend monitoring activities after Friday the 25<sup>th</sup> he explained we would need our board's approval and ask that you provide us with the steps that are being taken to resolve the safety issues. Hearing none, I attempted to contact you on your cell phone multiple times, but was unsuccessful. So, trusting that provisions have been made to address the safety issues in with the obvious change in your position, we have agreed to your request.

In closing, I noticed that most organizations assisting children in the State of Rhode Island include a mission statement on their website and I think ours best states who we are and what we do;

Bikers Against Child Abuse, Inc. B.A.C.A. exist with the intent to create a safer environment for abused children. We exist as a body of bikers to empower children, not to feel afraid of the world in which they live. We stand ready to lend support to our wounded friends by involving them with an established, united organization. We work in conjunction with local and state officials who are already in place to protect children. We desire to send a clear message to all involved with the abuse child that this child is part of our organization, and that we are prepared to lend our physical and emotional support to them by affiliation, and our physical presence. We stand at the ready to shield these children and our physical presence. We stand at the ready to shield these children from further abuse. We do not condone the use of violence or physical force in any manner, however, if circumstances arise, such that we are the only obstacle venting a child from further abuse, we stand ready to be that obstacle.

We respectfully offer this information to add clarity to the course of events over the past few weeks. We wish you and your staff the best of luck and are hopeful for the continued safety of St. Mary's Children. Please feel free to call upon us again at any time.

Truly,

Ace,  
Proud child primary and Member  
Bikers Against Child Abuse.  
Rhode Island Chapter."

The OCA began an extensive investigation into the circumstances surrounding BACA on the St. Mary's campus as it became evident confidentiality for DCYF children had been breached. The OCA was unclear how long this issue had persisted. The OCA received information with evidence of emails from Carlene McCann, Executive Director, and Melissa Santoro, St. Mary's Outpatient Director, outlining the relationship and new partnership with BACA. On June 2, 2023, Ms. McCann sent an all-staff email announcing the "partnership" between St. Mary's and BACA, unbeknownst to DCYF and the OCA. Reports from staff at St. Mary's, parents, and youth residing at St. Mary's confirmed the presence of BACA representatives in the units interacting with children as well as staff and parents. Information was confirmed by youth and staff this had been ongoing through the months of June, July, and August.

Upon further review of the information provided by Ms. McCann it was clear no releases or confidentiality agreements had been signed, and no memorandum of understanding was reached between agencies. Thus allowing members of the public into the lives of youth and families open to DCYF without prior consent or authorization. This is a direct violation of their rights to privacy and confidentiality being minors in state care.<sup>93</sup> This was done without knowledge or approval by DCYF, the OCA, or any Guardian *ad Litem* representing children in state care. Below are three examples of emails sent by St. Mary's Administration with respect to the partnership.

While BACA provided their mission statement above and serve a purpose for children nationwide, the OCA firmly believes the campuses of licensed, residential facilities for traumatized and high-risk youth of any agency contracted through DCYF is not appropriate for BACA members.

In addition to BACA Members, the presence of "associated 'outlaw' motorcycle gangs" was noted and referenced by Executive Director, Carlene McCann in an email. There is no information available to determine if these individuals had clearances and/or background checks completed prior to interacting with minor children in state care. In addition to St. Mary's Administrators failure to seek authorization from DCYF and parents they failed to ensure that appropriate clearances and background checks were completed and instead entered into a "partnership" with unauthorized agencies that had direct contact with children.

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<sup>93</sup> See Appendix B, DCYF Licensing Regulations, 4.3.6(B); Appendix D, RIGL §42-72-15(b).



## [Staff] Bikers Against Child Abuse

(BACA)

Inbox



Carlene Casciano-McCann Jun 2



to staff ▾

Hi Everyone,

Our partner, BACA, has agreed to ride through campus regularly, unscheduled, to make their presence known to the staff and youth. With all that we have going on at the agency right now, including the re-emergence of Josh Roman, who has made multiple threats against agency personnel, BACA's presence will be an added reassurance, in addition to increased police patrols.

BACA's goal is to create an environment of safety.

Please let staff and youth know to expect BACA's presence from time to time. They will certainly hear them, and if they are outside or near the windows, will see them ride through. BACA plans to stop in the parking lot occasionally and invites the children and staff to come out and say hi. If you'd like to learn more about how BACA assists children and families impacted by abuse, here is a link to their site:

<https://rhodeisland.bacaworld.org/>

With gratitude,

Carlene



# [Staff] **BACA** info session

Inbox



**msantoro** Jul 20



to ▾

Hi St. Mary's friends! Just a reminder that Bikers Against Child Abuse (**BACA**) will be here next Fri 7/28 at noon in Gemma for a brief overview of who they are and what they do. Join us to learn about this amazing organization! There might even be a slice of pizza or two!

## **BACA** info session

Friday Jul 28, 2023 · 12pm – 1pm (Eastern Time - New York)

Bikers Against Child Abuse (**BACA**) will be here on July 28th at noon to share info about the work they do. Join us in Gemma for this info session.

### Location

gemma

[View map](#)

### Guests

(Guest list is too large to display)

# [Staff] BACA's presence on campus

Inbox



Melissa Santoro Aug 4



to All

Hi everyone! Sending an email to let you know our friends at Bikers Against Child Abuse (BACA) are taking our safety concerns for youth and staff very seriously. You might notice an increase in their presence on and around campus. They have started a "watch" mostly near Hills House as we continue to have concerns with youth missing from care. Their plan is to be here every night, during second shift. They have the Campus Supervisor's number should there be issues that arise.

Feel free to introduce free yourself to them! Supervisors should devise a plan to tell residential youth about the reason for their presence, including the fact that they are here to keep an eye on us all and to help us feel safe.

They have offered to set up a tent on campus to share info about who they are and what they do, should staff, clients and families wish to attend. More to come on that plan.

Thank you all for your support while we accept help from our friends at BACA who care as deeply about the safety and well-being of our St. Mary's clients, families and staff, as we do!

...

← Reply

↩ Reply all

→ Forward



## **Documentation Reviewed**

The OCA team reviewed thousands of pages of documentation including but not limited to, agency incident reports, police department calls for service, email correspondence, and DCYF reports. The OCA also reviewed countless hours of video footage of the units within St. Mary's.

The OCA is in receipt of emails expressing concerns for children's safety (immediate and long term), lack of staffing, lack of administrative support, inappropriate staffing ratios (using BBI staffing), and St. Mary's not providing effective care to the children in their care. These emails date back to 2021 and are directed to the top administrators of St. Mary's, Carlene McCann and Mike Burgess. Numerous clinical, medical, and supervisory staff are included in these emails. Emails from several different staff were provided to the OCA pleading with administration for assistance in keeping children safe to no avail and suggestions were made to the administration to cap the admissions of new youth until the children can be protected by St. Mary's staff, beginning in 2021 and remaining 2023. The responses by the administrative staff contained in these emails speaks to an ongoing lack of support from leadership and a generalized blame that front line staff and their lack of training are the main issue. Staff reported that they were admonished for bringing these concerns to the attention of administration. They also discussed numerous incidences when clinical and medical staff were "told" by St. Mary's Administration not to talk about and refrain from documenting situations that could cause trouble for St. Mary's. A couple of examples were provided; a child who was AWOL from St. Mary's and was sexually assaulted and a child that overdosed and required Narcan while on campus. Upon review of all documentation received by the OCA, it was clear that the concerns brought to the attention of the administrative team were minimized and staff were made to feel like they were doing something wrong by advocating for children. These issues persisted in 2021 and the OCA team determined this to continue through 2023, evidenced through emails, incident reports, and interviews with children and staff. Several staff throughout the St. Mary's campus documented in writing the concerns of inadequate staffing numerous times and the concerns for keeping children safe due to the acuity levels. The response from the administrative scheduling team was often, "we will be fine". These issues continued to go unaddressed by the administration and children remained in harmful and inappropriate living arrangements. Documentation reviewed by the OCA indicates staff expressing concerns about continuing intakes throughout 2022 and into 2023 without appropriate staffing as a major safety concern.

An area of concern brought to the attention of the OCA referred to an inexperienced work force and many people coming into this line of work without having dealt with their own life trauma. Many staff are reported to be afraid of the kids and often triggered by the actions and behaviors of children. As previously noted this reaction renders staff unable to manage their own feelings, causing them to be ineffective and resulting in more dysregulation and trauma for the children. Staff reported receiving more children with higher end needs than many are prepared to work with, leading to staff experiencing secondary trauma previously addressed in their personal lives. Lack of trauma training for staff is also identified as one major reason of staffing issues and low morale. Staff are reportedly hired and allowed to work in the units prior to any training and proper vetting. Some new hires were described to the OCA as "you get what you pay for" leading to a high turnover rate and staff not "cut

out for this kind of work". The administration has failed to acknowledge this when brought to their attention.

The OCA identified the Clinical Director and Clinicians as a major strength of service provision at St. Mary's. All clinicians were able to identify their youth when they meet with their youth and what each child's treatment goals were. Clinicians had a wide range of knowledge surrounding the treatment needs of youth within other units and felt supported by the clinical team and clinical director. This clinical team was described as cohesive and always willing to help one another out if a situation arises where assistance is needed. This information directly mirrored what the children reported in terms of their clinical teams. Clinical documentation reviewed by the OCA team indicated the clinical, nursing, and medical staff always strongly advocated for children's safety and their best interests. This cohort of professionals had great ideas to engage youth and staff alike and make the milieu more home like and therapeutic.

St. Mary's provides several programming options for children. While these programs are identified as available, full utilization and implementation of these services varies due to staffing shortages which effect the ability for youth to engage consistently in programming. A few examples of programming that has been impacted were identified as: My Life My Choice; St. Mary's Youth Council; Word on the Street Curriculum; Youth Mentorship, which historically has been a paid staff position; Applestein Training and the Building Bridges Initiative.

Clinical, medical, and nursing staff reported a disconnect with the leadership, staff, and DCYF information being relayed throughout the campus. It was reported that when youth are denied placement from St. Mary's, pressure is placed upon St. Mary's by the DCYF Placement Unit (CSBH) to intake youth.

One major topic brought to the attention of the OCA team is the disjointed referral process. Currently, there is a severe lack of placements available for youth, and DCYF sends all referrals to St. Mary's regardless of the program being appropriate. The process has been described as "throwing something against the wall and if it sticks, it's the right place" despite the opinions of the clinical and staffing team at St. Mary's or the level of need warranted for the child. Some staff describe feeling 'pressured' and 'bullied' by the Placement and Contracts administrators when refusing to take placement of a child. Additionally, it was relayed if a decision is made with respect to a child that the DCYF Administrations does not agree with, they often circumvent the process and contact the Executive Director or Clinical Director to override the decision. This places children in unsafe situations and inappropriate placements as this is often done with DCYF Administration failing to provide accurate and vital information regarding the specific child. This information was confirmed on all levels of St. Mary's staffing. Many St. Mary's staff reported the information they receive about a child is often incomplete and a youth's behaviors and/or individual needs are significantly downplayed to make the youth appear to be a good fit for the current program, especially after the child has been determined to not be appropriate or denied from placement at St. Mary's. This was further explained happening after 5:00 PM. Reportedly the Placement Unit often waits until after 5:00 PM to move children that they have already been denied. This is reportedly due to the denying administrator leaving for the day and being unaware of the intake coming after hours. This is often accompanied by promises it will only be a weekend placement or a short-term placement.

Due to a severe lack of placements for youth in Rhode Island, this often leads to youth remaining in programs they are not appropriate for and some requiring higher levels of care. The lack of placements able to meet the needs of youth has been an ongoing issue for many years and continues to be a hinderance in helping children receive necessary treatment.

**OCA Observations/Findings:**

When the OCA initiated this investigation in April 2023, communication with DCYF was marginal at best and the Department was mostly unresponsive to the concerns brought to their attention as evidenced by the email threads beginning on May 4, 2023. Attempts to work with the DCYF Administrative team at that time became a constant struggle and met with resistance by the Department each time the OCA attempted to assist the children in care per the statutory authority of the OCA.

For weeks, the OCA expressed the severity of the concerns this office had for the children at St. Mary's, and it wasn't until almost a full three (3) weeks before DCYF acted and visited St. Mary's that children's safety became a priority to the Administrative Team. DCYF placed a hold on all new intakes into St. Mary's on May 18, 2023. DCYF issued St. Mary's with a corrective action plan to begin on June 26, 2023, and subsequent corrective action plan to be reviewed at least every thirty (30) days. The Department also announced a plan to continue intensive monitoring through unannounced and announced visits to the St. Mary's campus. The OCA was not a part of the planning and/or implementation of the DCYF corrective action plan. At this time the OCA had initiated an independent investigation into both agencies per statutory duty and authority as children's lives and well-being were at risk. Since approximately August 1, 2023, the receptiveness and responses to all OCA concerns have been immediately responded to by DCYF Director Deckert. This includes concerns regarding actions or inaction on the behalf of DCYF as well as St. Mary's issues. This shift in collaboration has been a refreshing development and assisted the OCA in better advocacy for children.

A thorough review of CPS reports, screen outs, and investigations completed by the OCA revealed significant safety concerns and abusive living conditions. Numerous inconsistencies were evidenced by the OCA when reviewing the information in the investigation and the information and video footage provided by St. Mary's. While DCYF did not indicate some staff for their physical actions towards youth, St. Mary's did fire staff and reported incidences to the police due to the egregious nature of staff's behaviors. The OCA brought these discrepancies to the attention of DCYF Legal and CPS Administration. The OCA was admonished and told to produce evidence to DCYF of the information presented, even though the information was from DCYF's own documentation and video footage provided by St. Mary's. Additionally, CPS Administration advised the OCA the way in which investigations are conducted and completed is not something under the purview of the OCA and something that is handled internally at DCYF even though this task falls under the statutory authority and duties of the OCA.

The OCA found a large discrepancy in investigations based on who was assigned an investigation. While there are standard investigation forms to follow there is clear inconsistencies between investigators, their investigative skills and techniques and their findings. The OCA concluded this to

be detrimental to the youth residing at St. Mary's and allowed children to remain living in unsafe situations.

In addition to discrepancies in information between DCYF, St. Mary's and the findings of the OCA, the OCA also noted numerous calls placed to the DCYF Hotline classified as Screen Outs required an investigation. The lack of investigations left children in unsafe situations and many exposed to continued incidences of abuse. In October 2023, while compiling and reviewing information for this report, the OCA discovered evidence of misreporting from the DCYF hotline. Calls to the Child Abuse Hotline from St. Mary's were not being documented appropriately within the DCYF system and placed into a specific child's case notes, indicating the calls to the Hotline from St. Mary's had decreased. This is in fact false. Hotline calls had not decreased, rather DCYF CPS workers had changed the method of documentation unbeknownst to the OCA and DCYF Administrators. The OCA found months' worth of calls to the Hotline placed erroneously in the system therefore determining St. Mary's had not made as much progress over the last several months as previously reported by DCYF's quarterly reports. When brought to the attention of Director Deckert, this was immediately addressed, and steps were immediately taken to follow-up with the CPS Division.

The regulatory responses conducted by Licensing Worker(s) were insufficient and due to ineffective follow-ups, children remained in unsafe living conditions and at risk of harm. There were a few in-person regulatory responses after calls made to the CPS Hotline and those were completed by an administrator at DCYF, however overall, the follow-ups were done by phone with the St. Mary's Program Director who relayed information based off internal incident reports. Licensing did not document any review of incident reports or follow-up with the youth involved in any situation.

While the period under review was April 1, 2023, through August 31, 2023, the OCA continued to review CPS reports, Licensing documentation visits to the St. Mary's campus, reviews of incident reports, video footage and continued conversations with staff, youth, and families until the issuance of this report. Following this period, these reviews have continued through December. The OCA's concerns with St. Mary's ability to maintain the safety of children remains amplified. Review of documentation and video footage, interviews with staff and children during this first week of December has prompted the OCA to recommend a hold once again on all intakes to all St. Mary's units. The OCA has continued to review St. Mary's regularly and while there have been some improvements to the physical space and units' the safety and well-being of all children remains a significant concern.

The OCA supports the statements made and supported by evidence collected throughout this investigation. Staff at St. Mary's are clearly burned out and frustrated by the lack of support and acknowledgement from the administration. During several walk throughs of campus, the OCA team observed staff on their cell phones, including numerous times after reportedly implementing a no cell phone policy. Staff were observed engaged in conversations and off to the side with each other rather than engaging the youth they were supervising. Staff office doors were open and left unattended, again this was observed after administration advised directives had been given to lock and keep the doors closed. Many staff were personable and introduced themselves to the OCA team when arriving in the unit while other staff did not even look up from their phones to acknowledge anyone coming into the unit. Not only did staff not greet guests, staff never ask for identification or clarification as to visitors

and allowed the OCA to walk through the units without any dialogue. Even when spoken to staff responded with one-word answers and had little to zero conversation with the OCA, even when spoken to. Often youth were in the room and witness to these behaviors. While overall the interactions between staff and youth were positive and encouraging, the OCA did observe staff speaking inappropriately to children. The interactions with youth varied between units, and some staff were bonded to the youth in their unit. This was primarily in the Harding/ARTS and Mauran Units, where the younger children reside. OCA observed staff talking in a demeaning manner and one staff called a child stupid in Spanish. Many staff could not explain the differences between safety watch and 1:1 staffing and were unaware of many policies including the AWOL policy and the steps staff are to take if a child goes AWOL. Many staff were unable to speak about youth's specific treatment plans and could not identify a routine for the youth within the unit on daily basis. There was no structured schedule or activities posted within the units, indicating a lack of consistency and the kids with unclear daily expectations. The units that did have posted schedules did not follow these regularly as confirmed by staff and youth and a review of video footage by the OCA. The lack of engagement and connection between staff and youth was evidenced by the OCA. In one particular unit the OCA observed it to be a youth's birthday. There were several pizzas on the dining room table however no one was eating. The youth expressed frustration about the dinner choice as this youth does not eat pizza and had told staff weeks ago their birthday dinner request. The youth stated, "I think they didn't get me my meal because I had a bad day at school, but they know I don't eat pizza and specifically said I didn't want pizza". This youth also discussed feeling sad about being in a placement on their birthday and not having many outside family or friend connections. The OCA spoke with staff and administration as to why the child could not have the requested birthday dinner and no explanation could be provided. The OCA was informed the request would be granted and the child could have their requested birthday dinner. Many conversations with St. Mary's Administration documented throughout this report were inconsistent. The information provided by St. Mary's vastly differed between DCYF Licensing, DCYF CPS and the OCA making it difficult to discern the overall safety of children.

Staff discussed differences in the supervision of 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> shift staffing. The OCA was informed the 3<sup>rd</sup> shift staff has their own 3<sup>rd</sup> shift supervisor and they operate as "their own island". Frustration was clearly voiced by 1<sup>st</sup> and 2<sup>nd</sup> shift workers, that many 3<sup>rd</sup> shift staff did not perform the assigned staff duties, such as cleaning and laundry during their shift and it would be extra work for the 1<sup>st</sup> shift when arriving for the start of their shift. Staff clearly expressed feelings of resentment about this and informed the OCA this has been an ongoing issue brought to the administrative team's attention to no avail. It was further expressed to the OCA that the 1<sup>st</sup> and 2<sup>nd</sup> shift supervisors did not have oversight of the 3<sup>rd</sup> shift supervisor as they were all equal and the only way things would change is through the administrative team, yet they very rarely come to the units and when they do, they do not address these concerns. Staff sensed special treatment provided to the 3<sup>rd</sup> shift staff and the 3<sup>rd</sup> shift supervisor by the administrative team and expressed a clear lack of accountability from the "top down".

The OCA observed clinical/medical staff and their interactions with youth. All interactions were positive and it was evident that the kids were bonded to their assigned clinicians. Many clinicians were aware of the needs of most youth, not just those assigned to their caseload. The clinical/medical team work seamlessly and always in the best interests of the children of St. Mary's. This was clear to the

OCA after multiple conversations and interactions with the clinical/medical team. All were aware of the ongoing issues with children and administrative staffing on campus and were unified in expressing their support in changes which need to be made to meet the best interests of the children they serve. Moreover, all levels of staffing from front line workers, clinical, medical, and support staff, were consistent in reporting any concerns brought to the attention of the Executive Director "fall on deaf ears". This was proven through review of emails and the completed investigation from the OCA as well as DCYF's review of St. Mary's.

St. Mary's administration expressed frustration to the OCA with many of the violations being cited as it is reported a DCYF Licensing representative comes through campus regularly and never acknowledged any of the issues being cited by DCYF and the OCA. St. Mary's Administration advised Licensing has been out for routine inspections every year and no concerns were ever raised by the Licensing Division until this investigation began. Additionally, frustration was expressed around CPS investigations and staff being unfounded when their behaviors rose to the level of termination. The OCA supported this frustration of St. Mary's as the OCA continues to have concern around the unfounded investigations by CPS. St. Mary's reported forwarding information to the North Providence Police Department to charge a staff member criminally but then DCYF would not follow through with the charges due to the unfounded findings. It remains unclear why charges were not followed through by St. Mary's. This causes major concern for the OCA when staff are not indicated because an unfounded determination allows staff to continue working with children even though they were terminated from St. Mary's. Any person working in the capacity of caring for and protecting children should be held criminally responsible when they assault a child as they are held to a higher standard and are being paid to protect and care for someone else's child. The OCA determined the same CPI's being assigned to cases entered the investigation with preconceived notions about the child and this led to a biased outcome, unfavorable to the child, thus leaving the child in abusive/neglectful situations.

The OCA determined many of these incidences of abuse and neglect of children could have been avoided and mitigated had St. Mary's been forthcoming with the Department early in 2023 about the struggles they were facing with the lack of appropriate staffing. It was reported to the OCA that DCYF had monthly meetings with St. Mary's and there were never any concerns raised by the Department around staffing, inappropriate placement of youth and the daily unsafe living conditions. Additionally, in a letter from Executive Director, Carlene McCann in July 2023 it is noted DCYF and St. Mary's attended twice monthly PRTF compliance meetings and no issues or concerns were ever indicated or brought up by the Department. While St. Mary's expressed struggling with staffing during the pandemic, the OCA finds it important to note the nation faced staffing shortages, and while many agencies struggled with staffing, they did not compromise the safety and best interest of children as the OCA found happening throughout the last six (6) months, after the immediate staffing crisis of 2020. Ms. McCann also indicates in the summer of 2022 expressing concerns to the Department most of their youth being sent to assessment and stabilization program require a much higher level of care than St. Mary's can provide. The OCA has found this an ongoing theme when placing youth in an assessment center not only at St. Mary's but in any assessment and stabilization within RI effectively placing programs in precarious situations as DCYF has a 'no eject, no reject' clause in their contracts which limits a programs ability to deny a youth they feel requires a higher level of care. While St.

Mary's capped their capacity for intakes, this has not mitigated the issues placing youth in dangerous living situations and not receiving the care and treatment they require to be successful. In closing Ms. McCann indicated the importance to realize St. Mary's issues and failures could not exist without failures of the DCYF CSBH practices and poor licensing reviews and follow-ups.

The OCA could not confirm St. Mary's is meeting all the requirements of a true PRTF. This was expressed by staffing on all levels of St. Mary's including the administrative level. The OCA was advised that DCYF has "allowed a modification for St. Mary's to call themselves a PRTF and report as such, however they do not meet all requirements of a PRTF". The OCA is highly concerned with this practice as the PRTF units receive over \$975.00 per day, per child and the children's needs are still not adequately met by St. Mary's.

The OCA determined numerous issues within the DCYF administrative units (CPS, Licensing and CSBH) and St. Mary's administrative team directly and negatively impacted the health, safety, and well-being of DCYF youth placed at St. Mary's. Had the CSBH and Licensing Division acted immediately upon receiving information and concerns from the OCA in April 2023, issues could have been addressed approximately thirty (30) days sooner. Had the Licensing Division conducted in person visits, met with the child, and done a thorough review of the unit, after each Screen Out reported the overwhelming safety issues for children would have been discovered. The lack of responsiveness by DCYF in April and May allowed children to remain in harmful situations and subjected to continued abuse and/or neglect. While a few administrators in this time frame have since left the agency, several remain in their current positions and continue in decision making roles. Many of the concerns, responsiveness and systemic issues have been addressed proactively and efficiently by the current DCYF Director, however the OCA remains concerned that several of these administrators remain in place and children's needs and best interests are not put first. This eight (8) month investigation demonstrated ongoing deficiencies in each of these DCYF Units. The clinical/medical and frontline unit staff workers at St. Mary's work diligently to meet the needs and best interest of the children, they have been unable to do so to the best of their ability due to lack of support from administration of both agencies. This led to injuries to children, sexual assaults of children, physical assaults of children by staff and peers, drug overdoses requiring life-saving measures, numerous AWOLs, and low staff morale, to name a few. As evidenced throughout this report.

Lastly, as noted throughout the report, the OCA found evidence of countless violations of state law, licensing regulations and internal policies by St. Mary's. This includes the Children's Bill of Rights, which notes that "...each child placed or treated under the supervision of the department in any public or private facility shall receive humane and dignified treatment at all times, with full respect for the child's personal dignity and right to privacy, consistent with the child's treatment plan."<sup>94</sup> The OCA also found evidence of similar violations by DCYF, as outlined in this report.

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<sup>94</sup> See Appendix B, RIGL §42-72-15(b).

## **Recommendations:**

### **DCYF:**

1. DCYF update all existing contracts to reflect the year 2023/2024 and specify the contractual obligations and expectation. Addendums should be added only when necessary and not routine practice.
2. All agencies should have the right and final say to deny admission for any youth that is not an appropriate fit based on clinical review.
3. DCYF revisit contracts on a yearly basis and receive input/feedback from all stakeholders including the OCA as to programming needed and treatment necessities.
4. All calls placed to the Child Abuse Hotline from licensed facilities are documented under the CPS Intake System.
5. Retraining for all staff, including administration regarding mandatory reporting to the Child Abuse Hotline.
6. All reports to the CPS Hotline are investigated when meeting the criteria for Intuitional Investigations.
7. All CPI's attend and participate in mandatory external child abuse trainings, such as those offered through the National Criminal Justice Training Center (NCJTC). This should be required annually.
8. All CPIs are required to become certified Child Forensic Interviewer's within a year of hire.
9. All CPIs follow a standard investigative protocol for uniformity and safety of children.
10. A new CPI is assigned to each investigation to avoid biased investigations and opinions towards the child.
11. Any call that does not meet the criteria for investigation has a Screen Out designation under the intake log in RICHIST.
12. Final approval of all completed investigations are reviewed by an administrative team rather than one specific administrator.
13. All Screen Outs are followed up in person by the Licensing Division with the child. This must include an independent verification of all information provided through a review of documentation, video footage and conversations with staff and children, along with a walk through of the unit. This should be standard operating procedure for DCYF.
14. DCYF to implement policies and procedures outlining specific steps the Licensing Division shall take following a CPS Hotline call involving a licensed placement, regardless of the outcome of the investigation. This should include in-person contact with children and staff, a review of documentation, video footage, and all steps taken in regard to the specific report. A

timeline for completion of the regulatory response to be included in the policy and operating procedure with standard review on supervisory/administrative level to ensure accuracy.

15. DCYF to implement policies and procedures outlining the role and responsibility of the Licensing Division to provide ongoing monitoring of all licensed facilities.
16. DCYF to draft and implement policies and procedures around the expectations for CSBH/Placement Unit around in-person assessment, follow-up on identified issues and continued assessment of both programming and a child's progress while placed in a program. Included in this policy should be the expectations of response time to follow-up.
17. DCYF Administration to evaluate the current referral process and ensure the child's best interests are always paramount when referring youth to specific programs. The program shall be appropriate and meet the clinical recommendations of the child, not just providing bed availability.
18. The CSBH/Placement unit/individual responsible for sending referrals meets individually and face to face with all youth prior to a referral being made.
19. That the FSU team and current clinician weigh in on any/all referrals and interviews to ensure the placement is appropriate for the child. This must be done prior to interviews being conducted.
20. The CSBH/Placement reviews each child's placement monthly to ensure the child is appropriately placed and provide documentation to support continued placement to all stakeholders including the OCA.
21. Should a child need a new placement, appropriate referrals are made immediately and based on clinical recommendations from the assigned clinician and/or medical team. The child's assigned DFS worker is to be included in all steps of the process.
22. DCYF conducts a complete administrative review and/or reorganization of CSBH, Contracts and Compliance, and Licensing Division, ensuring positions are filled and/or established based on experience, merit and knowledge; providing the Director an opportunity to evaluate and build her own administrative team and to ensure effective leadership and supervision of these units.
23. Administrative oversight and monitoring to ensure DCYF's compliance and adherence to relevant statutory provisions, regulations, policies, and procedures.
24. DCYF Administration explore the requirements of a PRTF and whether St. Mary's has met all requirements without modification or acceptations made by DCYF. A full financial review must be included in this to ensure all monies provided for the PRTF level of care were provided to in accordance with requirements.
25. DCYF to continue to monitor St. Mary's with in-depth site visits and monitoring of progress and improvements. Reports and updates to continue to be forwarded to the OCA upon completion.

26. DCYF to review all children currently residing at St. Mary's to assess their safety and determine if continued placement is appropriate. FSU and the child's GAL to be included in any and all conversations or meetings.
27. That DCYF amend the Licensing Regulations to require all licensed facilities to install and maintain cameras on the interior and exterior of all programs.
28. That DCYF amend the Licensing Regulations to require all calls to the CPS Hotline regarding allegations of abuse and/or neglect be backed up indefinitely or transferred to a hard copy.
29. The timeframe backed up should be two hours prior to the alleged incident occurring and two hours after the incident is alleged to have occurred. These backups are to be readily available to DCYF, the OCA and the North Providence Police Department when requested.
30. DCYF conduct a thorough investigation into St. Mary's staff who made an agreement with BACA. To include a full review of each child and/or family interacted with, and any information provided to BACA members in violation of State Law, DCYF Policy and Licensing Regulations. The completed investigation to be provided to the OCA and Attorney General's Office if evidence suggests the law was violated.
31. That DCYF maintain a hold on all intakes to all St. Mary's Units.

#### **St. Mary's Home for Children- Recommendations**

32. The organizational structure of St. Mary's and administration be reevaluated, and the concerns of staff, parents and children be validated, as effective leadership and supervision were major themes reported.
33. Compliance officer to be hired, to monitor compliance with state law, licensing regulations and St. Mary's policies. This individual should also complete an in-depth review to ensure that St. Mary's policies are structured in a way to ensure compliance with all applicable regulations and laws.
34. Compliance officer also to monitor the physical site in conjunction with administration to ensure adherence to licensing regulations.
35. Administration, supervisors, and the compliance officer to routinely monitor all documentation completed by staff to ensure that documentation is complete, accurate and in compliance with internal policies, as well as licensing regulations.
36. No staff is to be a part of the ratio unless all trainings and job requirements are up to date.
37. St. Mary's find ways to actively recruit new staff including but not limited to, attending job fairs and providing information tables at local colleges.
38. St. Mary's implement more structured, rigorous, and mandatory training prior to be fully completed before working with children.

39. All new hires shadow long term residential staff for a minimum of two weeks after completing training before being included in ratio.
40. Hiring requirements be reevaluated and determined to both recruit and retain staff, this should include a review of agency mandates and pay wages.
41. Child development and trauma training (ACES) be mandatory training for any new hire and refreshers are conducted every six (6) months for all staff.
42. Mandatory weekly staff meetings are held for each unit at St. Mary's to include all staff, clinical team members and supervisory administrators. This includes third (3<sup>rd</sup>) shift staff.
43. There should not be separate expectations and supervisory duties per shift. This caused discord between staff on each shift.
44. All staff have access to children's treatment plans and are included in case planning goals while child resides in the unit.
45. Support staff, interns, clinician, unit supervisors and campus supervisors are not to be included in staffing ratios at any time.
46. No cell phone usage by staff while working in the units, land line phones should be made available in all units.
47. Staff office doors to remain closed and locked. No child should be allowed access into the staff office unless in an emergency and the child is in danger.
48. Staff to engage in scheduled and structured activities with all youth in the unit daily. Activities with children should include clinical input when appropriate.
49. A schedule of programming and activities be posted in all units to ensure both staff and children are clear on daily expectations.
50. Administrative supervisors should have a daily presence in all units and engage in meetings and ongoing communications with all staff and children.
51. Staff communication logs to be mandatory per shift and all staff to sign off (initial) upon reading at the beginning of each shift. This is to be reviewed and verified by administrative supervisors daily. This to be reviewed by Clinical Director or their designee at the end of each week.
52. A daily checklist for staff per unit be completed every shift. This is to be reviewed and verified by administrative supervisors daily. This to be reviewed by Clinical Director or their designee at the end of each week.
53. Daily progress reports of each child to be completed at the end of each shift. This to be reviewed and verified by administrative supervisors daily. This to be reviewed by Clinical Director or their designee at the end of each week.

54. Weekly meetings between administrative staff including the Executive Director to be held with all staff on a weekly basis. Meeting minutes to be taken and documented in a central location for all staff to review as necessary.
55. St. Mary's cease work with an outside consultant and develop a strategic plan with current stakeholders including front line staff, clinical/medical teams, the OCA and in-state providers to deliver appropriate services to children. This will invest money and resources back into RI in order to help the children.
56. All meals for children to be freshly prepared and not premade and delivered to units. Staff to engage in cooking and providing "family" dinners for each unit.
57. Staff to engage children in daily meal planning and daily preparation.
58. Staff to work with families and include families as much as possible in activities, meal planning and daily treatment goals.
59. A designated family night be held in the units bi-weekly with planned menu and activities. Administrative staff to be a part of each family night and engage with families.
60. Incident reports must be completed by all individual(s) directly involved in an incident. Reports must be completed prior to staff leaving their shift and must list all witnesses including children in the report.
61. Video footage must be reviewed regularly and on an ongoing basis by supervisors and administration to ensure children are safe policies and procedures are being met regularly.
62. Cameras to be upgraded for clarity and full viewing of common areas in all units.
63. Exterior cameras to be installed and regularly reviewed to ensure ongoing safety for children and staff.
64. Administration and Supervisors to monitor and ensure cleanliness and more "home-like" settings are provided in each unit.
65. Develop policy in conjunction with DCYF regarding the proper steps to take if filing a police report on behalf of the child.

**APPENDIX A: Relevant St. Mary's  
Home for Children Policies and  
Manuals**



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

Policy #: <b>CRR-010</b>	Title: <b>Increased Supervision: Support Staff and Safety Watch</b>	Effective Date: <b>5/25/2021</b>
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**PHILOSOPHY / PURPOSE:** To provide a safe environment that includes consistently applied increased levels of supervision for residents when needed.

**POLICY:**

There are two levels of increased supervision that a resident may be placed on:

- **Support Staff:** Youth is at imminent risk for serious harm to self or others; frequent or prolonged AWOL's or wandering campus; at high-risk for sexual exploitation or dangerous drug use if AWOL; continuous aggression / multiple restraints, possibly requiring police intervention; self-injurious behavior that required medical attention or intent of serious harm (vs. superficial self-injury); suicidal or homicidal ideation with a plan; at high risk of injuring peers, staff or self; actively engaging in high risk behaviors that are beyond the expected treatment needs of a youth in the respective program.
- **Safety Watch:** Youth exhibits minor self-injurious behavior that does not require more than first aid; threats to hurt self or others, with no plan; threats of AWOL; threats of medication misuse or substance abuse; reports having drugs on campus or stashed off campus; passive suicidal or homicidal ideation without plan; threats and/or behaviors exist that are beyond the expected treatment needs of a youth in the respective program.

A youth can be placed on Support Staff or Safety Watch in one of the following ways:

- They are admitted to the agency under Support Staff status, or it is ordered/mandated by a judge or DCYF while they are in placement;
- The youth's individual Treatment Team, including but not limited to individuals such as the Clinician, House Supervisor, Parents, Youth, BBI team members, Psychiatrist, RN, Nurse Practitioner, Prescriber, Teacher, Administrator, DCYF or funder, Child Advocates, and involved natural supports makes the decision;
- The On Call Clinician and/or Nurse, Campus Supervisor and staff members on shift make the decision as an 'ad-hoc team' (only in after-hours crisis situations).

All staff must follow the standard protocols for being on Support Staff or Safety Watch status, which are specified at the end of this document. Additionally, each youth must have an individual plan created by their Treatment Team. That plan is where the Team specifies any unique conditions or interventions for the youth based on their developmental level and needs (e.g. the Team may specify that staff hold hands with a 9 year old while transitioning outdoors, whereas they might specify staff walk along side of a 17 year old).

All staff who interact with the youth must be made aware of their status so that standard protocols can be followed in all settings, as well as their individual Plan (e.g. Residential Counselors, Teachers, Teacher Assistants, Clinicians, Nurses/CNA, Family Liaison, etc.).

Staff members may trade-off Support Staff or Safety Watch supervision responsibilities based on the needs of the client and/or House as a whole. For example, one staff member may start to trigger a youth; or a staff member may need to take a youth out for a monitoring activity. The responsibility of being assigned to Support Staff or Safety Watch must be communicated

throughout every shift and at shift changes. Documentation of the switch must be made within the Support Staff Progress Note or Safety Watch Log.

Teams must meet no less than weekly to assess if youth can move off the status. This can be at an existing Rounds or Staff meetings. Teams can establish clear criteria that allow a youth to move off the status before the next formal meeting. A youth can only move down after 24 hours. There is no maximum time that a youth can remain on Support Staff or Safety Watch status.

Teams are responsible to consider and implement supports / services / interventions designed to help the youth stabilize enough to move down to the traditional level of supervision required in their respective program (ARTS, RTX or Shelter). The goal is to assist a youth in getting completely off a special status.

The youth's Clinician (or RN or Prescriber in their absence from meeting) is responsible document each meeting at which Support Staff or Safety Watch youth are assessed via submission of a Progress Note in the client's record. The Progress Note must detail which Team members were present and/or who was consulted regarding the assessment and decisions made.

*When placed on Support Staff or Safety Watch due to an after-hours decision, the Campus Supervisor is responsible to write an Incident Form detailing the process and include the full names of people who were involved. The youth's Team takes over after that point.*

Each House is responsible to maintain a Support Staff / Safety Watch binder. All completed Support Staff Progress Note or Safety Watch Logs must be placed in the binder.

The Clinician is responsible to:

- Review and remove documentation from the binder;
- For court ordered/state mandated Support Staff, send the documentation to DCYF. Include a request for an authorization for more Support Staff time when assessed as necessary;
- For internal Treatment Team Support Staff and Safety Watch, send documentation to the Record Keeper for filing in the youth's record.

#### **Standard Protocols: Support Staff**

- Not allowed off campus for any reason, with no exceptions unless medically necessary;
- Eat all meals with the group unless otherwise indicated in their individual plan;
- Youth will attend school and any outdoor recreational **on-campus** activities unless otherwise indicated in their individual plan;
- The staff member providing the Support Staff:
  - Can't be responsible for the medication key, be the point person or carry the Supervisor cell phone;
  - Can't be a part of the House staffing ratio.
  - Is responsible to complete a Support Staff Progress Note for the shift (form attached).
- The youth's room must be swept / checked thoroughly for safety on every shift. This is not a room or belonging search. All potentially harmful items are to be removed from the

youth's bedroom. If a room search is assessed as needed, policy B-012 Search of Residents Property / Metal Detector Wand must be followed.

- Staff member and youth must be no further than arm's length apart at all times except when using the bathroom or when in bed. The staff member must listen to all of the youth's conversations.
- The youth must use a bathroom (ideally one without windows) for toileting, showering and changing clothes. The bathroom must be used for all private needs.
- There is no private use of bedroom. The Staff member is responsible to remain at the bedroom door at bedtime, with the door open and to check for breathing when asleep no less than every 15 minutes.
- When youth is in the bathroom, the door is shut and the staff member must remain directly outside the closed door.
  - At brief intervals, approximately every 3-5 minutes, the staff member must confirm the youth is still present and verbally responsive (running water is not an indicator of responsiveness).
  - Hygiene baskets are not allowed;
  - Individual hygiene products must be given out in paper cups (shampoo, conditioner, any face cleaners or lotions, etc.); a bar of soap, face-cloth and towel are provided.
  - The staff member is responsible to check the bathroom before AND after the youth's use, (looking for and removing any potentially harmful things such as notes left for another client; hidden self-injurious objects etc.); check under toilet seats, under lid/where flushing devices are located; drawers, behind mirrors, etc.).
- May have on-grounds visits, and the staff member remains at arm's length during the visit.
- Individual plan made by the Team:

### **Standard Protocols: Safety Watch**

- Prior to being placed on Safety Watch, a Clinician, Nurse or Lead Staff must complete the Checklist.
- Not allowed off campus for any reason, with no exceptions unless medically necessary;
- Eats all meals with the group;
- Will attend school: a School staff member must be assigned as responsible for Safety Watch supervision. May participate in outdoor recreational on-campus activities.
- The staff member providing Safety Watch:
  - Can be a part of the required staffing ratio, and can be responsible for the medication key.
  - Is the 'primary' staff member for the youth, and responsible to keep an extra eye on the youth during the shift.
  - Is responsible to complete a Safety Watch Log 2x per 8 hour shift unless otherwise specified (see Log).
- When youth is in the bathroom, the door is shut and the staff member must remain close by the door.
  - At regular intervals, approximately every ten (10) minutes, the staff member must confirm the youth is still present and verbally responsive (running water is not an indicator of responsiveness).
  - Hygiene baskets are allowed, however sharps are not (e.g. razor).

- The staff member is responsible to check the bathroom before AND after the youth's use, (looking for and removing any potentially harmful things such as notes left for another client; hidden self-injurious objects etc.); check under toilet seats, under lid/where flushing devices are located; drawers, behind mirrors, etc.).
- At bedtime, regular bed checks apply unless otherwise specified.
- The staff member needs to closely monitor all of the youth's conversations.
- Family visits are on campus, but according to the individual plan made by the Team (e.g. staff member present, or family takes over supervision on campus).
- Individual plan made by the Team:

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Treatment, Tx
<b>Date of Adoption:</b>	8/11/1998
<b>Revision History:</b>	1/1/2012; 10/16/2016; 11/22/2017; 5/25/2021 <i>Note: Formerly titled "Safety Watch / 1:1 Staff Residential" Log and Checklist is in effect with this policy</i>
<b>Approved By:</b>	Clinical Director, Patty Olney-Murphy <i>Patty Olney-Murphy</i>
<b>Date of Electronic Signature:</b>	Patty Olney-Murphy 29 Aug 2022, 11:47:17, EDT 08/29/2022

 <b>ST. MARY'S HOME FOR CHILDREN</b> <b>POLICIES AND PROCEDURES</b>		
<b>Policy #:</b> <b>CRR-001</b>	<b>Title:</b> <b>Supervision of Youth</b>	<b>Effective Date:</b> <b>2/2/2022</b>

**PHILOSOPHY / PURPOSE:** To ensure maximum supervision for youth at the agency.

**POLICY:**

It is imperative to St. Mary's Home for Children that supervision of youth occurs 24 hours per day. All schedules are developed so that adequate supervision can occur. Staff must know what youth are doing and where they are at all times.

Proper and effective supervision includes watching and knowing where youth are at all times, understanding the program and daily routines, and knowing youth's histories.

Basic Supervision includes:

- Keeping in close proximity at all times with 1 or more youth.
- Seeing youth, maintaining general hearing distance, and/or knowing youth's whereabouts. Staff should be participating with youth at every available opportunity, and be in staff offices only when necessary.
- Keeping good separation distance with other staff so a wider physical area can be more closely supervised. Staff should not cluster together to talk while supervising youth, especially in the backyard or other large area of space. Such "clustering" is appropriate only when briefly passing along important treatment related information.
- Knowing where all youth in your charge are at all times throughout the shift.
- Knowing where your co-workers are at all times.
- Awareness of potential "cracks" in the program and routine. Specifically: Shift Change, youth going to and coming from visits, appointments, school, therapy, or when changes of care givers occur at any time.
- Awareness of when a child is scheduled to return from a visit or other appointment.
- Knowledge of Increased Supervision / One to One procedures.
- Having an exact head count of all youth in your charge at all times.
- Periodic "head counts", establishing where all youth under your supervision are and who they are with. For example, "one child on visit with family, three youth on unit with Mr. X, and three youth here with me".
- Providing this supervision in all environments, including during off campus trips and activities in the community.
- See also R-054 Welcome Checklist policy, which identifies when newer staff members can be left alone with youth and/or their families.

Additionally, supervision standards at this agency include the following:

- Youth may go to personal bedrooms, the bathroom, etc. without the direct accompaniment of staff. However, staff members need to be aware of – and monitor – the whereabouts of each child on the unit at all times.
- Staff must follow all unit supervision and privacy rules in regard to bedrooms that are doubles.
- Staff should walk to clusters of youth in order to better supervise and hear the conversation.

- While the youth in our care are entitled to a certain amount of privacy, safety concerns always take precedence. A child's bedroom door is only permitted to be closed fully if the child is changing their clothes. If a child is in his/her bedroom with the door closed, staff must knock prior to entering the room unless there is an immediate safety or clinical concern. Staff should always announce when they are walking into a room due to lack of response from the youth.
- St. Mary's maintains doors on sleeping areas and bathroom enclosures.
- Youth need to be supervised when sleeping by second shift staff at bedtime and thereafter by awake overnight staff. Room checks are to occur every 15 minutes and be documented.
- Effective supervision requires full engagement by staff. Therefore, cell phones are not to be used by staff (see cell phone policy) during shift, unless necessary to request assistance with a potential crisis situation
- Any child that is clearly dysregulate or having a hard time, should not be left alone if safety is a concern

**NOTE:** There are two levels of increased supervision that a resident may be placed on, specifically Safety Watch or Support Staff. See Safety Watch & Support Staff (policy CRR-012), which specifies the increased level of supervision required for youth when placed on one of those statuses (and indicates how a youth is placed on one of those statuses).

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Human Resources, HR, Recreation
<b>Date of Adoption:</b>	05/29/1998
<b>Revision History:</b>	3/2011; 2/1/2012 3/30/2016; 10/11/2016; 11/27/2017; 11/4/2019; 2/2/2022
<b>Approved By:</b>	Residential Program Manager, Michael Burgess  _____ Michael Burgess 03 Feb 2022, 16:25:02, EST
<b>Date of Electronic Signature:</b>	02/03/2022

 <b>ST. MARY'S HOME FOR CHILDREN</b> <b>POLICIES AND PROCEDURES</b>		
<b>Policy #:</b> <b>CRR-001</b>	<b>Title:</b> <b>Supervision of Youth</b>	<b>Effective Date:</b> <b>2/13/2023</b>

**PHILOSOPHY / PURPOSE:** To ensure maximum supervision for youth at the agency.

**POLICY:**

It is imperative to St. Mary's Home for Children that supervision of youth occurs 24 hours per day. All schedules are developed so that adequate supervision can occur. Staff must know what youth are doing and where they are at all times.

Proper and effective supervision includes watching and knowing where youth are at all times, understanding the program and daily routines, and knowing youth's histories.

Supervision policies and ratios apply when on campus, and when off campus.

Basic Supervision includes:

- Keeping in close proximity at all times with 1 or more youth.
- Seeing youth, maintaining general hearing distance, and/or knowing youth's whereabouts. Staff should be participating with youth at every available opportunity, and be in staff offices only when necessary.
- Keeping good separation distance with other staff so a wider physical area can be more closely supervised. Staff should not cluster together to talk while supervising youth, especially in the backyard or other large area of space. Such "clustering" is appropriate only when briefly passing along important treatment related information.
- Knowing where all youth in your charge are at all times throughout the shift.
- Knowing where your co-workers are at all times.
- Awareness of potential "cracks" in the program and routine. Specifically: Shift Change, youth going to and coming from visits, appointments, school, therapy, or when changes of care givers occur at any time.
- Awareness of when a child is scheduled to return from a visit or other appointment.
- Knowledge of Increased Supervision / One to One procedures.
- Having an exact head count of all youth in your charge at all times.
- Periodic "head counts", establishing where all youth under your supervision are and who they are with. For example, "one child on visit with family, three youth on unit with Mr. X, and three youth here with me".
- Providing this supervision in all environments, including during off campus trips and activities in the community.
- See also Welcome Checklist policy, which identifies when newer staff members can be left alone with youth and/or their families.

Additionally, supervision standards at this agency include the following:

- Youth may go to personal bedrooms, the bathroom, etc. without the direct accompaniment of staff. However, staff members need to be aware of – and monitor – the whereabouts of each child on the unit at all times.

- Staff must follow all unit supervision and privacy rules in regard to bedrooms that are doubles.
- Staff should walk to clusters of youth in order to better supervise and hear the conversation.
- While the youth in our care are entitled to a certain amount of privacy, safety concerns always take precedence. A child's bedroom door is only permitted to be closed fully if the child is changing their clothes. If a child is in his/her bedroom with the door closed, staff must knock prior to entering the room unless there is an immediate safety or clinical concern. Staff should always announce when they are walking into a room due to lack of response from the youth.
- St. Mary's maintains doors on sleeping areas and bathroom enclosures.
- Youth need to be supervised when sleeping by second shift staff at bedtime and thereafter by awake overnight staff. Room checks are to occur every 15 minutes and be documented.
- Effective supervision requires full engagement by staff. Therefore, cell phones are not to be used by staff (see cell phone policy) during shift, unless necessary to request assistance with a potential crisis situation
- Any child that is clearly dysregulate or having a hard time, should not be left alone if safety is a concern

**NOTE:** There are two levels of increased supervision that a resident may be placed on, specifically Safety Watch or Support Staff. See Safety Watch & Support Staff policy, which specifies the increased level of supervision required for youth when placed on one of those statuses (and indicates how a youth is placed on one of those statuses).

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Human Resources, HR, Recreation
<b>Date of Adoption:</b>	05/29/1998
<b>Revision History:</b>	3/2011; 2/1/2012 3/30/2016; 10/11/2016; 11/27/2017; 11/4/2019; 2/2/2022; 2/13/2023
<b>Approved By:</b>	Residential Program Manager, Michael Burgess  <hr/> Michael Burgess 13 Feb 2023, 15:47:56, EST
<b>Date of Electronic Signature:</b>	02/13/2023



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

Policy #:  
**CRR-001**

Title:  
**Supervision of Youth**

Effective Date:  
**11/27/2023**

**PHILOSOPHY / PURPOSE:** To ensure maximum supervision for youth at the agency.

**POLICY:** It is imperative to St. Mary's Home for Children that supervision of youth occurs 24 hours per day. All schedules are developed so that adequate supervision can occur. Staff must know what youth are doing and where they are at all times: proper and effective supervision includes watching and knowing where youth are at all times, understanding the program and daily routines, and knowing youth's histories. Effective supervision requires full engagement by staff.

Verbal and/or visual interactions with youth are imperative, and must occur no less than every ten-fifteen minutes. At times of sleep, hygiene routines and other times where youth are not actively engaged with staff, the interaction shall not be intrusive or invade their privacy, but rather it shall be subtle and designed to ensure their safety.

Supervision of youth and attending to youth needs (e.g. calling family, attending therapy, 1:1 support, medical appointments, meals) shall take priority over any additional tasks assigned to staff (e.g. cleaning). Staff are responsible to communicate the need for support to milieu Supervisors and Managers when unable to accomplish those tasks.

Staff shall identify and communicate their supervision responsibilities with their co-workers throughout each shift, even when a Milieu Supervisor or Assistant, Campus Supervisor or Manager is not present. For example, if 2-3 Counselors are working a shift with no Assistant or Supervisor present, they are all equally responsible to identify who is responsible to provide supervision to which youth. Counselors are responsible to immediately engage the Campus Supervisor if facing challenges in this area.

- Any youth who is dysregulate or having a hard time shall not be left alone when safety is a concern.
- Supervision policies and ratios apply when on campus, and when off campus, regardless of the activity.
- Staff shall keep in close proximity at all times with 1 or more youth.
- Staff shall ensure they can see youth, maintain general hearing distance, and/or know youth's whereabouts.
- Staff shall be directly engaged and participating with youth at every available opportunity, or engaged in an activity to meet youth needs (e.g. making a phone call for youth, cleaning youth's environment / Houses, speaking with another provider re: youth, scheduling an appointment for youth etc.).
- Staff shall keep good separation distance with other staff so a wider physical area can be more closely supervised. Staff should not cluster together to talk while supervising youth, especially in the backyard or other large area of space. Such "clustering" is appropriate only when briefly passing along important treatment related information.
- Staff should listen in on groups of youth who are talking or playing together, in order to better supervise and hear the conversation.

- Staff shall know where all youth in your charge are at all times throughout the shift, know where their co-workers are at all times and communicate with their co-workers throughout the shift.
- Staff shall maintain an awareness of potential “cracks” in the program and routine. Specifically: Shift Change, youth going to and coming from visits, appointments, school, therapy, or when changes of care givers occur at any time.
- Staff shall maintain awareness of when a youth is scheduled to return from a visit or other appointment, knowledge of Increased Supervision & One to One procedures.
- Staff shall have an exact head count of all youth in their charge at all times, and conduct periodic “head counts” to establish where all youth are and who they are with. For example, “one youth is on visit with family, three youth are in the House with Mr. X, and three youth are here with me”.
- St. Mary’s maintains doors on sleeping areas and bathroom enclosures.
- Youth are entitled to a certain amount of privacy however safety concerns always take precedence. A youth’s bedroom door is only permitted to be closed fully if the youth is changing their clothes. If a youth is in their bedroom with the door closed, staff must knock prior to entering the room unless there is an immediate safety or clinical concern. Staff shall *always* announce when they are walking into a room due to lack of response from the youth.
- Youth may go to personal bedrooms or the bathroom without the direct accompaniment of staff unless there is an immediate treatment concern or a safety plan in place that states special conditions or otherwise.
- Staff must follow all House privacy rules in regard to bedrooms that are doubles.
- Refer to the Welcome Checklist policy, which identifies when newer staff members can be left alone with youth and/or their families.
- There are two levels of increased supervision that a resident may be placed on, specifically Safety Watch or Support Staff. See Safety Watch & Support Staff policy for details including how a youth is placed on one of those statuses.

**Specific to Hours of Sleep:**

During hours or times of sleep, which varies from House to House and youth to youth, a minimum of one staff member in the House shall be assigned to conduct a bed-check on each youth no less than one time every 15 minutes and more frequently when specified and according to any youth with an individual Safety Plan. That staff member shall be responsible to document the bed-check performed on each youth (see next section, Sleep Logs). This can be as early as 7pm and as late as 11am depending on the House and circumstances.

Additional circumstances may require the bed-check(s) to continue throughout the day (e.g. youth exhibiting symptoms of depression may sleep or rest in their room on and off throughout the day).

Staff shall position themselves in a manner where each bedroom doorway is in their direct supervision, and they can see youth enter or exit a bedroom. When youth leave their bedroom to use bathroom, or they need to be supported, staff must be even more vigilant with their decision making and communication with co-workers on shift relative to supervision.

When all or most youth are in their bedrooms, and/or assessed as asleep, this can look different depending on the circumstances. Examples include:

- When working with 2 staff, and all or most youth are assessed as restless or awake, staff shall assign their supervision responsibility to “one in each hallway”;
- When bed checks are conducted by one staff, the other staff shall remain vigilant watching bedroom doorways for any youth leaving their room;
- When all or most youth are assessed as asleep, one staff may complete cleaning or paperwork tasks while the other has visuals on all bedroom doors;
- When all or most youth are assessed as restless or awake, cleaning, paperwork and any other tasks unrelated to direct supervision shall be put on hold;
- In the House with ‘double-bedrooms”, staff shall position themselves in a way that they can see each youth is in their own bed and they are not engaged in activities that are not allowed in congregate care.

### **Sleep Logs:**

- Staff will assess the following activities in the sleep logs and document it in the Google Drive folder, Sleep Logs. If the Drive is not accessible, staff shall document on a handwritten back-up form.
- Documentation shall be done every 15 minutes, unless otherwise specified in safety watch plans, and will start at the individual youth’s bedtime, and end when each individual youth is awake.
- Sleep logs are reviewed by Medical and Clinical teams.
- Youth are assigned in the Logs by room and name.
- The following codes are utilized:

S = Sleep

A = Awake

B = Bathroom

D = Disruptive

C = Crisis

SW = Sleepwalking

W = Wet Bed

N/A = Visit

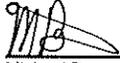
N/A = Hospitalization

N/A = Other off campus

### **In addition, specific to Awake Overnight shift:**

Awake Overnight staff shall use a flashlight to assess the following:

- Youth is physically in their bedroom and exact whereabouts are known (ideally in the bed);
- Confirm if the youth is awake, asleep or restless:
  - Determine if youth is showing signs of distress or awake and in need of assistance (if yes, attend to their needs);
  - Determine if youth is showing signs of being asleep;
- Awake Overnight staff shall immediately document their assessment in the Sleep Log in the Google folder. If the Drive is not accessible, staff shall document on a handwritten back-up form.

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Human Resources, HR, Recreation
<b>Date of Adoption:</b>	05/29/1998
<b>Revision History:</b>	3/2011; 2/1/2012 3/30/2016; 10/11/2016; 11/27/2017; 11/4/2019; 2/2/2022; 2/13/2023; 11/27/2023
<b>Approved By:</b>	Residential Program Manager, Michael Burgess  <hr/> Michael Burgess 03 Dec 2023, 08:10:58, EST
<b>Date of Electronic Signature:</b>	12/03/2023 EST

 <p style="text-align: center;"><b>ST. MARY'S HOME FOR CHILDREN</b> <b>POLICIES AND PROCEDURES</b></p>		
<b>Policy #:</b> <b>CRR-005</b>	<b>Title:</b> <b>Physical Restraint in Crisis Intervention</b>	<b>Effective Date:</b> <b>1/25/2021</b>

**PHILOSOPHY / PURPOSE:** Physical Restraint is the use of staff members to hold a youth in order to contain acute physical behavior. Acute physical behavior is defined as behavior likely to result in physical injury. The youth, other clients, staff members, or others are at imminent risk of physical harm. It is an intervention of last resort.

**POLICY:**

- At admission, nursing reviews medical information and assesses youth. Nursing may determine that a youth **cannot** be physically restrained due to a disqualifying medical condition. This will be documented in the youth's record and communicated to all staff who need to know the youth cannot be physically restrained.
- Only staff that have attended agency run crisis intervention training, and successfully completed the certification process, may engage in physical restraint with clients in the residential or school program.
- Cornell University's Therapeutic Crisis Intervention (TCI) training is mandatory for all Residential Counselors, Nurses, Teachers, and Teacher Assistants. The training may be mandatory, and is available to, other staff at the discretion of the Program Director as a need arises.
- Physical restraint taught by this agency is a series of holds; which controls the child safely and with the best interests of the youth in mind.
- Few incidents requiring restraint occur spontaneously; they come about as a result of an escalation of a less severe conflict or crisis. It is our responsibility to try to prevent this behavior before it occurs.
- Whenever possible, restraint should take place by persons familiar with the youth and the situation - in the context of an ongoing relationship with the youth.

**Orders:**

- Orders for the use of restraint must be provided by the Nurse on duty, the MD or the Nurse Practitioner.
- The order for restraint must be documented by the professional who gave the order (including being signed and documented in the youth's record).
- Within one hour of the initiation of the restraint, the Nurse on duty, the MD or the Nurse Practitioner is responsible to conduct a Post-Restraint Assessment, which include a face-to-face assessment of the physical and psychological well-being of the youth including but not limited to: the youth's physical and psychological status; the youth's behavior; the appropriateness of the intervention measures; any complications resulting from the intervention.

**Restrictions:**

- Failure to adhere to the policies and procedures surrounding therapeutic crisis intervention will result in retraining and/or disciplinary action, which may include verbal or written warnings,

report of incident to the State Child Protective Services (CPS), and possible immediate termination of employment.

- St. Mary's does not authorize nor permit the use of any restraint technique that is not taught in training at this agency. St. Mary's does not authorize the use of chemical or mechanical restraint.
- Physical restraint is not permitted beyond St. Mary's campus.
- Physical restraint is used ONLY when the youth, other clients, staff members or others are at imminent risk of physical harm.
- Physical restraint is not permitted in response to property damage. It is only permitted if the incident of property damage/destruction places the youth in danger.
- Physical restraint is not used for retaliation, discipline or punishment. It is not a consequence for non-compliance. It is not used for the convenience of staff. It does not intentionally inflict pain, injury, or harm on the youth. Techniques such as hitting, yanking, or pushing are not applications of therapeutic physical restraint, and doing so will result in disciplinary action as previously stated.
- The use of physical restraint in any situation other than the above mentioned circumstances is NOT permitted by St. Mary's policy, and will result in disciplinary action as previously stated.
- Physical restraint is permitted only in an area where the youth and staff will remain safe - an area free from glass, debris, cement, etc. It is NEVER permitted on a bed or couch.
- Access to food, water, toileting is made available to youth after physical restraint or when safe and appropriate.
- Pregnant staff or staff on modified duty may not participate in any restraint, and/or assessment of restraint regardless of a physicians' recommendation.

#### ***Monitoring:***

- Restraints must have a qualified individual, who is not involved in the restraint, present to monitor the entire duration of the restraint. This individual shall be the Nurse on duty, MD or Nurse Practitioner; or, a milieu staff trained in TCI assessment. The individual must document their face to face assessment of breathing, skin color, alertness, restraint technique and the length of restraint every 15 minutes.
- Staff shall continuously reassess the need for intervention and shall cease all physical intervention at the earliest possible time after the client is no longer at risk to self or others. Such restrictive behavior management interventions are limited to the following maximum time periods per episode:
  - Fifteen (15) minutes for youth aged nine and younger, for all restrictive behavior management interventions, including physical restraint
  - Thirty (30) minutes for individuals aged ten and older, undergoing physical restraint
  - Timeframes may be extended on a case-by-case basis. Reauthorization by a physician or another qualified clinician is required for each instance that exceeds the maximum time limit.
- If the youth begins banging their head with force on the floor, staff are to place one hand gently on the side or above the youth's head (about an inch and a half away) using just enough support to reduce the youth's range of movement. This should be done by a staff person that is not an active participant of the physical restraint. Ideally the staff person who is conducting the

restraint assessment can also assist with this technique, decreasing the risk of injury from head banging.

- It is the responsibility of ANY staff member who witnesses or participates in a restraint which is not approved by this agency to REPORT the incident IMMEDIATELY to a Supervisor. If you see a restraint occurring that is not approved, interrupt or prompt the staff member(s) involved so they can immediately adjust the restraint.
- The Supervisor or Point Person is responsible to make directives and ensure appropriate action is taken. This may include directing the staff member to write an IF, direct staff involved in the incident to complete training again, give verbal or written warning to the involved staff, direct the staff member to report the incident to CPS, etc.
- Failure to do so, on the part of the staff member(s) participating or witnessing the incident and / or the Supervisor, will result in disciplinary action, which may include verbal or written warnings, report of the failure to act to CPS, and possible immediate termination of employment.
- Physical restraint MUST be terminated if...
  - A youth begins to vomit
  - A youth begins to seizure
  - A youth becomes unconscious
  - A youth sustains head injury
  - A youth is not breathing
  - A youth has blockage to the nasal or oral passages
  - A youth's breathing is impaired or obstructed
  - A youth sustains a fracture or bone injury
  - A youth turns a dusky purple color

#### ***Documentation & Debrief:***

- The use of physical restraint is documented on a Physical Restraint Report form. This documentation is to include circumstances leading to the need for physical restraint including behavior management techniques employed in an effort to avoid the need for physical restraint. This also includes a summary of the LSI completed with the youth. The Physical Restraint Report must be completed and reviewed by the Nurse by the end of the shift on which the restraint occurred. A copy of the IF is placed in the youth's case record.
- A formal 'rigorous event analysis' debriefing is conducted within the first 24 working hours post restraint.
- Physical restraint must always be followed, at the earliest possible time but no later than 24 hours after the incident, by a Life Space Interview with the youth. That is documented on the Physical Restraint Report whenever possible.
- By the end of the shift on which the restraint occurred, a Nurse notifies DCYF and Parent or Guardian of any restraint and documents that in the record.
- The Nurse must be notified immediately if a youth is injured during physical restraint if they are not already present. If necessary, immediate Medical attention must be sought.
- Debriefing Meeting following Restraint provides great detail regarding notification / communication following any physical restraint.

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Client Rights, Human Resources, HR, TCI
<b>Date of Adoption:</b>	12/7/1997
<b>Revision History:</b>	01/1/2012; 3/07/2016; 4/12/2018; 8/1/2019; 1/25/2021
<b>Approved By:</b>	Executive Director, Carlene Casciano-McCann
<b>Date of Electronic Signature:</b>	



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

Policy #:  
**CRR-005**

Title:  
**Physical Restraint in Crisis Intervention**

Effective Date:  
**5/1/2023**

**PHILOSOPHY / PURPOSE:** Physical Restraint is the use of staff members to hold a youth in order to contain acute physical behavior. Acute physical behavior is defined as behavior likely to result in physical injury. The youth, other clients, staff members, or others are at imminent risk of physical harm. It is an intervention of last resort.

**POLICY:**

- At admission, nursing reviews medical information and assesses youth. Nursing may determine that a youth **cannot** be physically restrained due to a disqualifying medical condition. This will be documented in the youth's record and communicated to all staff who need to know the youth cannot be physically restrained.
- Only staff that have attended agency run crisis intervention training, and successfully completed the certification process, may engage in physical restraint with clients in the residential or school program.
- Cornell University's Therapeutic Crisis Intervention (TCI) training is mandatory for all Residential Counselors, Nurses, Teachers, and Teacher Assistants. The training may be mandatory, and is available to, other staff at the discretion of the Program Director as a need arises.
- Physical restraint taught by this agency is a series of holds; which controls the child safely and with the best interests of the youth in mind.
- Few incidents requiring restraint occur spontaneously; they come about as a result of an escalation of a less severe conflict or crisis. It is our responsibility to try to prevent this behavior before it occurs.
- Whenever possible, restraint should take place by persons familiar with the youth and the situation - in the context of an ongoing relationship with the youth.

**Orders:**

- Orders for the use of restraint must be provided by the Nurse on duty, the MD or the Nurse Practitioner.
- The order for restraint must be documented by the professional who gave the order (including being signed and documented in the youth's record).
- Within one hour of the initiation of the restraint, the Nurse on duty, the MD or the Nurse Practitioner is responsible to conduct a Post-Restraint Assessment, which include a face-to-face assessment of the physical and psychological well-being of the youth including but not limited to: the youth's physical and psychological status; the youth's behavior; the appropriateness of the intervention measures; any complications resulting from the intervention.

**Restrictions:**

- Failure to adhere to the policies and procedures surrounding therapeutic crisis intervention will result in retraining and/or disciplinary action, which may include verbal or written warnings,

report of incident to the State Child Protective Services (CPS), and possible immediate termination of employment.

- St. Mary's does not authorize nor permit the use of any restraint technique that is not taught in training at this agency. St. Mary's does not authorize the use of chemical or mechanical restraint.
- Physical restraint is not permitted beyond St. Mary's campus.
- Physical restraint is used ONLY when the youth, other clients, staff members or others are at imminent risk of physical harm.
- Physical restraint is not permitted in response to property damage. It is only permitted if the incident of property damage/destruction places the youth in danger.
- Physical restraint is not used for retaliation, discipline or punishment. It is not a consequence for non-compliance. It is not used for the convenience of staff. It does not intentionally inflict pain, injury, or harm on the youth. Techniques such as hitting, yanking, or pushing are not applications of therapeutic physical restraint, and doing so will result in disciplinary action as previously stated.
- The use of physical restraint in any situation other than the above mentioned circumstances is NOT permitted by St. Mary's policy, and will result in disciplinary action as previously stated.
- Physical restraint is permitted only in an area where the youth and staff will remain safe - an area free from glass, debris, cement, etc. It is NEVER permitted on a bed or couch.
- Access to food, water, toileting is made available to youth after physical restraint or when safe and appropriate.
- Pregnant staff or staff on modified duty may not participate in any restraint, and/or assessment of restraint regardless of a physicians' recommendation.

### ***Monitoring:***

- Restraints must have a qualified individual, who is not involved in the restraint, present to monitor the entire duration of the restraint. This individual shall be the Nurse on duty, MD or Nurse Practitioner; or, a milieu staff trained in TCI assessment. The individual must document their face to face assessment of breathing, skin color, alertness, restraint technique and the length of restraint every 15 minutes.
- Staff shall continuously reassess the need for intervention and shall cease all physical intervention at the earliest possible time after the client is no longer at risk to self or others. Such restrictive behavior management interventions are limited to the following maximum time periods per episode:
  - Fifteen (15) minutes for youth aged nine and younger, for all restrictive behavior management interventions, including physical restraint
  - Thirty (30) minutes for individuals aged ten and older, undergoing physical restraint
  - Timeframes may be extended on a case-by-case basis. Reauthorization by a physician or another qualified clinician is required for each instance that exceeds the maximum time limit.
- If the youth begins banging their head with force on the floor, staff are to place one hand gently on the side or above the youth's head (about an inch and a half away) using just enough support to reduce the youth's range of movement. This should be done by a staff person that is not an active participant of the physical restraint. Ideally the staff person who is conducting the

restraint assessment can also assist with this technique, decreasing the risk of injury from head banging.

- It is the responsibility of ANY staff member who witnesses or participates in a restraint which is not approved by this agency to REPORT the incident IMMEDIATELY to a Supervisor. If you see a restraint occurring that is not approved, interrupt or prompt the staff member(s) involved so they can immediately adjust the restraint.
- The Supervisor or Point Person is responsible to make directives and ensure appropriate action is taken. This may include directing the staff member to write an IF, direct staff involved in the incident to complete training again, give verbal or written warning to the involved staff, direct the staff member to report the incident to CPS, etc.
- Failure to do so, on the part of the staff member(s) participating or witnessing the incident and / or the Supervisor, will result in disciplinary action, which may include verbal or written warnings, report of the failure to act to CPS, and possible immediate termination of employment.
- Physical restraint MUST be terminated if...
  - A youth begins to vomit
  - A youth begins to seizure
  - A youth becomes unconscious
  - A youth sustains head injury
  - A youth is not breathing
  - A youth has blockage to the nasal or oral passages
  - A youth's breathing is impaired or obstructed
  - A youth sustains a fracture or bone injury
  - A youth turns a dusky purple color

#### ***Documentation & Debrief:***

- The use of physical restraint is documented on a Physical Restraint Report form. This documentation is to include circumstances leading to the need for physical restraint including behavior management techniques employed in an effort to avoid the need for physical restraint. This also includes a summary of the LSI completed with the youth. The Physical Restraint Report must be completed and reviewed by the Nurse by the end of the shift on which the restraint occurred. A copy of the IF is placed in the youth's case record.
- The Administrator On Call must be called in as soon as practicable. A formal 'rigorous event analysis' debriefing is conducted within the first 24 hours post restraint.
- Physical restraint must always be followed, at the earliest possible time but no later than 24 hours after the incident, by a Life Space Interview with the youth. That is documented on the Physical Restraint Report whenever possible.
- By the end of the shift on which the restraint occurred, a Nurse notifies DCYF and Parent or Guardian of any restraint and documents that in the record.
- The Nurse must be notified immediately if a youth is injured during physical restraint if they are not already present. If necessary, immediate Medical attention must be sought.
- Debriefing Meeting following Restraint provides great detail regarding notification / communication following any physical restraint.

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Client Rights, Human Resources, HR, TCI
<b>Date of Adoption:</b>	12/7/1997
<b>Revision History:</b>	01/1/2012; 3/07/2016; 4/12/2018; 8/1/2019; 1/25/2021; Minor edit 5/1/2023
<b>Approved By:</b>	Executive Director, Carlene Casciano-McCann  <i>Carlene Casciano McCann</i> <u>Carlene Casciano McCann</u> 01 May 2023, 13:00:08, EDT
<b>Date of Electronic Signature:</b>	05/01/2023



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

Policy #: <b>CRR-005</b>	Title: <b>Physical Restraint in Crisis Intervention</b>	Effective Date: <b>11/8/2023</b>
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**PHILOSOPHY / PURPOSE:** Physical Restraint is the use of staff members to hold a youth in order to contain acute physical behavior. Acute physical behavior is defined as behavior likely to result in physical injury. The youth, other clients, staff members, or others are at imminent risk of physical harm. It is an intervention of last resort.

**POLICY:**

- At admission, nursing reviews medical information and assesses youth. Nursing may determine that a youth **cannot** be physically restrained due to a disqualifying medical condition. This will be documented in the youth's record and communicated to all staff who need to know the youth cannot be physically restrained.
- Only staff that have attended agency run crisis intervention training, and successfully completed the certification process, may engage in physical restraint with clients in the residential or school program.
- Cornell University's Therapeutic Crisis Intervention (TCI) training is mandatory for all Residential Counselors, Nurses, Teachers, and Teacher Assistants. The training may be mandatory, and is available to, other staff at the discretion of the Program Director as a need arises.
- Physical restraint taught by this agency is a series of holds; which controls the child safely and with the best interests of the youth in mind.
- Few incidents requiring restraint occur spontaneously; they come about as a result of an escalation of a less severe conflict or crisis. It is our responsibility to try to prevent this behavior before it occurs.
- Whenever possible, restraint should take place by persons familiar with the youth and the situation - in the context of an ongoing relationship with the youth.

**Orders:**

- Orders for the use of restraint must be provided by the Nurse on duty, the MD or the Nurse Practitioner.
- The order for restraint must be documented by the professional who gave the order (including being signed and documented in the youth's record).
- Within one hour of the initiation of the restraint, the Nurse on duty, the MD or the Nurse Practitioner is responsible to conduct a Post-Restraint Assessment, which include a face-to-face assessment of the physical and psychological well-being of the youth including but not limited to: the youth's physical and psychological status; the youth's behavior; the appropriateness of the intervention measures; any complications resulting from the intervention.

**Restrictions:**

- Failure to adhere to the policies and procedures surrounding therapeutic crisis intervention will result in retraining and/or disciplinary action, which may include verbal or written warnings,

report of incident to the State Child Protective Services (CPS), and possible immediate termination of employment.

- St. Mary's does not authorize nor permit the use of any restraint technique that is not taught in training at this agency. St. Mary's does not authorize the use of chemical or mechanical restraint.
- Physical restraint is not permitted beyond St. Mary's campus.
- Physical restraint is used ONLY when the youth, other clients, staff members or others are at imminent risk of physical harm.
- Physical restraint is not permitted in response to property damage. It is only permitted if the incident of property damage/destruction places the youth in danger.
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### ***Monitoring:***

- Restraints must have a qualified individual, who is not involved in the restraint, present to monitor the entire duration of the restraint. This individual shall be the Nurse on duty, MD or Nurse Practitioner; or, a milieu staff trained in TCI assessment. The individual must document their face to face assessment of breathing, skin color, alertness, restraint technique and the length of restraint every 15 minutes.
- Staff shall continuously reassess the need for intervention and shall cease all physical intervention at the earliest possible time after the client is no longer at risk to self or others. Such restrictive behavior management interventions are limited to the following maximum time periods per episode:
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  - Timeframes may be extended on a case-by-case basis. Reauthorization by a physician or another qualified clinician is required for each instance that exceeds the maximum time limit.
- If the youth begins banging their head with force on the floor, staff are to place one hand gently on the side or above the youth's head (about an inch and a half away) using just enough support to reduce the youth's range of movement. This should be done by a staff person that is not an active participant of the physical restraint. Ideally the staff person who is conducting the

restraint assessment can also assist with this technique, decreasing the risk of injury from head banging.

- It is the responsibility of ANY staff member who witnesses or participates in a restraint which is not approved by this agency to REPORT the incident IMMEDIATELY to a Supervisor. If you see a restraint occurring that is not approved, interrupt or prompt the staff member(s) involved so they can immediately adjust the restraint.
- The Supervisor or Point Person is responsible to make directives and ensure appropriate action is taken. This may include directing the staff member to write an IF, direct staff involved in the incident to complete training again, give verbal or written warning to the involved staff, direct the staff member to report the incident to CPS, etc.
- Failure to do so, on the part of the staff member(s) participating or witnessing the incident and / or the Supervisor, will result in disciplinary action, which may include verbal or written warnings, report of the failure to act to CPS, and possible immediate termination of employment.
- Physical restraint MUST be terminated if...
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  - A youth's breathing is impaired or obstructed
  - A youth sustains a fracture or bone injury
  - A youth turns a dusky purple color

#### *Documentation & Debrief:*

- The use of physical restraint is documented on a Physical Restraint Report form. This documentation is to include circumstances leading to the need for physical restraint including behavior management techniques employed in an effort to avoid the need for physical restraint. This also includes a summary of the LSI completed with the youth. The Physical Restraint Report must be completed and reviewed by the Nurse by the end of the shift on which the restraint occurred. A copy of the IF is placed in the youth's case record.
- The Administrator On Call must be called in as soon as practicable. A formal 'rigorous event analysis' debriefing is conducted within the first 24 hours post restraint.
- Physical restraint must always be followed, at the earliest possible time but no later than 24 hours after the incident, by a Life Space Interview with the youth. That is documented on the Physical Restraint Report whenever possible.
- By the end of the shift on which the restraint occurred, a Nurse notifies DCYF and Parent or Guardian of any restraint and documents that in the record.
- The Nurse must be notified immediately if a youth is injured during physical restraint if they are not already present. If necessary, immediate Medical attention must be sought.
- [Debriefing Meeting following Restraint](#) (CRR-009) provides great detail regarding notification / communication following any physical restraint.

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Client Rights, Human Resources, HR, TCI
<b>Date of Adoption:</b>	12/7/1997
<b>Revision History:</b>	01/1/2012; 3/07/2016; 4/12/2018; 8/1/2019; 1/25/2021; Minor edit 5/1/2023; 11/8/2023
<b>Approved By:</b>	Executive Director, Carlene Casciano-McCann  <i>Carlene Casciano McCann</i> Carlene Casciano McCann 09 Nov 2023, 08:08:58, EST
<b>Date of Electronic Signature:</b>	11/09/2023



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

Policy #:  
**CRR-009**

Title:  
**Debriefing Meetings**

Effective Date:  
**6/1/2021**

**PHILOSOPHY / PURPOSE:** To ensure debriefing practices are in place.

**POLICY:**

The use of physical restraint and transport are high risk, problem-prone interventions for both youth and staff and is to be avoided whenever possible. Restraint and transport shall only be used in the face of imminent danger and when unavoidable. The use of restraint and transport may cause trauma and re-traumatization in an already vulnerable group of persons and may also cause trauma, stress and injury for staff persons. Preventing the use of restraint and transport is the organizational goal and this includes the mandatory use of debriefing procedures whenever a restraint or transport does occur. See also B-011A for transport policy.

Debriefing procedures for the purpose of this policy are defined as three discrete events. The first is titled an "immediate post-acute event analysis" and occurs immediately following a restraint or transport with all involved parties including those witnessing the event. The second Debriefing activity is called "Witnessing or Elevating Oversight" and includes a call from the person in charge of the House/Classroom where the event took place to a facility executive staff person to relate what occurred 24 hours/7 days a week. The third Debriefing activity is a formal rigorous event analysis that takes place within one business day following the restraint or transport and includes the participation of key professional, administrative and support staff as well as participation by the youth involved or their designee.

**IMMEDIATE POST ACUTE EVENT ANALYSIS Procedure:**

When a restraint or transport is ordered by the nurse, the onsite supervisor will immediately respond to the site. The responder will need to be an objective mid-level or senior level staff member with training in physical restraint and transport policies and procedures and should not be someone involved in the restraint or transport occurring at the time.

Upon reaching the unit or site of the occurrence, the supervisor and/or nurse will immediately survey the environment and seek to assure that all persons are safe and that processes are orderly. Unless an emergency occurs that requires direct intervention, the supervisor's role is to document what occurred, who was involved, the antecedents to the event, least restrictive alternatives attempted and the results, specific dangerous behaviors necessitating the use of restraint or transport, and the staff's response. In addition, the physical and emotional safety of the youth and other witnesses to the event will be assessed and responded to.

The onsite supervisor and/or nurse will document their findings and report these to the executive on-call. The onsite supervisor or nurse shall assist the house staff in returning the milieu to a pre-crisis level and assure that all necessary documentation has been completed.

When possible, the onsite supervisor or nurse will attend the formal debriefing. If that is not possible, the onsite supervisor or nurse will need to communicate what occurred through either written documentation, shift report, or phone in participation in the formal debriefing. The point

here is that the post-acute event information gets passed on up to the formal debriefing activity so that all information is communicated and shared with the entire team.

**WITNESSING OR ELEVATING OVERSIGHT Procedure:**

This procedure expects on-site supervisor or nurse to communicate information regarding a restraint or transport to a designated agency executive staff member 24 hours/7 days a week (in real time). This procedure assumes that agency leadership has already set up an executive staff on call process, to receive these communications.

The senior, onsite, staff person best able to report key information to the executive staff member on call is the one that is expected to make this call and provide the necessary information. Information communicated is critical and can include, but not be limited to the following:

- A description of the event (what happened)
- What was the result (transport, restraint, injury to youth or staff)?
- Who was involved in events leading up to the transport or restraint?
- What were the antecedents (youth's history, past events, behavior immediately prior to the event)?
- Was there any warning or change in behavior prior to the event and what did staff do?
- Did we know if the youth was at high risk for violence? If so, what had been done to prevent this event?
- What was the source of the conflict, if any?
- What did staff do?
- When the escalating behavior was noted, were other interventions tried, and if so, what and what was the response?
- Did the youth have a relationship with anyone on staff at this time of the event and did that person try to intervene?
- Was the youth offered alternatives and what was the response?
- Had the youth developed a safety/soothing plan and was that used?
- What staff were directly involved and are they ok?
- Is the youth safe and where are they now?
- What have staff done to prevent another occurrence?
- What is the youth saying at this point, if anything?
- Were the event "observers" debriefed and how are they?
- Were the staff involved debriefed and how are they?
- Is there anything, right now, that you can add regarding how this event could have been avoided?
- Can you attend or "call in" for the formal event debriefing and, if not, how can we get your information to the team members who will debrief this event.
- Is there anything that can be done now to prevent this from happening again?

The Executive staff member on call is expected to take this call or call back in a timely manner. It is recommended that this staff person "on call" make informal notes regarding what happened along with any notes that indicate a need to follow-up the next day. These "called-in" occurrences

need to be discussed with other residential leadership team members the next working day and all issues requiring follow-up passed on to the appropriate person.

In general, this procedure is meant to provide three outcomes. First, to make the executive team well-acquainted with what occurs at school and in residential houses in a timely manner as well as to orient executive staff to the working conditions that direct care staff are facing. Second, this procedure is done to try and make direct care staff aware that the agency leadership is also affected by these events, is supportive, and is available. Third, this activity is designed to make executive staff, with formal power, aware of policy, procedures, and operational issues that could be creating conflict on units, as well as to help gather information that could be helpful to cover in staff training activities.

It is critically important, that unless egregious behavior occurs during an event, that no blaming occurs and that the overall response is not punitive in nature.

Finally, it is recommended that the "on-call" responsibilities of executive staff be shared among several of the executive team members. This on-call responsibility can be disruptive at times and more than one person needs to share this load.

#### **FORMAL RIGOROUS EVENT ANALYSIS Procedure:**

A formal rigorous event analysis will follow every incident of restraint or transport and will occur within the first 24 working hours post event.

The supervisor or nurse will schedule the formal debriefing and notify all invited participants to include the treatment team, the youth and/or proxy and all other involved parties and other agency staff as appropriate. All care and attention shall be paid to the comfort and safety of the youth involved and their informed consent and ability to participate without being overly stressed, coerced, or overwhelmed by this activity.

In certain situations, where the youth does not want to or cannot participate, all efforts will be made to debrief the young person ahead of time and to gather their input into what occurred and what could have prevented the event. This additional interview will be documented and brought to the formal debriefing by a formal representative and presented as such. The Youth Engagement Specialist, if available, should be used to gather this kind of information.

Debriefing includes an analysis of: 1) triggers, 2) antecedent behaviors, 3) alternative behaviors, 4) least restrictive or alternative interventions attempted, 5) de-escalation preferences or safety planning measures identified and 6) treatment plan strategies.

The facilitator leading the debriefing needs to be clinically skilled in root cause analysis and not directly involved in the event. Questions formulated by the facilitator are directed by the individual characteristics inherent in the event but also share the common characteristic of drilling down to core activities and processes by asking why to the lowest common denominator. The facilitator needs to be skilled and knowledgeable about the common steps in the process of a behavioral escalation that leads to the use of restraint or transport and opportunities for effective staff

interventions to avoid, de-escalate or as last resort if restraint is necessary, to avoid injury and minimize trauma. Debriefing processes lead to recommendations for both senior administrative and clinical staff; staff development and direct care staff. These steps are outlined here and include examples of questions that can stimulate thinking and discussion.

*Restraint Prevention Tree, Staff Intervention Opportunities and Debriefing Questions*

Step 1: Has a treatment environment been created where conflict is minimized?

This intervention opportunity asks staff to consider whether the agency has done everything possible to create a treatment setting that prevents conflict and aggression. Potential preventative interventions include the use of person-first language; adopting a trauma informed philosophy of care; comparing actual operational practice, policy and procedures against trauma informed values; assuring the staff have the knowledge, skill and ability in building therapeutic relationships immediately on admission; making the treatment environment welcoming and non-stressful; using prevention tools such as admission based trauma assessments, risk assessments, safety planning, comfort and sensory rooms and avoiding overt and covert coercion.

Questions to think about or explore:

- Was the environment calm and welcoming?
- Was the environment personalized and normalizing or institutional?
- Was the milieu calm and mostly quiet?
- Had any staff developed a relationship with the youth?
- Were there signs about rules, warnings or other indications that might cause a feeling of oppression?
- Did the individual witness a restraint or other upsetting event?
- What were the trigger(s) to the aggressive or dangerous behavior?
- Did we know the youth well enough to know their personal triggers?
- Is the youth a trauma survivor and if so, did something in the environment create a traumatic re-enaction?
- What set the young person off?
- Did anyone on shift talk to the youth or "check in" before the event?
- Did the youth's behavior change during the shift or earlier?
- Did the youth want something before the event occurred?

Step 2: Could the trigger for conflict (personal, environmental) have been avoided?

This intervention opportunity addresses the adequacy of the screening and admission process and the skilled gathering of information, specifically risk factors for conflict and violence that can alert staff to the needs for immediate, preventative interventions. For instance, are staff aware that the youth has not been taking their medications for some time and has this issue been addressed immediately on admission? Is information gathered in the pre-screening or admission process relating to the youth's past history of aggression or violence on inpatient units and past experiences of being in restraint, transport or seclusion? Do staff know or try and discover, during admission, each youth's individual triggers for conflict, anxiety, fear, discomfort, "fight, flight, freeze" and document these so that they can be communicated? Are advance safety/soothing plans developed

and used? Does the facility understand the importance of minimizing a rule-based culture of care; minimizing wait times, avoiding shaming or humiliation (intentional and unintentional) of people in daily operations and other institutional issues?

Questions to ask:

- Did the youth and family participate in the admission process and treatment planning process?
- Was a trauma assessment done?
- Was a safety/soothing plan done?
- Did we know if the youth had ever been in restraint or transport before?
- Did the youth receive a phone call or a visit (or lack thereof) that might have caused escalation?
- Was the youth worried about anything?
- Did the youth have to wait an inordinate time for something they wanted?
- Did the youth indicate they needed help, attention or assistance beforehand?
- Was the youth ignored, treated rudely, shamed, humiliated or consequence for some behavior?
- Was the youth taking medication and if so, did they have a therapeutic level? Were they experiencing side effects?
- Was the youth oriented to the house/school and the rules?

Step 3: Did staff notice and respond to events in a timely manner?

This intervention opportunity addresses the staff culture and knowledge base regarding immediate and direct person-to-person responses to changes in youth behaviors in the milieu. In many facilities, staff do not respond immediately due to lack of knowledge regarding types of behavioral escalation that can include both obvious agitation as well as isolative behaviors. In other facilities, staff sometimes have been taught to ignore disruptive or different behavioral changes in the belief that this is attention-seeking behavior and that ignoring it may make it "go away." However, in trauma informed facilities, behavioral changes are seen as "attempts at communication" albeit perhaps not clear or direct, that require an immediate and respectful response. Staff need to be trained to observe for, detect and respond to changes in the individual behavior or the milieu in general as part of their job and as an important skill in refining the "therapeutic use of self" that is part of being a mental health professional or paraprofessional.

Questions to ask?

- Who responded and when?
- Was there any warning that the youth was upset?
- What were the first signs and who noted them?
- If no one noticed, why?
- Should the youth have been on safety watch?

Staff's ability to be creative and to take the time to try and get to know the youth and their needs in crisis is immeasurably helpful and needs to be a part of the expectations for staff knowledge, skills and abilities in the agency job descriptions and performance evaluation process.

Questions to ask:

- What intervention was tried first and by whom?
- Why was that technique chosen?
- Did anything get in the way of the intervention?
- Did anyone get in the way of the intervention?
- Was the intervention delayed for any reason?
- How did the youth respond to it?
- What was the youth's emotional state at the time?
- What was the staff's emotional state at the time?
- What else could have been tried but was not? Why?

Step 4: Did staff choose an effective intervention?

This response addresses the knowledge, skills, abilities and personal empowerment of agency staff in identifying an appropriate and least restrictive approach to escalating behavior and then implementing that approach directly and immediately. The ability to formulate an immediate response to an escalating behavioral or emotional problem is not innate and usually requires training and role modeling by clinicians, supervisors, mentors and senior staff. In addition, the agency culture needs to empower staff to be creative and to, at times, break rules to avoid the need for restraint when it is safe to do so. Examples of the latter might include allowing someone to leave group or take personal time in their bedroom during group hours, having a snack between meals, being allowed to make a phone call or have a visitor "off hours." Rules can be viewed by staff as sacrosanct and this will discourage the use of least restrictive measures and lead to unnecessary restraint. Fears by staff that rule breaking will lead to chaos have not generally been a reality. Youth who learn how to get staff to bend the rules by acting out regularly will require a teaming to discuss more effective interventions. In our rule-based environments, it is easy to label youth who seek to bend the rules as "manipulative," but it is important to remember that the rules are institutional in nature and not ones that we apply to ourselves or youth in their natural community.

Staff's ability to be creative and to take the time to try and get to know the young person and their needs in crisis is immeasurably helpful and needs to be a part of the expectations for staff knowledge, skills and abilities.

Questions to ask:

- What intervention was tried first and by whom?
- Why was that technique chosen?
- Did anything get in the way of the intervention?
- Did anyone get in the way of the intervention?
- Was the intervention delayed for any reason?
- How did the youth respond to it?
- What was the youth's emotional state at the time?
- What was the staff's emotional state at the time?
- What else could have been tried, but was not? Why not?

Step 5: If the Intervention was unsuccessful was another chosen?

Same as above. Staff need to continue to try alternatives until an intervention works or behavior escalates to the danger level. In the latter situation this is known as "treatment failure" not because the staff person(s) personally failed in their attempt but because the agency did not know enough about the youth or had not yet had an opportunity to build a relationship where an intervention could be chosen that was effective.

Questions to ask:

- Same as above

Step 6: Did staff initiate a restraint only in response to imminent danger?

This step addresses the premature use of restraint or transport for behavior that is only agitated, disruptive, non-compliant or, at times, destructive but where the individual still has control and can be engaged. This step also addresses restraint patterns of use where young people are restrained or transported "every time they hit someone or throw something but then stop" or other usually unwritten but common patterned practices. Patterned staff responses for behavioral "categories" such as throwing something, hitting inanimate objects, refusing to get up off the floor, kicking or hitting in one time only "strikes" need to be discussed and re-framed. At times these patterns are due to staff not understanding common signs and symptoms of mental illness or trauma response histories, leading to individual being blamed for intentionally "acting out" requiring consequences. However, care must be taken to assure that staff need to be free to respond if they feel they are in danger and that unnecessarily restrictive responses will be addressed through training and supervision first.

Questions to ask:

- What was the exact behavior that warranted restraint?
- Did it meet the threshold of imminent danger (what would have happened if restraint was not used)?
- Who made the decision and why?
- Did the staff member making the decision have a good rationale based on training and experience and knowledge of the individual?

Step 7: Was restraint or transport applied safely?

For every instance of the use of restraint or transport an objective supervisor needs to assess whether staff followed the agency's policy and procedure for application.

Questions to ask:

- How was restraint or transport applied and did it follow policy and safety precautions?
- Were enough staff available to assist?
- Did a supervisor provide oversight of the event?

Step 8: Was the individual monitored safely?

One to one, face to face monitoring of individuals in restraint is the safest way to monitor use. Constant monitoring of the individual where the individual's face is visible at all times is the expected standard in order to observe distress or problems. One to one, face to face monitoring is standard practice.

Questions to ask:

- How often was the youth monitored?
- In what position was the youth restrained (supine, small child, standing)?
- Was agency policy and procedure followed and documented?

Step 9: Was the individual released ASAP? I didn't change anything here b/c only restraint

Decisions on when to release a young person from restraint often requires the judgment of an experienced staff person who is well trained in the physical and emotional risks inherent in restraint use on human beings, has a thorough knowledge of human behavior, and good judgment. In general, youth who are restrained should not have to "jump through hoops to prove" they can be released. Release criteria should mostly be the responsibility of staff and their assessment of regained control.

Questions to ask:

- When was the young person released?
- Who made the decision and what was it based on?
- Was policy followed?
- Could the youth have been released earlier?
- Was release too soon and why?
- What were the documented release criteria used and were they appropriate?

Step 10: Did Post-event activities occur?

This step relates to the agency's debriefing processes. The first, described above, is the immediate acute event response by a supervisor or nurse. Goals for the post-acute (immediate) response include assuring:

- 1) the safety of the individual, the staff and the witnesses to the event;
- 2) that the documentation is accurate and meets the agency standard;
- 3) that information required to inform a formal debriefing is gathered in real time by a person uninvolved in the incident;
- 4) that the milieu is returned to pre-crisis levels

Also included here is the occurrence of a formal debriefing in a timely, rigorous, problem solving, and stepwise process designed to elicit performance improvement ideas and activities. The formal acute and formal debrief activities need to be documented and filed.

Questions to ask:

- Did the acute response to the event and formal debriefing occur and what were the timelines?
- Who led the acute response and were they uninvolved in the event?
- Was this documented and what happened to the findings?
- Did the findings inform the formal debriefing or practices in general?
- Is the formal debriefing documented as to processes and results and where does that go?
- Did the youth attend the formal debriefing or did they agree to be interviewed by the Youth Engagement Specialist?

Step 11: Did learning occur and was it integrated into the treatment plan and practice?

The integrity of the debriefing process can be measured by the learning that occurs and the changes, revisions, additions, deletions that can be tracked in operational procedures. This debriefing process is a continuous quality improvement process that results in learning from mistakes and crafting new responses including policy and procedure changes, individual treatment plan and de-escalation plan revisions, training and education, individual staff counseling, values clarification, operational rule evaluation and other like events.

Questions to ask?

- What was learned about the restraint in the debriefing process?
- Did this learning inform policy, practices, procedures, rules, the treatment plan, staff training and education, unit rules?
- Did staff receive training and education or counseling?

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	TCI
<b>Date of Adoption:</b>	10/2001
<b>Revision History:</b>	04/2010; 04/21/2015; 3/7/2016; 1/22/2019; 8/1/2019; 1/25/2021 Reviewed no changes (except a typo) 6/1/2021 NOTE: The 1/22/19 revision is a significant change modeled after and with elements taken from Six Core Strategies for Reducing Seclusion and Restraint Use© Preventing Violence, Trauma and the Use of Seclusion and Restraint in Behavioral Health Settings; National Association of State Mental Health Program Directors, Office of Technical Assistance Kevin Ann Huckshorn, R.N., M.S.N., C.A.P., I.C.A.D.C., Director
<b>Approved By:</b>	Executive Director, Carlene Casciano-McCann
<b>Date of Electronic Signature:</b>	

 <b>ST. MARY'S HOME FOR CHILDREN</b> <b>POLICIES AND PROCEDURES</b>		
<b>Policy #:</b> <b>CRR-009</b>	<b>Title:</b> <b>Debriefing Meetings</b>	<b>Effective Date:</b> <b>5/1/2023</b>

**PHILOSOPHY / PURPOSE:** To ensure debriefing practices are in place.

**POLICY:**

The use of physical restraint and transport are high risk, problem-prone interventions for both youth and staff and is to be avoided whenever possible. Restraint and transport shall only be used in the face of imminent danger and when unavoidable. The use of restraint and transport may cause trauma and re-traumatization in an already vulnerable group of persons and may also cause trauma, stress and injury for staff persons. Preventing the use of restraint and transport is the organizational goal and this includes the mandatory use of debriefing procedures whenever a restraint or transport does occur. See also B-011A for transport policy.

Debriefing procedures for the purpose of this policy are defined as three discrete events. The first is titled an "immediate post-acute event analysis" and occurs immediately following a restraint or transport with all involved parties including those witnessing the event. The second Debriefing activity is called "Witnessing or Elevating Oversight" and includes a call from the person in charge of the House/Classroom where the event took place to a facility administrative staff person to relate what occurred 24 hours/7 days a week. The third Debriefing activity is a formal rigorous event analysis that takes place within one business day following the restraint or transport and includes the participation of key professional, administrative and support staff as well as participation by the youth involved or their designee.

**IMMEDIATE POST ACUTE EVENT ANALYSIS Procedure:**

When a restraint or transport is ordered by the nurse, the onsite supervisor will immediately respond to the site. The responder will need to be an objective mid-level or senior level staff member with training in physical restraint and transport policies and procedures and should not be someone involved in the restraint or transport occurring at the time.

Upon reaching the unit or site of the occurrence, the supervisor and/or nurse will immediately survey the environment and seek to assure that all persons are safe and that processes are orderly. Unless an emergency occurs that requires direct intervention, the supervisor's role is to document what occurred, who was involved, the antecedents to the event, least restrictive alternatives attempted and the results, specific dangerous behaviors necessitating the use of restraint or transport, and the staff's response. In addition, the physical and emotional safety of the youth and other witnesses to the event will be assessed and responded to.

The onsite supervisor and/or nurse will document their findings and report these to the Administrator On-Call. The onsite supervisor or nurse shall assist the house staff in returning the milieu to a pre-crisis level and assure that all necessary documentation has been completed.

When possible, the onsite supervisor or nurse will attend the formal debriefing. If that is not possible, the onsite supervisor or nurse will need to communicate what occurred through either written documentation, shift report, or phone in participation in the formal debriefing. The point

here is that the post-acute event information gets passed on up to the formal debriefing activity so that all information is communicated and shared with the entire team.

**WITNESSING OR ELEVATING OVERSIGHT Procedure:**

This procedure expects on-site supervisor or nurse to communicate information regarding a restraint or transport to a designated agency administrative staff member 24 hours/7 days a week (in real time). This procedure assumes that agency leadership has already set up an administrative staff on call process, to receive these communications.

The senior, onsite, staff person best able to report key information to the administrative staff member on call is the one that is expected to make this call and provide the necessary information. Information communicated is critical and can include, but not be limited to the following:

- A description of the event (what happened)
- What was the result (transport, restraint, injury to youth or staff)?
- Who was involved in events leading up to the transport or restraint?
- What were the antecedents (youth's history, past events, behavior immediately prior to the event)?
- Was there any warning or change in behavior prior to the event and what did staff do?
- Did we know if the youth was at high risk for violence? If so, what had been done to prevent this event?
- What was the source of the conflict, if any?
- What did staff do?
- When the escalating behavior was noted, were other interventions tried, and if so, what and what was the response?
- Did the youth have a relationship with anyone on staff at this time of the event and did that person try to intervene?
- Was the youth offered alternatives and what was the response?
- Had the youth developed a safety/soothing plan and was that used?
- What staff were directly involved and are they ok?
- Is the youth safe and where are they now?
- What have staff done to prevent another occurrence?
- What is the youth saying at this point, if anything?
- Were the event "observers" debriefed and how are they?
- Were the staff involved debriefed and how are they?
- Is there anything, right now, that you can add regarding how this event could have been avoided?
- Can you attend or "call in" for the formal event debriefing and, if not, how can we get your information to the team members who will debrief this event.
- Is there anything that can be done now to prevent this from happening again?

The administrative staff member on call is expected to take this call or call back in a timely manner. It is recommended that this staff person "on call" make informal notes regarding what happened along with any notes that indicate a need to follow-up the next day. These "called-in" occurrences

need to be discussed with other residential leadership team members the next working day and all issues requiring follow-up passed on to the appropriate person.

In general, this procedure is meant to provide three outcomes. First, to make the administrative team well-acquainted with what occurs at school and in residential houses in a timely manner as well as to orient administrative staff to the working conditions that direct care staff are facing. Second, this procedure is done to try and make direct care staff aware that the agency leadership is also affected by these events, is supportive, and is available. Third, this activity is designed to make administrative staff, with formal power, aware of policy, procedures, and operational issues that could be creating conflict on units, as well as to help gather information that could be helpful to cover in staff training activities.

It is critically important, that unless egregious behavior occurs during an event, that no blaming occurs and that the overall response is not punitive in nature.

Finally, it is recommended that the "on-call" responsibilities of administrative staff be shared among several of the administrative team members. This on-call responsibility can be disruptive at times and more than one person needs to share this load.

#### **FORMAL RIGOROUS EVENT ANALYSIS Procedure:**

A formal rigorous event analysis will follow every incident of restraint or transport and will occur within the first 24 working hours post event.

The supervisor or nurse will schedule the formal debriefing and notify all invited participants to include the treatment team, the youth and/or proxy and all other involved parties and other agency staff as appropriate. They are also responsible to deliver all documentation related to the restraint to the administrative staff member who will be conducting the debrief no later than two hours before the scheduled debriefing.

All care and attention shall be paid to the comfort and safety of the youth involved and their informed consent and ability to participate without being overly stressed, coerced, or overwhelmed by this activity. In certain situations, where the youth does not want to or cannot participate, all efforts will be made to debrief the young person ahead of time and to gather their input into what occurred and what could have prevented the event. As applicable, this additional interview will be documented and brought to the formal debriefing by a formal representative and presented as such. The Youth Engagement Specialist, if available, should be used to gather this kind of information.

Debriefing includes an analysis of: 1) triggers, 2) antecedent behaviors, 3) alternative behaviors, 4) least restrictive or alternative interventions attempted, 5) de-escalation preferences or safety planning measures identified and 6) treatment plan strategies.

The facilitator leading the debriefing needs to be clinically skilled in root cause analysis and not directly involved in the event. Questions formulated by the facilitator are directed by the individual characteristics inherent in the event but also share the common characteristic of drilling down to core activities and processes by asking why to the lowest common denominator. The facilitator

needs to be skilled and knowledgeable about the common steps in the process of a behavioral escalation that leads to the use of restraint or transport and opportunities for effective staff interventions to avoid, de-escalate or as last resort if restraint is necessary, to avoid injury and minimize trauma. Debriefing processes lead to recommendations for both senior administrative and clinical staff; staff development and direct care staff. These steps are outlined here and include examples of questions that can stimulate thinking and discussion.

### *Restraint Prevention Tree, Staff Intervention Opportunities and Debriefing Questions*

Step 1: Has a treatment environment been created where conflict is minimized?

This intervention opportunity asks staff to consider whether the agency has done everything possible to create a treatment setting that prevents conflict and aggression. Potential preventative interventions include the use of person-first language; adopting a trauma informed philosophy of care; comparing actual operational practice, policy and procedures against trauma informed values; assuring the staff have the knowledge, skill and ability in building therapeutic relationships immediately on admission; making the treatment environment welcoming and non-stressful; using prevention tools such as admission based trauma assessments, risk assessments, safety planning, comfort and sensory rooms and avoiding overt and covert coercion.

Questions to think about or explore:

- Was the environment calm and welcoming?
- Was the environment personalized and normalizing or institutional?
- Was the milieu calm and mostly quiet?
- Had any staff developed a relationship with the youth?
- Were there signs about rules, warnings or other indications that might cause a feeling of oppression?
- Did the individual witness a restraint or other upsetting event?
- What were the trigger(s) to the aggressive or dangerous behavior?
- Did we know the youth well enough to know their personal triggers?
- Is the youth a trauma survivor and if so, did something in the environment create a traumatic re-enactment?
- What set the young person off?
- Did anyone on shift talk to the youth or "check in" before the event?
- Did the youth's behavior change during the shift or earlier?
- Did the youth want something before the event occurred?

Step 2: Could the trigger for conflict (personal, environmental) have been avoided?

This intervention opportunity addresses the adequacy of the screening and admission process and the skilled gathering of information, specifically risk factors for conflict and violence that can alert staff to the needs for immediate, preventative interventions. For instance, are staff aware that the youth has not been taking their medications for some time and has this issue been addressed immediately on admission? Is information gathered in the pre-screening or admission process relating to the youth's past history of aggression or violence on inpatient units and past experiences of being in restraint, transport or seclusion? Do staff know or try and discover, during admission,

each youth's individual triggers for conflict, anxiety, fear, discomfort, "fight, flight, freeze" and document these so that they can be communicated? Are advance safety/soothing plans developed and used? Does the facility understand the importance of minimizing a rule-based culture of care; minimizing wait times, avoiding shaming or humiliation (intentional and unintentional) of people in daily operations and other institutional issues?

Questions to ask:

- Did the youth and family participate in the admission process and treatment planning process?
- Was a trauma assessment done?
- Was a safety/soothing plan done?
- Did we know if the youth had ever been in restraint or transport before?
- Did the youth receive a phone call or a visit (or lack thereof) that might have caused escalation?
- Was the youth worried about anything?
- Did the youth have to wait an inordinate time for something they wanted?
- Did the youth indicate they needed help, attention or assistance beforehand?
- Was the youth ignored, treated rudely, shamed, humiliated or consequence for some behavior?
- Was the youth taking medication and if so, did they have a therapeutic level? Were they experiencing side effects?
- Was the youth oriented to the house/school and the rules?

Step 3: Did staff notice and respond to events in a timely manner?

This intervention opportunity addresses the staff culture and knowledge base regarding immediate and direct person-to-person responses to changes in youth behaviors in the milieu. In many facilities, staff do not respond immediately due to lack of knowledge regarding types of behavioral escalation that can include both obvious agitation as well as isolative behaviors. In other facilities, staff sometimes have been taught to ignore disruptive or different behavioral changes in the belief that this is attention-seeking behavior and that ignoring it may make it "go away." However, in trauma informed facilities, behavioral changes are seen as "attempts at communication" albeit perhaps not clear or direct, that require an immediate and respectful response. Staff need to be trained to observe for, detect and respond to changes in the individual behavior or the milieu in general as part of their job and as an important skill in refining the "therapeutic use of self" that is part of being a mental health professional or paraprofessional.

Questions to ask?

- Who responded and when?
- Was there any warning that the youth was upset?
- What were the first signs and who noted them?
- If no one noticed, why?
- Should the youth have been on safety watch?

Staff's ability to be creative and to take the time to try and get to know the youth and their needs in crisis is immeasurably helpful and needs to be a part of the expectations for staff knowledge, skills and abilities in the agency job descriptions and performance evaluation process.

Questions to ask:

- What intervention was tried first and by whom?
- Why was that technique chosen?
- Did anything get in the way of the intervention?
- Did anyone get in the way of the intervention?
- Was the intervention delayed for any reason?
- How did the youth respond to it?
- What was the youth's emotional state at the time?
- What was the staff's emotional state at the time?
- What else could have been tried but was not? Why?

Step 4: Did staff choose an effective intervention?

This response addresses the knowledge, skills, abilities and personal empowerment of agency staff in identifying an appropriate and least restrictive approach to escalating behavior and then implementing that approach directly and immediately. The ability to formulate an immediate response to an escalating behavioral or emotional problem is not innate and usually requires training and role modeling by clinicians, supervisors, mentors and senior staff. In addition, the agency culture needs to empower staff to be creative and to, at times, break rules to avoid the need for restraint when it is safe to do so. Examples of the latter might include allowing someone to leave group or take personal time in their bedroom during group hours, having a snack between meals, being allowed to make a phone call or have a visitor "off hours." Rules can be viewed by staff as sacrosanct and this will discourage the use of least restrictive measures and lead to unnecessary restraint. Fears by staff that rule breaking will lead to chaos have not generally been a reality. Youth who learn how to get staff to bend the rules by acting out regularly will require a teaming to discuss more effective interventions. In our rule-based environments, it is easy to label youth who seek to bend the rules as "manipulative," but it is important to remember that the rules are institutional in nature and not ones that we apply to ourselves or youth in their natural community.

Staff's ability to be creative and to take the time to try and get to know the young person and their needs in crisis is immeasurably helpful and needs to be a part of the expectations for staff knowledge, skills and abilities.

Questions to ask:

- What intervention was tried first and by whom?
- Why was that technique chosen?
- Did anything get in the way of the intervention?
- Did anyone get in the way of the intervention?
- Was the intervention delayed for any reason?
- How did the youth respond to it?

- What was the youth's emotional state at the time?
- What was the staff's emotional state at the time?
- What else could have been tried, but was not? Why not?

Step 5: If the Intervention was unsuccessful was another chosen?

Same as above. Staff need to continue to try alternatives until an intervention works or behavior escalates to the danger level. In the latter situation this is known as "treatment failure" not because the staff person(s) personally failed in their attempt but because the agency did not know enough about the youth or had not yet had an opportunity to build a relationship where an intervention could be chosen that was effective.

Questions to ask:

- Same as above

Step 6: Did staff initiate a restraint only in response to imminent danger?

This step addresses the premature use of restraint or transport for behavior that is only agitated, disruptive, non-compliant or, at times, destructive but where the individual still has control and can be engaged. This step also addresses restraint patterns of use where young people are restrained or transported "every time they hit someone or throw something but then stop" or other usually unwritten but common patterned practices. Patterned staff responses for behavioral "categories" such as throwing something, hitting inanimate objects, refusing to get up off the floor, kicking or hitting in one time only "strikes" need to be discussed and re-framed. At times these patterns are due to staff not understanding common signs and symptoms of mental illness or trauma response histories, leading to individual being blamed for intentionally "acting out" requiring consequences. However, care must be taken to assure that staff need to be free to respond if they feel they are in danger and that unnecessarily restrictive responses will be addressed through training and supervision first.

Questions to ask:

- What was the exact behavior that warranted restraint?
- Did it meet the threshold of imminent danger (what would have happened if restraint was not used)?
- Who made the decision and why?
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Step 7: Was restraint or transport applied safely?

For every instance of the use of restraint or transport an objective supervisor needs to assess whether staff followed the agency's policy and procedure for application.

Questions to ask:

- How was restraint or transport applied and did it follow policy and safety precautions?
- Were enough staff available to assist?

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#### Questions to ask:

- How often was the youth monitored?
- In what position was the youth restrained (supine, small child, standing)?
- Was agency policy and procedure followed and documented?

#### Step 9: Was the individual released ASAP? I didn't change anything here b/c only restraint

Decisions on when to release a young person from restraint often requires the judgment of an experienced staff person who is well trained in the physical and emotional risks inherent in restraint use on human beings, has a thorough knowledge of human behavior, and good judgment. In general, youth who are restrained should not have to "jump through hoops to prove" they can be released. Release criteria should mostly be the responsibility of staff and their assessment of regained control.

#### Questions to ask:

- When was the young person released?
- Who made the decision and what was it based on?
- Was policy followed?
- Could the youth have been released earlier?
- Was release too soon and why?
- What were the documented release criteria used and were they appropriate?

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This step relates to the agency's debriefing processes. The first, described above, is the immediate acute event response by a supervisor or nurse. Goals for the post-acute (immediate) response include assuring:

- 1) the safety of the individual, the staff and the witnesses to the event;
- 2) that the documentation is accurate and meets the agency standard;
- 3) that information required to inform a formal debriefing is gathered in real time by a person uninvolved in the incident;
- 4) that the milieu is returned to pre-crisis levels

Also included here is the occurrence of a formal debriefing in a timely, rigorous, problem solving, and stepwise process designed to elicit performance improvement ideas and activities. The formal acute and formal debrief activities need to be documented and filed.

Questions to ask:

- Did the acute response to the event and formal debriefing occur and what were the timelines?
- Who led the acute response and were they uninvolved in the event?
- Was this documented and what happened to the findings?
- Did the findings inform the formal debriefing or practices in general?
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Questions to ask?

- What was learned about the restraint in the debriefing process?
- Did this learning inform policy, practices, procedures, rules, the treatment plan, staff training and education, unit rules?
- Did staff receive training and education or counseling?

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<b>Keyword/Tag(s):</b>	TCI
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<b>Revision History:</b>	04/2010; 04/21/2015; 3/7/2016; 1/22/2019; 8/1/2019; 1/25/2021 Reviewed no changes (except a typo) 6/1/2021; 5/1/2023 NOTE: The 1/22/19 revision is a significant change modeled after and with elements taken from Six Core Strategies for Reducing Seclusion and Restraint Use© Preventing Violence, Trauma and the Use of Seclusion and Restraint in Behavioral Health Settings; National Association of State Mental Health Program Directors, Office of Technical Assistance Kevin Ann Huckshorn, R.N., M.S.N., C.A.P., I.C.A.D.C., Director
<b>Approved By:</b>	Executive Director, Carlene Casciano-McCann <i>Carlene Casciano McCann</i>
<b>Date of Electronic Signature:</b>	Carlene Casciano McCann 01 May 2023, 13:00:08, EDT 05/01/2023



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

Policy #:  
**CRR-009**

Title:  
**Debriefing Meetings**

Effective Date:  
**11/8/2023**

**PHILOSOPHY / PURPOSE:** To ensure debriefing practices are in place.

**POLICY:**

The use of physical restraint is a high risk, problem-prone interventions for both youth and staff and is to be avoided whenever possible. Restraint shall only be used in the face of imminent danger and when unavoidable. The use of restraint may cause trauma and re-traumatization in an already vulnerable group of persons and may also cause trauma, stress and injury for staff persons. Preventing the use of restraint is the organizational goal and this includes the mandatory use of debriefing procedures whenever a restraint does occur.

Debriefing procedures for the purpose of this policy are defined as three discrete events. The first is titled an "immediate post-acute event analysis" and occurs immediately following a restraint with all involved parties including those witnessing the event. The second Debriefing activity is called "Witnessing or Elevating Oversight" and includes a call from the person in charge of the House/Classroom where the event took place to a facility administrative staff person to relate what occurred 24 hours/7 days a week. The third Debriefing activity is a formal rigorous event analysis that takes place within one business day following the restraint and includes the participation of key professional, administrative and support staff as well as participation by the youth involved or their designee.

**IMMEDIATE POST ACUTE EVENT ANALYSIS Procedure:**

When a restraint is ordered by the nurse, the onsite supervisor will immediately respond to the site. The responder will need to be an objective mid-level or senior level staff member with training in physical restraint policies and procedures and should not be someone involved in the restraint occurring at the time.

Upon reaching the unit or site of the occurrence, the supervisor and/or nurse will immediately survey the environment and seek to assure that all persons are safe and that processes are orderly. Unless an emergency occurs that requires direct intervention, the supervisor's role is to document what occurred, who was involved, the antecedents to the event, least restrictive alternatives attempted and the results, specific dangerous behaviors necessitating the use of restraint, and the staff's response. In addition, the physical and emotional safety of the youth and other witnesses to the event will be assessed and responded to.

The onsite supervisor and/or nurse will document their findings and report these to the Administrator On-Call. The onsite supervisor or nurse shall assist the house staff in returning the milieu to a pre-crisis level and assure that all necessary documentation has been completed.

When possible, the onsite supervisor or nurse will attend the formal debriefing. If that is not possible, the onsite supervisor or nurse will need to communicate what occurred through either written documentation, shift report, or phone in participation in the formal debriefing. The point here is that the post-acute event information gets passed on up to the formal debriefing activity so that all information is communicated and shared with the entire team.

### **WITNESSING OR ELEVATING OVERSIGHT Procedure:**

This procedure expects on-site supervisor or nurse to communicate information regarding a restraint to a designated agency administrative staff member 24 hours/7 days a week (in real time). This procedure assumes that agency leadership has already set up an administrative staff on call process, to receive these communications.

The senior, onsite, staff person best able to report key information to the administrative staff member on call is the one that is expected to make this call and provide the necessary information. Information communicated is critical and can include, but not be limited to the following:

- A description of the event (what happened)
- What was the result (restraint, injury to youth or staff)?
- Who was involved in events leading up to the restraint?
- What were the antecedents (youth's history, past events, behavior immediately prior to the event)?
- Was there any warning or change in behavior prior to the event and what did staff do?
- Did we know if the youth was at high risk for violence? If so, what had been done to prevent this event?
- What was the source of the conflict, if any?
- What did staff do?
- When the escalating behavior was noted, were other interventions tried, and if so, what and what was the response?
- Did the youth have a relationship with anyone on staff at this time of the event and did that person try to intervene?
- Was the youth offered alternatives and what was the response?
- Had the youth developed a safety/soothing plan and was that used?
- What staff were directly involved and are they ok?
- Is the youth safe and where are they now?
- What have staff done to prevent another occurrence?
- What is the youth saying at this point, if anything?
- Were the event "observers" debriefed and how are they?
- Were the staff involved debriefed and how are they?
- Is there anything, right now, that you can add regarding how this event could have been avoided?
- Can you attend or "call in" for the formal event debriefing and, if not, how can we get your information to the team members who will debrief this event.
- Is there anything that can be done now to prevent this from happening again?

The administrative staff member on call is expected to take this call or call back in a timely manner. It is recommended that this staff person "on call" make informal notes regarding what happened along with any notes that indicate a need to follow-up the next day. These "called-in" occurrences need to be discussed with other residential leadership team members the next working day and all issues requiring follow-up passed on to the appropriate person.

In general, this procedure is meant to provide three outcomes. First, to make the administrative team well-acquainted with what occurs at school and in residential houses in a timely manner as well as to orient administrative staff to the working conditions that direct care staff are facing. Second, this procedure is done to try and make direct care staff aware that the agency leadership is also affected by these events, is supportive, and is available. Third, this activity is designed to make administrative staff, with formal power, aware of policy, procedures, and operational issues that could be creating conflict on units, as well as to help gather information that could be helpful to cover in staff training activities.

It is critically important, that unless egregious behavior occurs during an event, that no blaming occurs and that the overall response is not punitive in nature.

Finally, it is recommended that the "on-call" responsibilities of administrative staff be shared among several of the administrative team members. This on-call responsibility can be disruptive at times and more than one person needs to share this load.

**FORMAL RIGOROUS EVENT ANALYSIS Procedure:**

A formal rigorous event analysis will follow every incident of restraint and will occur within the first 24 working hours post event.

The supervisor or nurse will schedule the formal debriefing and notify all invited participants to include the treatment team, the youth and/or proxy and all other involved parties and other agency staff as appropriate. They are also responsible to deliver all documentation related to the restraint to the administrative staff member who will be conducting the debrief no later than two hours before the scheduled debriefing.

All care and attention shall be paid to the comfort and safety of the youth involved and their informed consent and ability to participate without being overly stressed, coerced, or overwhelmed by this activity. In certain situations, where the youth does not want to or cannot participate, all efforts will be made to debrief the young person ahead of time and to gather their input into what occurred and what could have prevented the event. As applicable, this additional interview will be documented and brought to the formal debriefing by a formal representative and presented as such. The Youth Engagement Specialist, if available, should be used to gather this kind of information.

Debriefing includes an analysis of: 1) triggers, 2) antecedent behaviors, 3) alternative behaviors, 4) least restrictive or alternative interventions attempted, 5) de-escalation preferences or safety planning measures identified and 6) treatment plan strategies.

The facilitator leading the debriefing needs to be clinically skilled in root cause analysis and not directly involved in the event. Questions formulated by the facilitator are directed by the individual characteristics inherent in the event but also share the common characteristic of drilling down to core activities and processes by asking why to the lowest common denominator. The facilitator needs to be skilled and knowledgeable about the common steps in the process of a behavioral escalation that leads to the use of restraint and opportunities for effective staff interventions to

avoid, de-escalate or as last resort if restraint is necessary, to avoid injury and minimize trauma. Debriefing processes lead to recommendations for both senior administrative and clinical staff; staff development and direct care staff. These steps are outlined here and include examples of questions that can stimulate thinking and discussion.

### *Restraint Prevention Tree, Staff Intervention Opportunities and Debriefing Questions*

Step 1: Has a treatment environment been created where conflict is minimized?

This intervention opportunity asks staff to consider whether the agency has done everything possible to create a treatment setting that prevents conflict and aggression. Potential preventative interventions include the use of person-first language; adopting a trauma informed philosophy of care; comparing actual operational practice, policy and procedures against trauma informed values; assuring the staff have the knowledge, skill and ability in building therapeutic relationships immediately on admission; making the treatment environment welcoming and non-stressful; using prevention tools such as admission based trauma assessments, risk assessments, safety planning, comfort and sensory rooms and avoiding overt and covert coercion.

Questions to think about or explore:

- Was the environment calm and welcoming?
- Was the environment personalized and normalizing or institutional?
- Was the milieu calm and mostly quiet?
- Had any staff developed a relationship with the youth?
- Were there signs about rules, warnings or other indications that might cause a feeling of oppression?
- Did the individual witness a restraint or other upsetting event?
- What were the trigger(s) to the aggressive or dangerous behavior?
- Did we know the youth well enough to know their personal triggers?
- Is the youth a trauma survivor and if so, did something in the environment create a traumatic re-enactment?
- What set the young person off?
- Did anyone on shift talk to the youth or "check in" before the event?
- Did the youth's behavior change during the shift or earlier?
- Did the youth want something before the event occurred?

Step 2: Could the trigger for conflict (personal, environmental) have been avoided?

This intervention opportunity addresses the adequacy of the screening and admission process and the skilled gathering of information, specifically risk factors for conflict and violence that can alert staff to the needs for immediate, preventative interventions. For instance, are staff aware that the youth has not been taking their medications for some time and has this issue been addressed immediately on admission? Is information gathered in the pre-screening or admission process relating to the youth's past history of aggression or violence on inpatient units and past experiences of being in restraint? Do staff know or try and discover, during admission, each youth's individual triggers for conflict, anxiety, fear, discomfort, "fight, flight, freeze" and document these so that they can be communicated? Are advance safety/soothing plans developed and used? Does the

facility understand the importance of minimizing a rule-based culture of care; minimizing wait times, avoiding shaming or humiliation (intentional and unintentional) of people in daily operations and other institutional issues?

Questions to ask:

- Did the youth and family participate in the admission process and treatment planning process?
- Was a trauma assessment done?
- Was a safety/soothing plan done?
- Did we know if the youth had ever been in a restraint before?
- Did the youth receive a phone call or a visit (or lack thereof) that might have caused escalation?
- Was the youth worried about anything?
- Did the youth have to wait an inordinate time for something they wanted?
- Did the youth indicate they needed help, attention or assistance beforehand?
- Was the youth ignored, treated rudely, shamed, humiliated or consequences for some behavior?
- Was the youth taking medication and if so, did they have a therapeutic level? Were they experiencing side effects?
- Was the youth oriented to the house/school and the rules?

Step 3: Did staff notice and respond to events in a timely manner?

This intervention opportunity addresses the staff culture and knowledge base regarding immediate and direct person-to-person responses to changes in youth behaviors in the milieu. In many facilities, staff do not respond immediately due to lack of knowledge regarding types of behavioral escalation that can include both obvious agitation as well as isolative behaviors. In other facilities, staff sometimes have been taught to ignore disruptive or different behavioral changes in the belief that this is attention-seeking behavior and that ignoring it may make it "go away." However, in trauma informed facilities, behavioral changes are seen as "attempts at communication" albeit perhaps not clear or direct, that require an immediate and respectful response. Staff need to be trained to observe for, detect and respond to changes in the individual behavior or the milieu in general as part of their job and as an important skill in refining the "therapeutic use of self" that is part of being a mental health professional or paraprofessional.

Questions to ask?

- Who responded and when?
- Was there any warning that the youth was upset?
- What were the first signs and who noted them?
- If no one noticed, why?
- Should the youth have been on safety watch?

Staff's ability to be creative and to take the time to try and get to know the youth and their needs in crisis is immeasurably helpful and needs to be a part of the expectations for staff knowledge, skills and abilities in the agency job descriptions and performance evaluation process.

Questions to ask:

- What intervention was tried first and by whom?
- Why was that technique chosen?
- Did anything get in the way of the intervention?
- Did anyone get in the way of the intervention?
- Was the intervention delayed for any reason?
- How did the youth respond to it?
- What was the youth's emotional state at the time?
- What was the staff's emotional state at the time?
- What else could have been tried but was not? Why?

Step 4: Did staff choose an effective intervention?

This response addresses the knowledge, skills, abilities and personal empowerment of agency staff in identifying an appropriate and least restrictive approach to escalating behavior and then implementing that approach directly and immediately. The ability to formulate an immediate response to an escalating behavioral or emotional problem is not innate and usually requires training and role modeling by clinicians, supervisors, mentors and senior staff. In addition, the agency culture needs to empower staff to be creative and to, at times, break rules to avoid the need for restraint when it is safe to do so. Examples of the latter might include allowing someone to leave group or take personal time in their bedroom during group hours, having a snack between meals, being allowed to make a phone call or have a visitor "off hours." Rules can be viewed by staff as sacrosanct and this will discourage the use of least restrictive measures and lead to unnecessary restraint. Fears by staff that rule breaking will lead to chaos have not generally been a reality. Youth who learn how to get staff to bend the rules by acting out regularly will require a teaming to discuss more effective interventions. In our rule-based environments, it is easy to label youth who seek to bend the rules as "manipulative," but it is important to remember that the rules are institutional in nature and not ones that we apply to ourselves or youth in their natural community.

Staff's ability to be creative and to take the time to try and get to know the young person and their needs in crisis is immeasurably helpful and needs to be a part of the expectations for staff knowledge, skills and abilities.

Questions to ask:

- What intervention was tried first and by whom?
- Why was that technique chosen?
- Did anything get in the way of the intervention?
- Did anyone get in the way of the intervention?
- Was the intervention delayed for any reason?
- How did the youth respond to it?
- What was the youth's emotional state at the time?
- What was the staff's emotional state at the time?
- What else could have been tried, but was not? Why not?

Step 5: If the Intervention was unsuccessful was another chosen?

Same as above. Staff need to continue to try alternatives until an intervention works or behavior escalates to the danger level. In the latter situation this is known as "treatment failure" not because the staff person(s) personally failed in their attempt but because the agency did not know enough about the youth or had not yet had an opportunity to build a relationship where an intervention could be chosen that was effective.

Questions to ask:

- Same as above

Step 6: Did staff initiate a restraint only in response to imminent danger?

This step addresses the premature use of restraint for behavior that is only agitated, disruptive, non-compliant or, at times, destructive but where the individual still has control and can be engaged. This step also addresses restraint patterns of use where young people are restrained "every time they hit someone or throw something but then stop" or other usually unwritten but common patterned practices. Patterned staff responses for behavioral "categories" such as throwing something, hitting inanimate objects, refusing to get up off the floor, kicking or hitting in one time only "strikes" need to be discussed and re-framed. At times these patterns are due to staff not understanding common signs and symptoms of mental illness or trauma response histories, leading to individual being blamed for intentionally "acting out" requiring consequences. However, care must be taken to assure that staff need to be free to respond if they feel they are in danger and that unnecessarily restrictive responses will be addressed through training and supervision first.

Questions to ask:

- What was the exact behavior that warranted restraint?
- Did it meet the threshold of imminent danger (what would have happened if restraint was not used)?
- Who made the decision and why?
- Did the staff member making the decision have a good rationale based on training and experience and knowledge of the individual?

Step 7: Was restraint applied safely?

For every instance of the use of restraint an objective supervisor needs to assess whether staff followed the agency's policy and procedure for application.

Questions to ask:

- How was restraint applied and did it follow policy and safety precautions?
- Were enough staff available to assist?
- Did a supervisor provide oversight of the event?

#### Step 8: Was the individual monitored safely?

One to one, face to face monitoring of individuals in restraint is the safest way to monitor use. Constant monitoring of the individual where the individual's face is visible at all times is the expected standard in order to observe distress or problems. One to one, face to face monitoring is standard practice.

#### Questions to ask:

- How often was the youth monitored?
- In what position was the youth restrained (supine, small child, standing)?
- Was agency policy and procedure followed and documented?

#### Step 9: Was the individual released ASAP? I didn't change anything here b/c only restraint

Decisions on when to release a young person from restraint often requires the judgment of an experienced staff person who is well trained in the physical and emotional risks inherent in restraint use on human beings, has a thorough knowledge of human behavior, and good judgment. In general, youth who are restrained should not have to "jump through hoops to prove" they can be released. Release criteria should mostly be the responsibility of staff and their assessment of regained control.

#### Questions to ask:

- When was the young person released?
- Who made the decision and what was it based on?
- Was policy followed?
- Could the youth have been released earlier?
- Was release too soon and why?
- What were the documented release criteria used and were they appropriate?

#### Step 10: Did Post-event activities occur?

This step relates to the agency's debriefing processes. The first, described above, is the immediate acute event response by a supervisor or nurse. Goals for the post-acute (immediate) response include assuring:

- 1) the safety of the individual, the staff and the witnesses to the event;
- 2) that the documentation is accurate and meets the agency standard;
- 3) that information required to inform a formal debriefing is gathered in real time by a person uninvolved in the incident;
- 4) that the milieu is returned to pre-crisis levels

Also included here is the occurrence of a formal debriefing in a timely, rigorous, problem solving, and stepwise process designed to elicit performance improvement ideas and activities. The formal acute and formal debrief activities need to be documented and filed.

Questions to ask:

- Did the acute response to the event and formal debriefing occur and what were the timelines?
- Who led the acute response and were they uninvolved in the event?
- Was this documented and what happened to the findings?
- Did the findings inform the formal debriefing or practices in general?
- Is the formal debriefing documented as to processes and results and where does that go?
- Did the youth attend the formal debriefing or did they agree to be interviewed by the Youth Engagement Specialist?

Step 11: Did learning occur and was it integrated into the treatment plan and practice?

The integrity of the debriefing process can be measured by the learning that occurs and the changes, revisions, additions, deletions that can be tracked in operational procedures. This debriefing process is a continuous quality improvement process that results in learning from mistakes and crafting new responses including policy and procedure changes, individual treatment plan and de-escalation plan revisions, training and education, individual staff counseling, values clarification, operational rule evaluation and other like events.

Questions to ask?

- What was learned about the restraint in the debriefing process?
- Did this learning inform policy, practices, procedures, rules, the treatment plan, staff training and education, unit rules?
- Did staff receive training and education or counseling?

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	TCI
<b>Date of Adoption:</b>	10/2001
<b>Revision History:</b>	04/2010; 04/21/2015; 3/7/2016; 1/22/2019; 8/1/2019; 1/25/2021 Reviewed no changes (except a typo) 6/1/2021; 5/1/2023; 11/8/2023 NOTE: The 1/22/19 revision is a significant change modeled after and with elements taken from Six Core Strategies for Reducing Seclusion and Restraint Use© Preventing Violence, Trauma and the Use of Seclusion and Restraint in Behavioral Health Settings; National Association of State Mental Health Program Directors, Office of Technical Assistance Kevin Ann Huckshorn, R.N., M.S.N., C.A.P., I.C.A.D.C., Director
<b>Approved By:</b>	Executive Director, Carlene Casciano-McCann  <i>Carlene Casciano McCann</i>
<b>Date of Electronic Signature:</b>	Carlene Casciano McCann 09 Nov 2023, 08:10:03, EST 11/09/2023

 <b>ST. MARY'S HOME FOR CHILDREN</b> <b>POLICIES AND PROCEDURES</b>		
<b>Policy #:</b> <b>CRR-008</b>	<b>Title:</b> <b>Elopement and Wandering on Campus</b>	<b>Effective Date:</b> <b>6/14/2021</b>

**PHILOSOPHY / PURPOSE:** To provide protocols for staff to follow when a youth is absent without leave from a St. Mary's any residential or school programs. Note that the agency recognizes that each situation is different, and that good judgment, clear thinking and teamwork are critical in handling any crisis situation.

**POLICY:**

St. Mary's defines elopement as any unauthorized absence off the premises. Elopement from a St. Mary's supervised off campus activity is defined as when a youth leaves the vicinity of the group without permission and can no longer be seen, heard or observed.

St. Mary's defines Wandering on campus as a situation where a youth has left the area they are expected to be in without permission from staff, but can still be seen on the property.

See also C-001, the Sexual Exploitation Disclosure Policy, which has details regarding what to do when a youth who is at risk of being sexually exploited elopes.

**PROCEDURE:**

**In re: ELOPEMENT PREVENTION**

**Assess the youth's intent or risk to elope:**

1. Are they running away or taking space?      Do they have a plan?
2. Have they packed belongings?                      Have they hidden money?
3. Have other youth talked about knowledge of a plan?
4. Are they wearing two or more layers of clothing?

**Assess the situation for safety concerns including but not limited to:**

- Youth's level of acuity at the time of attempt (consider both the youth's mental health status and level of care need when assessing acuity. ARTS and residential programs indicate high level of care needs. A Hills Assessment & Stabilization Center youth level of care need is lower, however acuity must still be considered);
- Risk to self -harm if not under supervision, including risk to run into the street or into another unsafe area;
- Escape by unsafe means, (e.g. through a second story window), running with a stranger, running with another resident, risk of using substances or exposure to unsafe environments, etc.;
- Supervision needs of other youth / ability to call for assistance from others.

**Implement prevention techniques:**

- Select de-escalation techniques based on assessments above;
- Proximity control, counseling and distraction can be useful techniques; introduction of a familiar staff member can also be helpful;
- It may be necessary to ask peers to remain in their rooms, or leave the area while the crisis is being managed for the safety of the group;

- If assessment has determined that a youth is at imminent risk of harm to self or others, standing in front of an egress route and/or physical intervention may be necessary to deter the youth from leaving for safety.

### **In re: ELOPEMENT OCCURRENCE**

#### **Managing the community after an elopement**

- Elopement can cause stress for other youth. Consider and assess the impact it had on others (i.e. 3am w/ no one awake vs. noticeable impact).
- Make efforts to minimize the stress on the group or individuals impacted. Consider meeting with other youth to discuss what has happened. Give youth a chance to voice their opinions and feelings about what is happening.
- Assess the ability to maintain programming that was in progress at the time of elopement. Whenever possible, continue with regular routine.

#### **Communication and Documentation**

- Report and communicate elopements immediately - do not wait for time to pass.
- House/classroom staff working the shift when the youth *leaves* are responsible to communicate and document the elopement.
- House/classroom staff working the shift on which a youth *returns* from elopement are responsible to communicate and document the return.
- The acting campus supervisor (or House Supervisor if working at the time of incident) is responsible to oversee elopement communication and documentation.
- Document on an Incident Form no later than the end of the shift on which it occurred.

#### **Internal Communications – At Elopement and Upon Return:**

- Call the Campus Supervisor (cell phone) if not already involved
- Call the youth's St. Mary's Clinician (voice message OK if not available)
- Leave a Group message (801) reporting status of youth
- Make a note in the Campus Supervisor Log
- If the youth has significant medical needs / concerns, call the Nurse working on campus (or the On Call Nurse if none are on campus). The Nurse may provide additional directions, request to speak with police, etc.

#### **External Communications - At Elopement and Upon Return:**

- Call the Police.
- Complete a Missing Persons' Report while the police are on their way to expedite the search for the youth. Provide the Officer(s) with the Report and Face Sheet.
  - (NOTE: It is *very* important to remember to contact the police when the youth returns to campus/upon return).
  - NOTE: if the youth is on a Temporary Community Placement ('TCP status'), direct the Police to the Master Control Center (see below) to clarify or confirm if the resident is on TCP (St. Mary's does not identify the youth as on TCP to the Police).
- Follow police instructions and have the following information ready:
  - Youth's name
  - Time the youth left or was discovered missing

- Location of the youth when last seen
- What the youth was wearing
- Description of the youth
- Call the youth's legal guardians(s) (if no court/DCYF/probation ordered restrictions regarding communication/participation are in place). If uncertain, consult with the On Call Clinician. Remember legal guardians may reside in different households – call both.
- Call RI CPS 1-800-742-4453
- Call the DCYF caseworker (as applicable) and leave a message
- If the youth is on Probation, you must notify the Probation/Parole Officer/Supervisor (if not available, leave a message); AND, you must notify the Master Control Center (MCC) 462-7390 of the AWOL.
- If ARTS youth, complete and send appropriate form(s) if required by insurer.

**In re: Elopement under the supervision of others**

- If a youth elopes while under the supervision of others (e.g. home visit, public school, visiting resource, Mentor visit, etc.):
  - Advise the visitor to report to the police (as above)
  - Complete all other communications (as above)
  - Document on an Incident Form
- If a parent / visitor calls requesting assistance because they fear the youth is planning to elope, put through to the House Supervisor (or Campus Supervisor if not on shift).
- The Supervisor will discuss and assess the situation being reported, and make agency decisions / provide direction to the caller
  - Consider safety of the youth, parent / visitor, and others in their household;
  - Consider the safety of employees going into the home if considering a pick-up;
  - Consider if the agency can safely send 1-2 staff to pick up a child from a visit (i.e. campus supervision ratios, safety of staff and youth during transportation, etc.)
  - It is acceptable for the Supervisor to call for police assistance for the safety of all parties.

**In re: Request for pick up in the community**

- Youth cannot be picked up by staff in the community if they have eloped. The police can be contacted to assist. Put any requests to do so through to the House or Campus Supervisor.

**In re: ELOPEMENT RETURN**

- Notify the House or Campus Supervisor.
- The Supervisor will make decisions regarding the return based on the unique circumstances of each situation, and they will contact the On Call Clinician when consultation is needed. Decisions include but are not limited to:
  - Determining where the youth will be brought back / greeted (e.g. direct to House, to school office, to main building, etc.).
  - A welcoming and respectful atmosphere should be created for the youth, considering the needs of the returning youth and the group. Safety and comfort of the youth and entire group should be balanced.
  - Asking if they are hurt, or needs or wants medical attention.

- Conducting a therapeutic search for unsafe or contraband items (youth and any bag/belongings he/she is returning with) using the metal detector wand (agency policy regarding metal detector wand applies).
    - Call 911 for Police intervention if needed
  - Does the youth appear to be, or admit being, under the influence of drugs or alcohol? Are they presenting at baseline, or acting in an unusual manner? Consider information from youth's past elopements if any.
    - Contact the Nurse if there are any concerns regarding the youth's mental health status or signs / symptoms indicating potential medical concern (blurred speech, lethargic, pale or jaundice, shakes or twitches, marks or bruises, lucidity, overly energized, bleeding, etc.).
    - The Nurse will assess and make the decision if the youth needs medical clearance.
    - Call 911 prior to the Nurse if the concerns warrant immediate attention.
  - Contact the Nurse if there are questions regarding giving the youth medication, or about the impact of missed medication.
    - Consider that the youth may have taken a medication/drug and not disclosed it or appear symptomatic, *especially in circumstances where the Nurse was not previously contacted regarding the elopement or return.*
  - Consider increasing supervision / monitoring / 1:1 needs for a period of time after the return, and communicate the plan created.
  - Communicate the return to all parties (internal and external – see above), and document on an Incident Form.
- Personal belongings (e.g. coat(s), shoes of any kind, bags that could be packed, and other items that could be used for another elopement attempt) are to be locked in the youth's closet or in the staff office. Additionally, the youth is to remain on/in the house for an evaluation period of 24 hours.
    - Exceptions to this may be made by the Team (e.g. the youth may be allowed to attend school, the evaluation period may be shortened by the Team, etc.)

**In re: ELOPEMENT DISCHARGE**

- The funder and/or agency administrators determine how long a bed will be held available for a youth who has eloped.
- The Clinical Director, youth's Clinician and/or House Supervisor will maintain communication with the funder, and communicate discharge via BN Data Change form when determined.
- The agency is responsible to pack personal belongings and store until arrangements are made for pick up.

**In re: WANDERING ON CAMPUS**

- Assess for elopement concerns as above, including assessment of acuity and level of care needs.
- Assess what needs the youth has that may be contributing to their wandering on campus (Are they leaving to take space, or are they leaving to get to someone else on campus? Is time alone beneficial, or potentially harmful? Are they sitting safely, or attempting to

engage in self-harm? Is the campus populated or is it late in the evening / a weekend? Is there someone on campus who the youth typically engages with?).

- Utilize therapeutic techniques to re-engage the youth, making efforts to help meet those needs in a safe manner, which may help the youth return to the group.
- Avoid calling for external assistance from the police. Work with others on campus and utilize the On Call Clinician in efforts to re-engage the youth.
  - However, if the situation is assessed as immediately unsafe (or escalates to that) call 911.
- When the youth re-engages, make a plan for safety and ensure the plan is communicated to the incoming shift.
- In all cases, ensure the youth is within eye sight of an adult while on campus, and initiate elopement procedures if they leave campus.
- Document what occurred on an Incident Form prior to the end of the shift on which it occurred.

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Residential, AWOL, Missing from Care, MFC, Runaway, School, Treatment, Tx
<b>Date of Adoption:</b>	11/3/2009
<b>Revision History:</b>	01/2012; 2/2012; 12/7/2015; 2/14/2016; 10/18/2016; 11/8/2017; 2/22/2019 (4/18/19 reviewed; no content changes needed, however policy was edited for minor language changes); 6/14/2021.
<b>Approved By:</b>	Clinical Director, Patty Olney-Murphy
<b>Date of Electronic Signature:</b>	



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

Policy #:  
**CRR-008**

Title:  
**Elopement and Wandering on Campus**

Effective Date:  
**4/25/2023**

**PHILOSOPHY / PURPOSE:** To provide protocols for staff to follow when a youth is absent without leave from a St. Mary's any residential or school programs. Note that the agency recognizes that each situation is different, and that good judgment, clear thinking and teamwork are critical in handling any crisis situation.

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- Supervision needs of other youth / ability to call for assistance from others.

**Implement prevention techniques:**

- Select de-escalation techniques based on assessments above;
- Proximity control, counseling and distraction can be useful techniques; introduction of a familiar staff member can also be helpful;
- It may be necessary to ask peers to remain in their rooms, or leave the area while the crisis is being managed for the safety of the group;

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#### **External Communications - At Elopement and Upon Return:**

- Call the Police.
- Complete a Missing Persons' Report while the police are on their way to expedite the search for the youth. Provide the Officer(s) with the Report and Face Sheet.
  - (NOTE: It is *very* important to remember to contact the police when the youth returns to campus/upon return).
  - NOTE: if the youth is on a Temporary Community Placement ('TCP status'), direct the Police to the Master Control Center (see below) to clarify or confirm if the resident is on TCP (St. Mary's does not identify the youth as on TCP to the Police).
- Follow police instructions and have the following information ready:
  - Youth's name
  - Time the youth left or was discovered missing

- Location of the youth when last seen
- What the youth was wearing
- Description of the youth
- Call the youth's legal guardians(s) (if no court/DCYF/probation ordered restrictions regarding communication/participation are in place). If uncertain, consult with the On Call Clinician. Remember legal guardians may reside in different households – call both.
- Call RI CPS 1-800-742-4453
- Call the DCYF caseworker (as applicable) and leave a message
- If the youth is on Probation, you must notify the Probation/Parole Officer/Supervisor (if not available, leave a message); AND, you must notify the Master Control Center (MCC) 462-7390 of the AWOL.
- If ARTS youth, complete and send appropriate form(s) if required by insurer.

**In re: Elopement under the supervision of others**

- If a youth elopes while under the supervision of others (e.g. home visit, public school, visiting resource, Mentor visit, etc.):
  - Advise the visitor to report to the police (as above)
  - Complete all other communications (as above)
  - Document on an Incident Form
- If a parent / visitor calls requesting assistance because they fear the youth is planning to elope, put through to the House Supervisor (or Campus Supervisor if not on shift).
- The Supervisor will discuss and assess the situation being reported, and make agency decisions / provide direction to the caller
  - Consider safety of the youth, parent / visitor, and others in their household;
  - Consider the safety of employees going into the home if considering a pick-up;
  - Consider if the agency can safely send 1-2 staff to pick up a child from a visit (i.e. campus supervision ratios, safety of staff and youth during transportation, etc.)
  - It is acceptable for the Supervisor to call for police assistance for the safety of all parties.

**In re: Request for pick up in the community**

- Youth cannot be picked up by staff in the community if they have eloped. The police can be contacted to assist. Put any requests to do so through to the House or Campus Supervisor.

**In re: ELOPEMENT RETURN**

- Notify the House or Campus Supervisor and Nursing.
- The Supervisor will make decisions regarding the return based on the unique circumstances of each situation, and they will contact the On Call Clinician when consultation is needed. Decisions include but are not limited to:
  - Determining where the youth will be brought back / greeted (e.g. direct to House, to school office, to main building, etc.).
  - A welcoming and respectful atmosphere should be created for the youth, considering the needs of the returning youth and the group. Safety and comfort of the youth and entire group should be balanced.
  - Asking if they are hurt, or needs or wants medical attention.

- Conducting a therapeutic search for unsafe or contraband items (youth and any bag/belongings he/she is returning with) using the metal detector wand (agency policy regarding metal detector wand applies).
  - Call 911 for Police intervention if needed
- If the youth has eloped for an hour or more, they will need to be medically cleared upon return. (See Residential Medical Clearance Policy)
  - Contact the on-site RN immediately upon the youth's return, and a medical assessment will take place.
  - If the youth returns during overnight or weekend hours, or if an RN is not on-site to perform an assessment, the youth will need to be evaluated at an Emergency Room or Urgent Care Center for a physical assessment and drug testing.
  - Call 911 immediately if the youth displays any signs of intoxication, disorientation, or physical distress at the time of their return.
- Contact the Nurse if there are questions regarding giving the youth medication, or about the impact of missed medication.
- Consider increasing supervision / monitoring / 1:1 needs for a period of time after the return, and communicate the plan created.
- Communicate the return to all parties (internal and external – see above), and document on an Incident Form.
- Personal belongings (e.g. coat(s), shoes of any kind, bags that could be packed, and other items that could be used for another elopement attempt) are to be locked in the youth's closet or in the staff office. Additionally, the youth is to remain on/in the house for an evaluation period of 24 hours.
  - Exceptions to this may be made by the Team (e.g. the youth may be allowed to attend school, the evaluation period may be shortened by the Team, etc.)

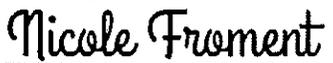
**In re: ELOPEMENT DISCHARGE**

- The funder and/or agency administrators determine how long a bed will be held available for a youth who has eloped.
- The Clinical Director, youth's Clinician and/or House Supervisor will maintain communication with the funder, and communicate discharge via BN Data Change form when determined.
- The agency is responsible to pack personal belongings and store until arrangements are made for pick up.

**In re: WANDERING ON CAMPUS**

- Assess for elopement concerns as above, including assessment of acuity and level of care needs.
- Assess what needs the youth has that may be contributing to their wandering on campus (Are they leaving to take space, or are they leaving to get to someone else on campus? Is time alone beneficial, or potentially harmful? Are they sitting safely, or attempting to engage in self-harm? Is the campus populated or is it late in the evening / a weekend? Is there someone on campus who the youth typically engages with?).
- Utilize therapeutic techniques to re-engage the youth, making efforts to help meet those needs in a safe manner, which may help the youth return to the group.

- Avoid calling for external assistance from the police. Work with others on campus and utilize the On Call Clinician in efforts to re-engage the youth.
  - However, if the situation is assessed as immediately unsafe (or escalates to that) call 911.
- When the youth re-engages, make a plan for safety and ensure the plan is communicated to the incoming shift.
- In all cases, ensure the youth is within eye sight of an adult while on campus, and initiate elopement procedures if they leave campus.
- Document what occurred on an Incident Form prior to the end of the shift on which it occurred.

<b>Category (Code):</b>	Campus Rules and Regulations	
<b>Keyword/Tag(s):</b>	Residential, AWOL, Missing from Care, MFC, Runaway, School, Treatment, Tx	
<b>Date of Adoption:</b>	11/3/2009	
<b>Revision History:</b>	01/2012; 2/2012; 12/7/2015; 2/14/2016; 10/18/2016; 11/8/2017; 2/22/2019 (4/18/19 reviewed; no content changes needed, however policy was edited for minor language changes); 6/14/2021; <b>4/25/2023</b>	
<b>Approved By:</b>	Clinical Director, Patty Olney-Murphy and Nursing Director, Nicole Froment	
	 Patty Olney-Murphy 26 Apr 2023, 12:20:52, EDT	 Nicole Froment 27 Apr 2023, 09:04:03, EDT
<b>Date of Electronic Signature:</b>	04/26/2023	04/27/2023



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

Policy #:  
**CRR-002**

Title:  
**Guidelines for Suicide Risk**

Effective Date:  
**7/11/2022**

**PHILOSOPHY / PURPOSE:** To provide guidelines for suicide risk.

**POLICY:** The following is a guideline for assessing suicide risk for youth. Staff must always contact Clinician or On Call Clinician when there is question of suicide ideation/gestures/threats.

**Signs of Suicidal Risk:**

- Persistent suicidal ideation or thoughts
- Strong intention to act or plan
- Recent suicide attempt or preparatory plan; previous attempts
- Not able to control impulses / reckless behavior
- Feelings of hopelessness
- Has (or has had) suicide plan
- Has the means to carry out the plan (knife, pills)
- History of suicide in family
- Socially isolated, few social supports
- Recent acute stressors, acute loss
- Verbalizing thoughts of suicide or wanting to die
- Noticeable change in behavior
- Confused thinking and processing
- Giving away prized possessions
- Significant history of depression
- Exhaustion
- Substance Abuse (Alcohol / Drugs)
- Conduct Disorders (Behaviors including fighting, reckless driving, risk-taking)
- Significant loss or trauma currently being experienced or re-experienced
- Collecting and saving pills or buying a weapon

**Assessment:**

- Assess for intent is the key component of the assessment process. It is important to understand the child's 1) wish to die and 2) means to kill themselves.

**Assess Imminent Danger**

- How lethal is this situation? Does the child have persistent suicidal ideation or thoughts, strong intention to act or plan, a recent suicide attempt or preparatory behavior?
- High acuity or lethal situations demand 911 professional action. Contact Nurse, proceed with Medical Policy.
- Be clear with directions to child, explain what will happen, maintain rapport.

**Assess Potential Danger**

- Is there active suicidal ideation, but intervention before the attempt? Not to be taken lightly, an attempt may be in the near future. Remember, some anti-depressant

medications may give an individual the energy to commit suicide when he/she had been too depressed to do so in the past.

- Proceed with one-to-one safe watch, contact child’s Clinician or on-call Clinician to alert.
- Limit / restrict, eliminate lethal means.

**Assess the Major Problems**

- Listen for clues to suicide; writing suicide notes, “I feel like giving up”, “I’m so tired I just want to sleep”, “People would be better off without me”, looking up ways to kill oneself online.
- Ask about suicide intent. Questions include: Do you wish you were dead? Do you want to try to kill yourself? Do you have a plan on how you might kill yourself? Have you taken any action towards putting that plan in place? How likely are you to carry out your plan?
- It is important to ask about suicide contemplation.

**Assess the Suicide Plan**

- This is critical. Plans generally reveal the suicide risk. Lethal plans tend to be concrete, specific and involve dangerous methods. Availability of the means to attempt or complete suicide increase the risk. Ask child about intent or plan.

**Assess Suicide History**

- Risk increases significantly when there is a history of suicide attempts in the past year or acute stress.

**Support in a Crisis**

- Talk openly and honestly. Don’t be afraid to ask questions like, “Do you have a plan for how you would hurt yourself?”
- Remove means such as cords, weapons, shoelaces, items that can be lethal.
- If there are multiple people around, have one person speak at a time.
- Express concern and support.
- Be patient. Don’t argue or raise your voice.
- Call 911 if needed.

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Clinical, Treatment, Tx
<b>Date of Adoption:</b>	8/18/1997
<b>Revision History:</b>	4/2011; 2/1/2012; 2/11/2017; 2/27/2020
<b>Approved By:</b>	Residential Clinical Director, Patty Olney-Murphy  <i>Patty Olney-Murphy</i>
<b>Date of Electronic Signature:</b>	<small>Patty Olney-Murphy</small> 25 Jul 2022, 15:08:34, EDT 07/25/2022



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

<b>Policy #:</b> <b>CRR-003</b>	<b>Title:</b> <b>Prohibited Disciplinary Interventions</b>	<b>Effective Date:</b> <b>2/2/2022</b>
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**POLICY:**

- Degrading, corporal or physical punishment of any kind is prohibited.
- Consequences designed to inflict pain or suffering are prohibited.
- Verbal abuse, including but not limited to taunting, shaming, sarcasm, forceful criticism, denouncing or insulting is prohibited.
- Punishment by youth's peers is prohibited.
- Making fun of a youth is prohibited.
- Youth may not be asked or forced to perform painful physical exercise as a consequence.
- Use of painful aversive stimuli is prohibited.
- Depriving a youth of food or their rights and needs is prohibited.
- Forcing or otherwise coercing youth into eating against their will is prohibited.
- Using medication as punishment is prohibited.
- Punitive work assignments or group punishment for one youth's behavior is prohibited.
- Mechanical restraints are prohibited.
- Chemical restraints are prohibited.
- Locking a youth in a room as a means of discipline is prohibited.
- Physical restraint is allowed in programs where the legal guardian has provided their written consent and only in accordance with agency policy and procedures (see policy B-011 Physical Restraint in Crisis Intervention).
- Cancelling a youth's visit as a form of disciplinary action is prohibited.
- Youth who are actively tantruming may not be left alone.
- Youth in active or potential crisis may not be sent to sit on stairwells or in any higher-risk area (e.g. on a ledge or wall that has a long drop to ground-level).
- Any practice that interferes with an individual's right to human care is prohibited.
- This policy, while written for youth applies to all clients regardless of age or program.
- Infringement upon any of these policies is grounds for immediate discipline, including possible dismissal from St. Mary's employ, and further may be reported to Child Protective Services.

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Client Rights, Human Resources, HR, TCI
<b>Date of Adoption:</b>	12/07/1997
<b>Revision History:</b>	12/28/2009; 01/2012; 3/7/2016; 4/2/2019; 10/9/2019; 2/2/2022
<b>Approved By:</b>	Clinical Director, Patty Olney-Murphy  <i>Patty Olney-Murphy</i> _____ Patty Olney-Murphy 04 Feb 2022, 13:56:40, EST
<b>Date of Electronic Signature:</b>	02/04/2022



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

Policy #:  
**CRR-017**

Title:  
**Residential Medical Clearance**

Effective Date:  
**4/25/2023**

**PHILOSOPHY / PURPOSE:** To ensure that youth who have been missing from Care (MFC) prior to or after admission to our residential programs are medically screened, and that appropriate steps are taken to address any concerning symptoms or reports related to substance use, CSEC, and physical or sexual abuse.

**POLICY:** Youth who have been missing from care for an hour or more must be medically cleared upon return, or prior to admission, by utilizing one of the following procedures. Staff are required to follow all current policies and procedures related to youth elopement, mandatory reporting, commercial sexual exploitation of children (CSEC), contraband, and medical emergencies. This policy is intended to be enacted in conjunction with these existing policies.

**On-Site Medical Clearance:** To be utilized when there is a Registered Nurse (RN) on-site at the time of the youth's return.

- Staff will immediately notify the Campus Supervisor and an on-site RN of the youth's return.
- The RN will conduct an assessment that consists of the following measures:
  - Physical assessment including a description of the youth's overall appearance, level of consciousness, mental status, gait/balance/mobility, skin assessment, vital signs, and an inquiry regarding the youth's whereabouts and activities in the community, sexual activity, and substance use.
  - Completion of the Substance Use Screening tool
  - Urine Drug screen
  - Documentation of all assessment findings into the youth's Best Notes record.
- If assessment findings are reassuring, the youth will be allowed to return to their assigned house, and resume normal activity.
- At the RN's discretion and/or based on assessment findings, the youth will be taken to an Emergency Room for off-site medical clearance if there are any concerns related substance use, physical or sexual assault, or CSEC activity (see Off-Site Medical Clearance procedure below).
- If the youth refuses an assessment, they will be placed on a 1:1 observation status for 24 hours or until they are agreeable to the assessment. Should any concerning symptoms arise during this period, the youth is to be immediately transported to an Emergency Room for medical assessment.

**Off-Site Medical Clearance:** To be utilized when a youth returns from elopement and there is not an RN on site, or if there are obvious signs of intoxication or physical distress at the time of youth's return, or at an RN's discretion based on assessment findings.

- Staff will immediately notify the campus supervisor and the on-call RN of the youth's return.
- The youth will be taken to an Emergency Room or Urgent Care Center for a medical evaluation.

- Youth under the age of 16 must be taken to Hasbro
- Youth aged 16 or older can be cleared at any Emergency Room or Urgent Care.
- For non-emergencies, the campus supervisor and staff will make immediate arrangements to transport the youth to the nearest appropriate facility.
- 911 must be called immediately for a medical emergency.
- Staff must accompany the youth to the Emergency Room or Urgent Care and remain with the youth until the evaluation is complete or the youth is admitted to the hospital.
- Upon discharge, staff are required to obtain a discharge report from the Emergency Room or Urgent Care, and immediately forward this information to the Nursing Department.
- Nursing staff are responsible for following up with all prescribed care, medication changes, or appointments that result from the medical clearance.

**Considerations:**

- Medical Emergency procedures will supersede the contents of this policy. If a youth appears to be unresponsive or in physical distress, call 911 immediately.
- If an overdose is suspected, administer Narcan while awaiting EMS services. Narcan Kits are located in several areas throughout the campus (Residential Staff Offices, Gemma Center, Copy Room, Nursing, School, White House, Maintenance, and Outpatient Office).
- This policy is specific to St. Mary's, and may differ from the medical clearance policies of other providers (i.e. DCYF). As such, Staff cannot delegate the responsibilities outlined in this policy to an outside provider.

<b>Category (Code):</b>	Safety & Service Environment
<b>Keyword/Tag(s):</b>	Medical; Nursing; Residential; Emergency
<b>Date of Adoption:</b>	4/25/2023
<b>Revision History:</b>	
<b>Approved By:</b>	Nursing Director, Nicole Froment, RN <i>Nicole Froment</i> Nicole Froment 27 Apr 2023, 09:06:07, EDT
<b>Date of Electronic Signature:</b>	04/27/2023

 <b>ST. MARY'S HOME FOR CHILDREN</b> <b>POLICIES AND PROCEDURES</b>		
<b>Policy #:</b> <b>SCH-004</b>	<b>Title:</b> <b>SCHOOL MEDICAL SERVICES AND PROCEDURES</b>	<b>Effective Date:</b> <b>2/27/2020</b>

**PHILOSOPHY / PURPOSE:** To ensure that each student's health needs within the school environment are being met.

**POLICY:** The George N. Hunt Campus School has a Registered Nurse (RN) on duty during the school day. The Nurse is available to perform health assessments, administer medication, maintain client's health records, and to communicate with Parents, Guardians, and school staff regarding student health needs.

**MEDICAL COMPLAINTS:**

- Children should be encouraged to attend school whenever possible.
- If a child complains of feeling ill during the school day, an RN is to be contacted. The nurse will perform a physical assessment of the child's condition or direct staff members appropriately.
- Based on assessment findings or reported symptoms an RN will determine the course of action for the remainder of the school day which may include dismissal or exclusion from school or activities, administration of prescribed or over the counter medications, or continued monitoring.
- If an RN determines that the child is too ill to remain in class the parent/guardian, designated caretaker, or Residential Staff member will be called to come to the school to pick up the client for dismissal.
- Residential students who are dismissed from school for medical reasons are to be placed on sick routine for the remainder of the day. See Policy RN-010: Sick Routine
- School staff members are required to be trained in First Aid/CPR, and may perform first aid duties as necessary or directed by RN. The Nurse is also available to perform such duties when appropriate.
- If a child refuses to stay in school after an RN has deemed the child well, a phone call will be placed to the parent or appropriate Residential staff member. Clinical consultation will be provided to address any issues that are preventing a student from being able to tolerate their school routine.

**SERIOUS ILLNESS AND INJURIES:**

- See policy: School Health Services: Infectious Disease, Vaccinations, and Medical Emergencies.
- 9-1-1 is to be called immediately in the event of a life threatening illness or injury.
- Staff are required to notify the Parent/Guardian of emergency situations, and follow all reporting and documentation guidelines in a timely manner, and no later than the end of their shift or school day, whichever occurs first.

**MEDICATION**

**Prescription Medication: Day Students**

- The nurse is available to dispense prescription medication to the children in school.

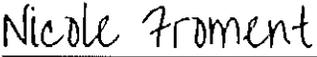
- If, due to extenuating circumstances, an RN is not available to administer medication, a Trained Medication Administration Personnel (TMAP), or Certified Nursing Assistant (CNA) may administer medications under the supervision and direction of an RN.
- In order for prescription medication to be administered at school, the parent/guardian is responsible for providing a School Medication Order form that is signed by both the Physician and the parent/guardian. This document needs to include the child's name, date of birth, name of medication, dosage instructions, explanation of potential side effects, and any other pertinent information.
- A supply of medication must be dropped off to the school by a parent/guardian, or appropriate family representative. Medications cannot be transported with the child or on the bus.
- Medications must be in a labeled prescription bottle, or other pharmacy-issued packaging. The pharmacy label must contain the same instructions as the physician's order, and be prescribed to the child.
- In order to prevent any disruptions in medication dispensing, it is best to provide at least a 2-week supply. The Nurse will send home a written notice when refills of the school supply are needed.
- Per St. Mary's medical policies, students are not allowed to self-carry or self-administer any medications. All medications are required to be stored in a locked cabinet designated for medication storage, and administered by an RN or approved TMAP staff. If a student requires self-administered medication, the Parent/Guardian must meet with the Nurse to discuss the circumstance and to plan for appropriate accommodations.
- If there are any changes to a student's medication orders, it is the responsibility of the Parent/Guardian to inform the Nurse, to provide a new School Medication Order, and to provide a new supply of medication.
- To prevent error or confusion, all expired or discontinued medications will be removed from the school storage cabinet, and held in the RN office until arrangements are made for the Parent/Guardian to pick them up. Any unclaimed medications will be disposed of after 30 days.
- If the student is scheduled to take a medication(s) at several times throughout the day, the School RN is only responsible for the doses that need to be administered during the school day as directed by physician's orders. Medications that need to be administered at home are the responsibility of the parent/guardian or caretaker.

### **Non-prescription Medication: Day Students**

- If a day student requires any over the counter (OTC) or non-prescription medication during the school day, a letter of explanation and consent must be signed and submitted by the Parent/Guardian, who is also responsible for bringing in a supply of the medication. The medication will be administered as directed on the label or packaging. Off-label use, or dosing outside of the labeled use will not be honored without a physician's order.
- All OTC medications are managed under the same policies as prescription meds, in that they are required to be stored in the locked cabinet, and administered by an RN or designated TMAP staff. Students are not allowed to self-carry or self-administer these medications.

## Prescription and OTC Medications: Residential Students

- An RN is responsible for ensuring that physician's orders and consent for all prescribed medications are on file for any student who is prescribed medications.
- If prescription medications need to be administered during the school day, an RN will ensure that there is a supply of the medication, and appropriate documentation forms are available in the school med cabinet/binder.
- An RN or TMAP trained staff is responsible for the administration of prescription medications.
- OTC medications can be administered by an RN or TMAP staff as directed by the agency's Standing Orders. Off-label use or dosing that is not consistent with Standing Orders cannot be administered without a Physician's order or prescription.
- For safety reasons, administration of OTC medication must be performed on the client's unit to ensure that the OTC form is reviewed prior to administration, and that documentation of the OTC administration occurs immediately.
- No residential student is allowed to self-carry, or self-administer any prescription or OTC medications.

<b>Category (Code):</b>	Campus School
<b>Keyword/Tag(s):</b>	Admission, Intake, Medical, Nursing, Regulations
<b>Date of Adoption:</b>	10/1/1999
<b>Revision History:</b>	4/2010; 03/25/2015; 12/4/2017; 2/27/2020; Reviewed 3/29/2022 no changes
<b>Approved By:</b>	Nicole Froment, Nursing Director  <hr/> Nicole Froment 29 Mar 2022, 17:11:20, EDT
<b>Date of Electronic Signature:</b>	03/29/2022



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

Policy #:  
**ADM-050**

Title:  
**CSEC Commercial Exploitation of Children (CSEC)  
Disclosure Policy**

Effective Date:  
**5/7/2021**

**PHILOSOPHY / PURPOSE:** Sexual exploitation of children is a significant local and national issue and St. Mary's maintains an active state role in both advocacy and treatment for victims. Exploitation disclosures, to include both Commercial Sexual Exploitation of Children (CSEC) and all forms of Child Pornography (CP), must be handled appropriately and in accordance with state-wide protocols. To ensure appropriate staff response, the following policy/protocol for working with youth who have been victims of exploitation has been implemented.

**POLICY:** All employees in direct care, care coordination, clinical and program administrative roles must be trained and acclimated to appropriate response / action steps to be taken in the event a youth discloses trafficking or pornographic victimization. This policy is applicable in Outpatient, Residential and School departments.

**Training:**

- A minimum of two staff per shift will be trained on understanding the basics of exploitation, which include commercial sex and child pornography. This training will be provided during each staff member's first year of employment. Training will include an overview of CSEC and CP, including all types of CP (sextortion, sexting, print or digital pornography) what are the signs of exploitation, how to handle disclosures, program protocol for disclosures, and the available resources for victims. Best practice is to train all residential and clinical staff.
- All Clinical and Survivor Staff who are facilitating a prevention group must have attended the appropriate trainings / fulfilled training requirements if any.

**Intake:**

- All clients of SMHFC between the ages of 12 and 18, or up to age 21 if in DCYF care, will be screened for CSEC on admission or early in treatment. Those determined to be at high risk will be referred for additional screening with a clinician experienced in working with this population.
  - All RTX (including BBI) programs require administration of the CSEC Screening Tool for ages 12-21, and as needed under age 12, within 48 hours of admission or as soon as possible thereafter.
  - All CBS programs require administration of the CSEC Screening Tool for ages 12-18, or 12-21 for youth in DCYF care, and as needed under age 12, within 4 weeks of admission.
  - All OB programs require CSEC screening if the client was assessed as high risk during the preliminary CSEC screening within the Clinical Assessment.
  - All programs will re-administer the CSEC Screening Tool if indicated / if required by external regulators over the course of treatment.
- All residential clients of SMHFC have a photograph taken on admission. They will also be asked about any visibly distinguishing marks (tattoos, birth marks, etc.), to be shared with law

enforcement if the client runs away. A Release for Confidential Information for the North Providence Police Department is obtained for residents at admission for use in AWOL situations.

- NPPD will be notified when a known trafficking victim (identifying information need not be given) is admitted to SMHFC so that they may determine if an increase in patrols is needed. This information can be given to the NPPD Point of Contact for Human Trafficking.

#### **Handling Disclosures:**

- If a youth in your program makes a disclosure of CSEC/CP or there is a suspicion of CSEC/CP, staff will follow the RI First Responder Protocol:
  - If a youth discloses that they are a victim of CSEC/CP OR there is independent evidence of sexual exploitation, appropriate personnel (a supervisor) will be notified immediately.
  - Regardless of caretaker status, if youth has disclosed information that speaks to being a victim of CSEC/CP, a call must be placed to the DCYF Hotline to report it as an incident of child abuse. A call directly to the youth's worker does NOT meet this requirement, it must be made to 1-800-RICHILD.
  - If known, be sure to include the location(s) of possible exploitation, timeframe of exploitation, and any identifying information pertaining to the alleged offender(s) when contacting the DCYF Hotline.
  - Call parent if clinically appropriate.
  - Call the Hasbro Children's Hospital Aubin Center at 444-4000. They will assess whether the youth needs immediate medical attention or if they can be offered an appointment for a later date/time.
  - If there is an immediate threat to safety, call 911 immediately.
  - Discuss the report with the youth, as appropriate. Provide information to help the youth understand why you are filing the report and to anticipate next steps.
  - Staff will complete necessary agency paperwork /documentation related to disclosure
- The following will occur as follow-up steps:
  - DCYF in collaboration with the Aubin Center and caregiver as appropriate will make a report to the North Providence Police Department, or city/town in which the crime occurred, for residential clients, or the Police Department of the youth's home community if outpatient. Information should be relayed to their Point of Contact (POC) for human trafficking.
  - Refer client for MDT/Advocacy at Day One after consulting with youth's parent/caregiver as appropriate and clinician. MDT referrals can be made to 1-800-494-8100.
  - Should the youth and family require clinical in-home services, refer to STAAR Program by calling intake at x. 416.

### **Safety Planning/Supports for a youth who has experienced exploitation:**

- If a youth is referred for your program due to concerns of exploitation or if a youth makes a disclosure of exploitation while in placement, safety planning is necessary. Consider the following:
  - Provide the youth with contact information for their police department's Human Trafficking POC, the Day One 24-hour hotline number 1-800-494-8100, and the national human trafficking resource center (this may include giving youth a bracelet with this number stamped on the back, 1-888-373-7888 or text to 233733), and contact numbers for informal and formal supports, including his or her Survivor/Mentor if applicable.
  - Determine if the youth would benefit from additional staff time (1:1) to support her/his time in the program.
  - Take steps to minimize risk of the youth running from the program (i.e., temporary ARTS stay, supervised use of phone, limited access to outdoor wear) while providing youth with what they need to feel safe based on their self-report.
  - Determine the need for additional clinical/case management support such as may be obtained through STAAR Program.
- Create a concrete safety plan with youth, to include the following:
  - What are specific triggers that might cause youth to run from program or have a difficult time?
  - What are youth's warning signs so that staff can support them if they become obvious?
  - What can they do to occupy time?
  - Who are the people they identifies at key supports?
  - Make referrals to outside collaterals in order to support youth

### **Missing Youth Response:**

- If a youth runs from your program and is at risk of being exploited, follow AWOL protocol, being sure to provide the responding officers with the youth's Face Sheet and include information on the youth's CSEC status.
- Collaterals and family should be notified of youth's run so as to be looking for them.
- The DCYF Hotline should be called to report that a CSEC victim is missing from care. This will trigger an internal DCYF response to notify their Special Investigations Unit, who specialize in the recovery and support of CSEC victims.
- Additionally, notify MDT for clients involved with this Day One service.
- For STAAR clients, notify the STAAR clinician and STAAR supervisor as soon as possible.
- If the youth is involved with a Survivor/Mentor, contact them to alert that youth is missing and may reach out.
  - An email chain is often helpful for notification purposes so that all can be notified at once, using client initials ONLY to protect confidentiality.
- Youth's custodian or law enforcement assigned to may contact the National Center for Missing and Exploited Children (1-800-843-5678) and request that the youth's case be opened.

- Any new information pertaining to the missing youth’s location, online activity, or contact/ communication must be referred to the law enforcement entity assigned to the Missing Person’s case.
- Upon return, welcome youth back to program without judgment. The key things to consider here are around youth’s safety and wellbeing—what does she/he need immediately to feel take care of and ensure physical and emotional safety?
- Medical clearance upon return. Aubin Center (444-4000) should be contacted for confirmed trafficking victims to determine if medical clearance should be provided by Aubin Center or by the local emergency room.
- Notify family, CSEC MDT Coordinator, collaterals, law enforcement and any other involved party of return.

**Special considerations in relation to facilitating MLMC Exploitation Prevention Groups:**

- Prior to the start of the prevention group, clinical staff, milieu staff, and other appropriate personnel must be notified that the group is taking place.
- Consider location of where group takes place (should not have people coming in and out of the space, should be private and confidential.).
- The only adults in the group should generally be the two facilitators. Staff should not be present in the group to support youth. Instead, if there are concerns that youth might have a difficult time in group, an identified staff person should wait outside to the group location in order to offer support during or after group. The group facilitators may choose to invite staff in on a case-by-case basis and only when it will not be clinically detrimental to the running of the group.

<b>Category (Code):</b>	Administration & Management
<b>Keyword/Tag(s):</b>	Client Rights, Clinical, Regulations, Treatment, Tx
<b>Date of Adoption:</b>	4/11/2016
<b>Revision History:</b>	7/26/2016; 5/5/2017; 10/23/2019 reviewed with typo corrections only; 1/2/2020 (addition of Child Pornography protocols); 5/7/2021
<b>Approved By:</b>	Executive Director, Carlene Casciano-McCann  <i>Carlene Casciano McCann</i>
<b>Date of Electronic Signature:</b>	Carlene Casciano McCann 24 Aug 2022, 16:07:12, EDT 08/24/2022

 <b>ST. MARY'S HOME FOR CHILDREN</b> <b>POLICIES AND PROCEDURES</b>		
Policy #: <b>ADM-004</b>	Title: <b>Client's Right to Decline Treatment and Medication</b>	Effective Date: <b>5/1/2023</b>

**PHILOSOPHY / PURPOSE:** To provide ethical, client directed (voice and choice) practices and services within all St. Mary's Programs.

**POLICY:** All clients served at St. Mary's Home for Children have the right to decline treatment.

- Medications, specific services and treatment interventions may not be forced upon any client regardless of their age.
- Employees may not utilize trickery, withholding of other treatment or services or any other coercive measures in an effort to persuade clients who appear resistant to treatment.
- If a client declines medication, specific services or treatment interventions, they must be informed of real, potential or perceived consequences in language & terms they understand. Employees are expected to simplify language and use clear terms during this process. Engage a professional translator when needed to ensure they are making a fully informed decision.
- Unless obligated by contract under a 'no reject / no eject' clause, a client may be discharged from a program when their declination to adhere to a medication regime or to participate in treatment poses a threat to the organization, employees and/or other clients.
- When obligated by contract to maintain a client in the program whose declination to adhere to a medication regime or to participate in treatment poses a threat to the organization, employees and/or other clients, the team providing services are responsible to engage the contract team (e.g. DCYF). Together, the two teams (i.e. internal and external) are responsible to create a written plan with the adult client or minor client and their legal guardian. That written plan shall include the plan(s) for maximizing safety of the client, other clients in the program, employees and the agency as a whole.
- Exceptions to this right include circumstances where the right to decline has been limited by law or court order. In such circumstances, that documentation must be maintained by the clinical team member(s) in the client's record.
- Documentation of all instances of declination to engage must be maintained in the official client record by the provider(s) involved.
- If a youth in a Residential or School Program declines their prescribed medication, see the Medical Manual for procedural details.

<b>Category (Code):</b>	Administration & Management
<b>Keyword/Tag(s):</b>	Client Rights, Medical, Medical Manual, Regulations, Treatment, Tx
<b>Date of Adoption:</b>	7/1999
<b>Revision History:</b>	1/26/2010; 4/17/2016; 4/19/2019; 2/19/2021; 8/19/2021 revised by removing the RTX & School procedure which is now solely located in the Medical Manual; 5/1/2023
<b>Approved By:</b>	Executive Director, Carlene Casciano-McCann  <i>Carlene Casciano McCann</i> Carlene Casciano McCann 01 May 2023, 13:00:08, EDT
<b>Date of Electronic Signature:</b>	05/01/2023



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

Policy #: <b>CRR-006</b>	Title: <b>Incident Forms (IFs) and Physical Intervention Reports</b>	Effective Date: <b>8/19/2022</b>
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**PHILOSOPHY / PURPOSE:** Incident Forms (IFs) and Physical Intervention Reports (PIR's) are critical communication tools in the residential and school programs. They are completed for significant incidents directly involving youth in residential and school programs. They ensure documentation as well as communication to appropriate personnel, so that actions can be taken as necessary for both immediate safety and to initiate risk management practices.

**POLICY:**

A Physical Intervention Report (PIR) must be written when a youth is physically restrained. All restraint policies and procedures must be followed.

An Incident Form (IF) must be written for the following situations:

- A youth is physically transported;
- Assault (Physical or Verbal);
- Runaway / Elopement / Missing from Care;
- Wandering on Campus;
- Medical Emergency;
- Sexualized Behavior;
- Medication Error, such as Missing, Found, Lost, Wrong Client (NOT a refused medication)  
Note: refused medications are communicated via confidential group telephone message;
- Property Destruction;
- Contraband;
- Community Disruption;
- Police or Fire Involvement (false alarms, call for help, etc.);
- Psychiatric Evaluation or Hospitalization;
- Serious Injury, Illness or Death;
- Accidents;
- Threat of or actual harm occurrence;
- Any unusual, concerning or suspicious activity / behavior related to a client(s).

IF's and PIR's must be written as soon as possible following the incident, and no later than the end of a shift on which it occurred.

Supervisory Review of the report, including completion of their section of the report, must occur as soon as possible following the incident, and no later than the end of a shift on which it occurred.

For incidents involving physical restraint, the Nurse on duty is responsible to ensure that all documentation is completed. For all other incidents, employees are responsible to alert the Campus Supervisor as soon as possible after an incident to provide a brief overview. If the Campus Supervisor is unavailable, contact another supervisor who is on campus to do so. That Supervisor (or Behavior Specialist during school hours) is responsible to provide in-person support whenever

able as soon as possible (or arrange it from another Supervisor or management team member). The Nurse on duty can provide that support as well as needed.

See also policy regarding Child Protective Services (CPS) Report, as there will be times a CPS report and an IF is necessary; and there will be times only the CPS Report is necessary. Per policy, disclosure or suspicion of abuse / neglect must be **reported**, and that must be documented. All staff agency-wide should seek supervision to ensure proper documentation of their mandated reporting responsibilities.

#### **PROCEDURE:**

##### Employees and Supervisors on Shift:

- Contact the Campus Supervisor or Nurse as indicated above pending the situation (if unavailable, contact another Supervisor or Point Person who is on campus - this may be School or Residential Program Supervisor depending on the day) as soon as the environment allows / the situation is stable to call.
- The Supervisor or Nurse will provide support and discuss the incident as the employee(s) prepare to complete the report. If multiple employees were involved in the incident, they are responsible to determine who will write the report. This should be based on who has the most knowledge of antecedents through ending.
- The Supervisor or Nurse is responsible to review the completed report, and may ask that clarifications be made if it is incomplete / does not provide enough detail / has errors such as two full names of youth on one report.
- The Supervisor or Nurse is also responsible to assist with any additional paperwork (e.g. CPS Report; Missing Person Report), phone calls, or other tasks depending on the situation.
- The Supervisor or Nurse may debrief employees, or provide direct supervision duties so an employee may step-away and take a break.
- The Supervisor or Nurse is responsible to complete the supervisory section of the report, and place the report and any related paperwork/reports (Debrief packet; CPS Report etc.) in the "IF mailbox" in the main building copy room prior to leaving the shift.

##### Supervisors and Administrators (as necessary):

- If the Supervisor or Nurse assesses the incident involved threat of or actual serious illness, injury or death they are responsible to contact the appropriate administrator (Nursing Director, Clinical, Education, Facilities or Executive Director) via On Call system if necessary to ensure they are aware of the incident prior to the end of the shift.
- In turn, the administrator contacted is responsible to initiate or plan for a review of the incident no later than 24 hours after it occurred. This can include but is not limited to directing initiation of external review by calling RI Child Protective Services (CPS); directing / initiating re-assignment of client supervision as necessary; viewing surveillance camera systems; etc.
- For incidents that require CPS investigation, the administrator **cannot** initiate a formal investigation that would violate or taint the CPS investigation.
- The administrator is responsible to formally document the actions taken, plans implemented etc. for review, monitoring, additional follow up or action planning as a part of the formal weekly Critical Incident review.

Data Entry:

- The Secretary is responsible to enter key report data into the Best Notes system for PQI purposes (Monthly Critical Incident Data Meeting).
- All reports are brought to the weekly Critical Incident Review meeting (see Critical Incident policy).

NOTES:

- Written documentation and immediate report to administrators does not replace verbal communication among the Team. Be sure to communicate incidents and follow-up verbally amongst Team members. Reporting is “in addition to” communication among the Team.
- This procedure is not intended to dictate each and every situation when one would complete an IF. Instead, it acts as guide and indicates situations when an IF is required. Staff members are responsible to consult with a Supervisor, Nurse or Campus Supervisor when unsure if an IF should, or should not, be written for an incident.
- In addition to the vital role good recording plays in ensuring consistent treatment, remember these reports are submitted to the youth’s official record. Information must be legible and recorded in ink, not pencil. Liquid paper or correction fluid may not be used. If a mistake is made, cross out with a single line and initial and then add the correction. Reported information must be as objective as possible.
- If the incident being reported involves other youth, those last names may not be used for reasons of confidentiality. Instead, initials are appropriate. An additional IF is necessary when the incident needs to be documented in both their records (e.g. two youth went missing from care together means 2 separate reports – one for each youth).

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Documentation, TCI
<b>Date of Adoption:</b>	8/11/1998
<b>Revision History:</b>	4/1/2010; 7/1/2015 Reviewed and approved with no changes at Critical Incident Meetings throughout Spring 2015; 4/4/2016; 10/07/2016; 11/27/2017; 9/20/2019; 8/19/2022
<b>Approved By:</b>	Director of PQI & Operations, Linda Mobriant <i>Linda Mobriant</i> Linda Mobriant 24 Aug 2022, 15:09:58, EDT
<b>Date of Electronic Signature:</b>	08/24/2022

 <b>ST. MARY'S HOME FOR CHILDREN</b> <b>POLICIES AND PROCEDURES</b>		
<b>Policy #:</b> <b>CRR-006</b>	<b>Title:</b> <b>Incident Forms (IFs) and Physical Intervention Reports</b>	<b>Effective Date:</b> <b>8/19/2022</b>

**PHILOSOPHY / PURPOSE:** Incident Forms (IFs) and Physical Intervention Reports (PIR's) are critical communication tools in the residential and school programs. They are completed for significant incidents directly involving youth in residential and school programs. They ensure documentation as well as communication to appropriate personnel, so that actions can be taken as necessary for both immediate safety and to initiate risk management practices.

**POLICY:**

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- Wandering on Campus;
- Medical Emergency;
- Sexualized Behavior;
- Medication Error, such as Missing, Found, Lost, Wrong Client (NOT a refused medication)  
 Note: refused medications are communicated via confidential group telephone message;
- Property Destruction;
- Contraband;
- Community Disruption;
- Police or Fire Involvement (false alarms, call for help, etc.);
- Psychiatric Evaluation or Hospitalization;
- Serious Injury, Illness or Death;
- Accidents;
- Threat of or actual harm occurrence;
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able as soon as possible (or arrange it from another Supervisor or management team member). The Nurse on duty can provide that support as well as needed.

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- Contact the Campus Supervisor or Nurse as indicated above pending the situation (if unavailable, contact another Supervisor or Point Person who is on campus - this may be School or Residential Program Supervisor depending on the day) as soon as the environment allows / the situation is stable to call.
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- The Supervisor or Nurse is responsible to review the completed report, and may ask that clarifications be made if it is incomplete / does not provide enough detail / has errors such as two full names of youth on one report.
- The Supervisor or Nurse is also responsible to assist with any additional paperwork (e.g. CPS Report; Missing Person Report), phone calls, or other tasks depending on the situation.
- The Supervisor or Nurse may debrief employees, or provide direct supervision duties so an employee may step-away and take a break.
- The Supervisor or Nurse is responsible to complete the supervisory section of the report, and place the report and any related paperwork/reports (Debrief packet; CPS Report etc.) in the "IF mailbox" in the main building copy room prior to leaving the shift.

##### Supervisors and Administrators (as necessary):

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- In turn, the administrator contacted is responsible to initiate or plan for a review of the incident no later than 24 hours after it occurred. This can include but is not limited to directing initiation of external review by calling RI Child Protective Services (CPS); directing / initiating re-assignment of client supervision as necessary; viewing surveillance camera systems; etc.
- For incidents that require CPS investigation, the administrator **cannot** initiate a formal investigation that would violate or taint the CPS investigation.
- The administrator is responsible to formally document the actions taken, plans implemented etc. for review, monitoring, additional follow up or action planning as a part of the formal weekly Critical Incident review.

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NOTES:

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- This procedure is not intended to dictate each and every situation when one would complete an IF. Instead, it acts as guide and indicates situations when an IF is required. Staff members are responsible to consult with a Supervisor, Nurse or Campus Supervisor when unsure if an IF should, or should not, be written for an incident.
- In addition to the vital role good recording plays in ensuring consistent treatment, remember these reports are submitted to the youth’s official record. Information must be legible and recorded in ink, not pencil. Liquid paper or correction fluid may not be used. If a mistake is made, cross out with a single line and initial and then add the correction. Reported information must be as objective as possible.
- If the incident being reported involves other youth, those last names may not be used for reasons of confidentiality. Instead, initials are appropriate. An additional IF is necessary when the incident needs to be documented in both their records (e.g. two youth went missing from care together means 2 separate reports – one for each youth).

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Documentation, TCI
<b>Date of Adoption:</b>	8/11/1998
<b>Revision History:</b>	4/1/2010; 7/1/2015 Reviewed and approved with no changes at Critical Incident Meetings throughout Spring 2015; 4/4/2016; 10/07/2016; 11/27/2017; 9/20/2019; 8/19/2022
<b>Approved By:</b>	Director of PQI & Operations, Linda Mobriant <i>Linda Mobriant</i> Linda Mobriant 24 Aug 2022, 15:09:58, EDT
<b>Date of Electronic Signature:</b>	08/24/2022



## ST. MARY'S HOME FOR CHILDREN POLICIES AND PROCEDURES

Policy #:  
CRR-012

Title:  
Search of Youth Property with Metal Detector

Effective Date:  
04/03/2023

**PHILOSOPHY / PURPOSE:** St. Mary's provides a safe and therapeutic environment with dignity and respect for people we serve. If there is reason to suspect or believe a youth in residence has contraband, unsafe or prohibited materials or objects in their possession, they may be subjected to room searches consistent with RI DCYF Licensing Regulations and COA Standards. The policy is distributed and explained to legal guardians at admission, explained to youth at admission, and included in the Parent & Youth Handbooks.

St. Mary's defines contraband as:

- Any illegal substance or article;
- Any substance or product that may be used for the purpose of inebriation or intoxication (aerosol cans, products containing alcohol, etc.);
- Any weapon including home-made or fashioned weapons;
- Any other item expressly prohibited by the program and listed clearly in the program manual and distributed to youth and parents/caregivers;
- Any expressly violent, discriminatory or pornographic items (clothing, music, posters etc.), or content intended to shock or harass others.

### **POLICY:**

- All searches (including use of the hand held metal detector) must be carried out in a trauma-informed manner that respects youth's rights, dignity and self-determination by two staff members who have been internally trained to conduct searches.
- Search of a youth's room or personal belongings may be conducted only when reasonable grounds exist to believe the search will yield evidence that the youth has violated the law or legitimate rules of the program. Additionally, there must be reasonable grounds to believe there is a potential danger or threat of harm to the youth or others.
- Staff members must provide every youth suspected of possessing contraband an opportunity to relinquish it voluntarily.
- Random or routine searches are prohibited unless specifically outlined in the youth's individual treatment plan to ensure the health and safety of the youth. Legal guardian(s) are a part of that Team decision.
- The youth must be present for the search of their room or belongings, except in the case of an emergency or unauthorized absence. Those searches must be conducted maintaining the privacy of the youth with respect to other residents.
- Staff may request that a youth empty all pockets and carrying cases (wallet, pocketbook, shoes, backpack, etc.) for the purpose of subjecting those items to a search.
- Pat search of a youth's outer body, clothing, inseams and/or hair is **not** allowed. However, that search is allowed using a metal detector. Use of the metal detector on the youth and their belongings occurs at admission (unless assessed as unnecessary), upon return from being missing from care, visits, public school and arrival at a Day Program. The detector may also be used if reasonable grounds exists as above or the youth has been out of our supervision (e.g. work, community time).
- Strip searches are prohibited.

**In re: training:**

- Staff members are trained in search, including use of the metal detector, by a supervisor.
- Evidence of the training is maintained on the House Checklist.
- Staff may not participate in a search until training occurs.

**In re: Communication of policy**

- The Intake Coordinator distributes the 1 page policy above to legal guardians as a part of the Intake Packet and answers any questions they have.
- The House Supervisor explains the policy to youth as a part of introduction to the program and answers any questions they have.

**In re: Metal Detector Wand**

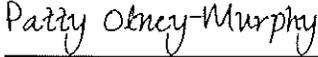
- Consistent use of the metal detector according to policy can help prevent a youth from feeling targeted. It is important to be respectful and consistent, and emphasize safety according to training.
- If a youth is being excluded from use of the metal detector at admission, the Clinical Director, Intake Coordinator or House Supervisor are responsible to communicate the exclusion. If there has been no exclusion communicated prior to arrival, use the detector per policy.
- If two trained St. Mary's staff members are not available to use the metal detector, the second adult present may be the adult returning the youth. Pending the situation this could be a police officer, DCYF transporter, parent, Mentor, visitor, etc. Be sure to explain why this is happening and answer any questions the adult has.
- A female staff member will use the detector to search a female youth, and male staff will search male youth.
- Whenever possible, the Campus Supervisor will be involved in use of the detector for new Assessment & Stabilization Center placements and return from being missing from care.
- Only items defined as contraband may be taken from a youth. Whenever an item is confiscated as a result of using the search, staff are responsible to document it on an Incident Form, and include by name and description the items taken.
  - Notify the Campus Supervisor. The Supervisor will determine if the police need to be called, if increased supervision of the youth is needed, if consult with the On Call Clinician is needed, if the legal guardian needs to be called, etc.
  - If the item is not personal property and can be discarded safely, do so. This includes pieces of glass, razors, sharp items, etc. (legal guardian call needed).
  - If the item is personal and legal (magazine, CD, cell phone, aerosol spray), the Supervisor will determine how and when the legal guardians will be notified, being respectful of the time and circumstances (typically within 24 hours). Lock items in the staff office until arrangements are made for pick-up by the legal guardian.
  - If the item is illegal (illegal drugs, used paraphernalia), the Supervisor lock the item and consult with the Clinical Director and/or Executive Director to determine the next action steps based on the severity of the situation.

### **In re: Search of a Resident's Room / Personal Belongings**

- When considering a search in accordance with policy above, the following should be considered:
  - Are they making specific threats or plans for self-harm?
  - Have they had opportunity or access to obtain items to carry out threats?
  - Have they been overheard talking about contraband / harmful items?
  - Has an outsider provided relevant information (school, parent, DCYF, etc.)?
- Contact a Supervisor who is present on campus prior to conducting a search unless it is an emergency search, which is rare. An emergency search is so threatening that 911 may need to be called by someone else at the same time.
  - Whenever possible, the Supervisor will act as the second staff member present during the search. If unable, the Supervisor will assign a second trained staff member to assist.
- With the Supervisor, consider the youth's possible reactions to the search taking place, and plan accordingly.
  - Has the youth had past experiences with search here or elsewhere? Should extra staff be in the area prior to informing the youth of the search? Would a favorite staff member's presence be helpful or harmful?
- Consider the other resident's possible reactions to the search taking place, and plan accordingly.
  - Can the search take place when other residents are out? Can they be engaged in a different activity off the House or away from the youth's bedroom? Be mindful of the youth's right to privacy when others ask questions - focus on safety.
- Only items defined as contraband may be taken from a youth. Whenever an item is confiscated as a result of a room search, staff are responsible to document it on an Incident Form, and include by name and description the items taken.
  - The Supervisor will determine if the police need to be called, if increased supervision of the youth is needed, consult with the On Call Clinician as needed.
  - All room searches require notification to the legal guardian. The Supervisor will determine how and when the legal guardians will be notified, being respectful of the time and circumstances (typically within 24 hours).
  - If the item found is not personal property and can be discarded safely, do so. This includes pieces of glass, razors, sharp items, etc.
  - If the item is personal and legal but contraband (magazine, CD, aerosol spray), lock it in the staff office until arrangements are made for pick-up by the legal guardian.
  - If the item is personal and illegal, the Supervisor will determine where to lock the item and when to consult with the Clinical or Executive Directors based on the severity of the situation being mindful of the time/circumstances (e.g. gun vs. used drug paraphernalia).

### **Other:**

- A Supervisor must be involved in any search that takes place during an unauthorized absence.
- All incidents of search will be discussed at the weekly Critical Incident Review, which includes administrative staff, supervisory and clinical representation. Additional action planning as needed is identified at that time.
- Keep DCYF/Probation apprised of search as key members of the Treatment Team.

<b>Category (Code):</b>	Campus Rules and Regulations
<b>Keyword/Tag(s):</b>	Client Rights, Documentation, Parent Handbook, Residential , School
<b>Date of Adoption:</b>	3/1/2004
<b>Revision History:</b>	4/2010; 1/2012; 12/7/2015; 4/8/2016; 5/13/2019; Reviewed 1/25/2021 no changes; 12/14/2021; 4/3/2023
<b>Approved By:</b>	Clinical Director, Patty Olney-Murphy  <hr/> Patty Olney-Murphy 03 Apr 2023, 14:51:49, EDT
<b>Date of Electronic Signature:</b>	04/03/2023



**ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES**

<b>Policy #: RTXC-010</b>	<b>Title: Treatment Planning and Monitoring - Residential Programs</b>	<b>Effective Date: 7/11/2022</b>
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**PHILOSOPHY / PURPOSE:** To ensure that youth and family treatment needs are identified through comprehensive treatment planning and monitoring while involved in the Residential Treatment Programs.

**POLICY:**

- Residential programs are:
  - Assessment & Stabilization Center (ASC / Hills House)
  - Acute Residential Treatment & Stabilization (ARTS / Harding House)
  - Psychiatric Residential Treatment Facility (PRTF / Hope House, Horton House and Mauran House)
  - Building Bridges Aftercare Program (BBI Aftercare)
- Clinicians, clinical providers and BBI team members are responsible to follow this policy in regard to treatment planning and monitoring clinical services provided.
- Treatment Plans must be based on assessment/evaluation (see also Assessment and Re-Assessment Policy), and developed in partnership with the child and family (see also General Clinical Treatment Policy). DCYF if involved, and other individuals as invited by the family (e.g. natural supports and community providers), are participants on the treatment team. Under the Indian Child Welfare Act (ICWA), the youth and family may include tribal or local Indian representatives. The team also includes St. Mary's providers including a physician with competency in child psychiatry, masters level clinician, clinical supervisor, BBI team members, Milieu team members, Nursing/RN team members and School Social Worker when needed.
- In circumstances where a family or individual is not allowed to participate per DCYF / legal / best interest of the youth reasons, the clinician is responsible to document that in the clinical record.
- Treatment planning must be family driven, and conducted in a culturally and clinically responsible manner.
- The Youth Mentor brings youth to their treatment team meetings to participate with the team monthly. The youth signs that they participated.
- The Parent Support Partner invites parents to attend treatment team meetings in person or virtually. The parent signs as a participant (or it is documented for them if virtual).
- The entire team assesses short and long term therapeutic needs, developmental priorities, personal strengths / goals / objectives when developing the plan. The plan must include treatment modalities to achieve plan objectives; time frames for achievement; a DSM V diagnosis; and indicate who will provide services and supports.
- Treatment Plans must be completed, and subsequently reviewed, on or before the established timelines for the residential program to which the youth was admitted.
- All Treatment Plans must be completed in the Best Notes system using the appropriate template (e.g. "Initial Treatment Plan" or "Master Treatment Plan" in the Med/Clinical tab). The Best Notes Treatment Plan templates are Medicaid compliant, and adhere to Building Bridges Initiative (BBI) principles which guides us in all our residential programs.

- Treatment goals must be addressed in individual, group, or family therapy, and also worked on in the milieu (i.e. social skills, peer relations, etc.). The treatment plan provides the team with a measurable guide for progress.
- Youth and their families, as well as other team members, sign the Treatment Plan and Plan Reviews to indicate their participation and acceptance of the Plan via e-signature or “Agency Signature Cover Sheet”. The Agency Signature Cover Sheet includes procedures to document alternative participation (e.g. by phone) and/or efforts to engage participants.

Additionally, in regard to other monitoring methods:

- Clinicians and clinical supervisors use Case Supervision Notes to track treatment progress.
- Youth are presented in individual supervision on a weekly basis for guidance, and may be presented in a clinical group setting to a specialist Consultant for guidance. *In the BBI Aftercare program, this is done no less than monthly.*
- Clinicians may discuss progress or barriers to achieving treatment goals, and work to overcome those, in Milieu House team meetings.
- Quarterly client record audits include 100% of clients present during the quarter under review and include a clinical peer review element. Annually, the state DCYF audits a random selection of client records as well.
- Significant attention is given to assessment of the need for continued treatment at the residential level of care, changes in treatment goals and to permanency during these reviews and monitoring methods.

### **Treatment Plans in ASC Program:**

- An “Initial Treatment Plan” is due by the 7<sup>th</sup> day in the program (completed by clinician);
- A “Master Treatment Plan” is due by the 30<sup>th</sup> day in the program (completed by clinician);
- A Treatment Plan Review is due every 90 days thereafter (completed by clinician).
- Plans must be signed by the author, and an independently licensed clinical supervisor if the author is not one them self.
- All team members sign in using their Best Notes PIN or the “Agency Signature Cover Sheet”, which includes documentation of team members who weren’t able to attend in person, but whom the clinician documents telephone conversations and/or efforts to reach members.
- The Residential Clinical Administrative Assistant is responsible to maintain a schedule of due dates for required key clinical documents, and works closely with providers in regard to their completion (e.g. all assessments; initial Treatment Plans and any Treatment Plan reviews; Risk Relationship Notes; Discharge Plans etc.).

### **Treatment Plans in ARTS Program:**

- The “New Client Intake Assessment”, includes initial Treatment Plan Goals and Objectives (completed by the clinical Intake Coordinator);
- The “Master Treatment Plan” is due within 24 hours of admission (completed by the Clinician);

- If a youth is in the ARTS program beyond 90 days, the clinician must update the treatment plan at that time and on a quarterly basis thereafter (unusual given the criteria of the program).
- Plans must be signed by the author, and an independently licensed clinical supervisor if the author is not one them self.
- All team members sign in using their Best Notes PIN or the “Agency Signature Cover Sheet”, which includes documentation of team members who weren’t able to attend in person, but whom the clinician documents telephone conversations and/or efforts to reach members.
- The Residential Clinical Administrative Assistant is responsible to maintain a schedule of due dates for required key clinical documents, and works closely with providers in regard to their completion (e.g. all assessments; initial Treatment Plans and any Treatment Plan review if the youth is in ARTS for a long period of time; Discharge Plans etc.).

### **Treatment Plans in PRTF Program:**

- The “New Client Intake Assessment” includes the PRTF required initial Treatment Plan Goals and Objectives (completed by the clinical Intake Coordinator);
- The “Master Treatment Plan” is due within 14 days of admission (completed by the Clinician and MD);
- Treatment Plans must be signed by the author, an independently licensed clinical supervisor if the author is not one them self, and the MD/Psychiatrist in order to be considered a finalized plan. The Psychiatrist/MD date is used as the official plan date.
- Treatment Plan reviews are conducted no less than every 30 days during the PRTF House weekly Rounds meetings, and include an invitation to all team members – internal and external.
- If a youth is concurrently in a St. Mary’s Office (OB) or Community Based Program (CBS), a monthly standing Rounds schedule includes the OB/CBS team member to ensure holistic treatment. The Master Treatment Plan includes designation of which are OB/CBS or RTX goals, ensuring all team members are aware of goals and progress.
- All members sign in using their Best Notes PIN or the “Agency Signature Cover Sheet”, which includes documentation of team members who weren’t able to attend in person, but whom the clinician documents telephone conversations and/or efforts to reach members.
- The Residential Clinical Administrative Assistant is responsible to maintain a schedule of due dates for required key clinical documents, and works closely with providers in regard to their completion (e.g. Certification to the PRTF; re-certification every 60 days thereafter; all assessments; all initial Treatment Plans and all Treatment Plan reviews due no less than every 30 days thereafter; Monthly Risk & Relationship Notes, Discharge Plans etc.).

### **Treatment Plans in BBI Aftercare Program:**

- The “Master Treatment Plan” is due within 30 days of discharge from the PRTF (completed by the Clinician); if urgent needs are presented, planning is expedited.
- Treatment Plans must be reviewed every 90 days thereafter (completed by the Clinician),

and may be done more frequently based on client needs.

- Treatment Plans must be signed by the author, and an independently licensed clinical supervisor if the author is not one them self.
- All members sign in using their Best Notes PIN or the “Agency Signature Cover Sheet”, which includes documentation of team members who weren’t able to attend in person, but whom the clinician documents telephone conversations and/or efforts to reach members.

The Residential Clinical Administrative Assistant is responsible to maintain a schedule of due dates for required key clinical documents, and works closely with providers in regard to their completion (e.g. assessments; initial Treatment Plans and Treatment Plan reviews due Discharge Plans etc.).

<b>Category (Code):</b>	Residential Treatment Clinical
<b>Keyword/Tag(s):</b>	Clinical, Medicaid, MCD, Regulations, Treatment, Tx
<b>Date of Adoption:</b>	3/1/2012
<b>Revision History:</b>	5/1/2014; 3/16/2016; 3/16/2020; 7/11/2022
<b>Approved By:</b>	Residential Clinical Director, Patty Olney-Murphy  <i>Patty Olney-Murphy</i> <hr/>
<b>Date of Electronic Signature:</b>	Patty Olney-Murphy 25 Jul 2022, 15:04:53, EDT 07/25/2022



ST. MARY'S HOME FOR CHILDREN  
POLICIES AND PROCEDURES

Policy #: <b>RTXH-018</b>	Title: <b>Recreation Participation, Permission and Restrictions</b>	Effective Date: <b>2/14/2022</b>
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**PHILOSOPHY / PURPOSE:** To ensure a variety of therapeutic and recreational activities are planned and available for children both on and off campus, and to ensure safety relative to participation.

**POLICY:**

All staff are responsible to review and follow Nursing Memos relative to a youth's ability to participate in a sporting or physically involved recreational activities that take place on or off campus.

The Nursing department communicates changes on a regular / daily basis as the change arises.

If direct care staff took a youth for a medical appointment outside regular business hours, any communication from the external medical provider must be immediately followed relative to physical activity or participation in sports. That information must be communicated by the staff member who took the child to the appointment, and will be followed up by a Nursing Memo.

Any external medical provider who puts a restriction on physical activity must also lift that restriction at a follow up appointment. No youth is allowed to participate in restricted activity until the follow up appointment is conducted and the youth is cleared, regardless if they 'feel better' and wants to participate.

No staff member at St. Mary's is allowed to sign a document such as a release of liability waiver, adult waiver form or permission slip for activities that require the signature of the parent/legal guardian. Examples include U-Fit Health Club, Launch indoor trampoline park, Yagoo Valley Snow Tubing, Public High School Field Trips.

Instead, the agency will make every effort to obtain such permission/waiver by explaining the activity to the parent/legal guardian, answering any questions they have, and arranging for the vendor document to be signed if the parent/legal guardians wants to provide permission.

- Certain venues waiver forms are available online. Prior to the event the House Supervisor or Clinician may be given the Waiver Form from the specific venue so that it is available if and when the parent/legal guardian wishes to sign.

If St. Mary's is unable to obtain guardian consent, then the youth cannot attend the activity.

If the youth is restricted from physical activity from agency Nurses and/or external medical providers, the youth cannot participate even if prior permission/waiver signature had been obtained.

All youth are encouraged to participate in a variety of age and developmentally appropriate activities. Efforts at engaging youth in the process of selecting / planning activities must be made, however it is ultimately the responsibility of staff to ensure a variety of activities are planned.

Therapeutic activities can include psycho-educational groups, organized games geared at teaching teamwork, music/art activities and other interactive or parallel play activities that have a therapeutic value or goal.

On campus therapeutic / programmatic activities are offered to all youth. This includes psycho-educational groups, recreational games / activities, community nights, family nights, and other activities on the House designated by Supervisors as programmatic. These activities are considered a part of youth's treatment. A youth should only miss such an activity if they are in active or potential crisis, sick, off campus, on a scheduled appointment / visit, medically unable (e.g. the activity is restricted due to youth's injury/condition/illness), or if they refuses to participate or is excused after staff consults with a Supervisor.

If a youth is on "pause" in the phase system, they are not allowed on an **off campus** activity during that time period, regardless current phase.

- Exceptions in either direction will be made **ONLY** if a Team decision is made, including members from the Clinical, Residential and School Staff (and Medical, Consultants, etc. as appropriate to the case).

**SPECIAL NOTES:**

Any youth who is displaying unsafe behaviors (i.e. aggressive verbally or physically, self-abusive, potential crisis, etc.) immediately prior to going off campus may lose the ability to participate in the trip. In those situations, staff members working with the youth may make the decision, consulting a Supervisor or Campus Supervisor as needed.

The Prudent Parent Standards are to be taken into consideration. In applying the reasonable and prudent parenting standard, foster caregivers are required to take reasonable steps to determine the appropriateness of activities in consideration of the child's age, maturity, and developmental level. However, release of liability waivers cannot be signed as a part of Prudent Parenting Standards.

<b>Category (Code):</b>	Residential Treatment Houses
<b>Keyword/Tag(s):</b>	Recreation, Regulations, Residential, Treatment, Tx
<b>Date of Adoption:</b>	07/29/1997
<b>Revision History:</b>	2/1/2012; 02/17/2015; 4/11/2016; 10/28/2019; 2/14/2022
<b>Approved By:</b>	Clinical Director, Patty Olney-Murphy <i>Patty Olney-Murphy</i> _____ Patty Olney-Murphy 14 Feb 2022, 15:56:31, EST
<b>Date of Electronic Signature:</b>	02/14/2022

 <b>ST. MARY'S HOME FOR CHILDREN</b> <b>POLICIES AND PROCEDURES</b>		
<b>Policy #:</b> <b>ADM-009</b>	<b>Title:</b> <b>Client Grievances</b>	<b>Effective Date:</b> <b>1/25/2021</b>

**PHILOSOPHY / PURPOSE:** To provide an avenue for a client, the parent/guardian of a minor client to lodge a formal complaint/express a formal grievance.

**POLICY:**

- The Grievance Policy Handout must be given to all adult clients or parents/guardians of minor clients. Additionally, clients in the residential program must be provided with a copy of the Youth Complaint Policy.
- The Intake Coordinator (or staff responsible for distributing intake materials) is responsible to explain / review the Client Grievance Policy to ensure the client understands the process. The Handout is given to the client, and they sign an acknowledgement which is retained in the record.
- In a setting such as St. Mary's, it is important for staff to pay adequate attention to the Rights of Children. (See Children's Bill of Rights, located on all Houses, Lobby of the Main Building, School, Shepherd Program hallways, and various other placements throughout the grounds).
- The administration encourages adult clients, youth and parents to attempt to resolve any complaints at the respective program level. Whenever a youth, parent or adult client has a complaint that cannot be adequately addressed by the direct staff member involved, they are to be directed to the assigned clinician.
- If the person filing the complaint is not satisfied with the outcome at that level, they can bring the matter to the Program Director by appointment, as facilitated by the Clinician. The Director will attempt a mediation session with the person filing the complaint and the person(s) the complaint is being filed against.
- If still not resolved, the person filing the complaint may ask to meet with the Executive Director. The Director would arrange such an appointment.
- Regarding a youth filing a complaint, staff members are to treat the youth with respect, understanding and clear expectations. The Youth Complaint Policy (see end of this document) clearly outlines the steps of the complaint/grievance process for youth.
- The Clinician must complete an Incident Report when a youth files a complaint. These completed forms are to be submitted to the Director of Operations and PQI, who will maintain it for appropriate sub-committee review.
- Complaints related to sexual orientation, gender identity or expression, race, racial injustice or inequality are referred to the Chair and Co-Chair of the Equity, Diversity and Inclusion (EDI) PQI Committee. This ensures such complaints are centralized and monitored, to positively affect individual and systemic changes as needed. Youth and adults are informed of this (see Forms handed out).

**PROCEDURE:**

- The Clinician must inform their Program Director of the formal grievance. Begin to document the process in the client record from this point forward. Documentation includes any letters written by the client to the agency and vice versa; communications throughout the process; mediations; legal consultation, etc.

- The client or parent initiating the grievance is to be given a new copy of the Grievance Policy for reference.
- The person initiating the grievance will be provided with a written copy of the final resolution of the grievance within 30 days, and a copy will be maintained in the respective record.
- The person initiating the grievance is entitled to respond in writing to any documentation, including the final resolution, submitted to the record by St. Mary's and vice versa.
- The agency will maintain a respectful accord with the client and/or parent, and will offer continued treatment throughout the entire process.

**ADMINISTRATIVE PROCESS:**

- The Program Director will maintain communication with the Executive Director throughout the process.
- The Executive Director will inform The Board of Directors of any formal grievance initiated by a client or parent and will inform the Board of the resolution.
- The Board will review formal grievances as they arise in a manner that protects the confidentiality of the client / youth. The Board will explore liability issues as well as the need for any corrective actions necessary. Documentation will be maintained in the Board Meeting Minutes.

**RESPONSIBILITIES OF THE GRIEVANCE COMMITTEE:**

When a grievance reaches the Executive Director level, the Executive Director will inform the Director of Operations and PQI. The Director of Operations and PQI will notify the Grievance Committee chairperson and a grievance committee meeting will be convened. The committee will review the grievance and make recommendations for change based upon information obtained. The committee will put these findings and recommendations in writing, and may respond in writing to the person filing the complaint.

<b>Category (Code):</b>	Administration & Management
<b>Keyword/Tag(s):</b>	Client Rights, Clinical, Parent Handbook, Treatment, Tx
<b>Date of Adoption:</b>	2/2008
<b>Revision History:</b>	03/1/2011; 1/1/2012; 3/24/2016; 5/24/2018; 1/25/2021
<b>Approved By:</b>	Executive Director, Carlene Casciano-McCann  <i>Carlene Casciano McCann</i> Carlene Casciano McCann 24 Aug 2022, 16:07:12, EDT
<b>Date of Electronic Signature:</b>	08/24/2022





DECEMBER 21, 2021

# EMPLOYEE GUIDEBOOK

*St. Mary's Home for Children*

**ST. MARY'S HOME FOR CHILDREN**

420 Fruit Hill Avenue  
North Providence, RI 02911



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## **VISION, MISSION & VALUES**

You're Part of Our Team!

These are the principles that guide us:

### **Vision Statement**

#### **Vision for Our Community**

We envision a future:

- Where all children are safe and well cared for in their homes and communities, and become healthy adults engaged in healthy relationships;
- Where those we serve are engaged in positive reciprocal relationships within their family and community systems, and develop the skills and strengths they need to attain well-being and thrive in their family, school and community;
- Where families, neighbors and community members have a meaningful understanding of the short and long term impacts that trauma has on individuals and families; and they provide appropriate supports to youth and families who have been impacted by trauma; and
- Where our local, community and state systems respond to crisis situations with informed curiosity, active support and the expertise or resources needed to maximize the safety and well-being of all involved.

#### **Our Vision for Our Organization**

We envision a future for St. Mary's where:

- Our evidence-informed programs and innovative practices continue to evolve to meet the needs of the individuals we serve today and in the future;
- We actively expand to include a more defined focus on prevention;
- We are sought out and recognized more (locally and nationally) for our expertise in specialized services and as a thought leader;
- Families and adults seek out our support and consistently view our organization as a partner and resource; and
- We are able to expand and diversify our revenue sources to improve our financial sustainability and our ability to recruit and retain a diverse pool of top talent.

## **Mission Statement**

Partnering with youth, adults, and families, St. Mary's Home for Children fosters resilience and potential through a continuum of innovative residential, community-based, education, and prevention services.

## **Values**

**Innovative** -- We create new knowledge in our field, use creative solutions to solve problems and meet the needs of those we serve.

**Equity** -- We meet each youth, adult, and family where they are to meet their unique needs through care that is both culturally and linguistically aware.

**Person-Centered** -- we partner with those we serve and individualize our services to ensure that they have voice and choice in determining their desired outcomes.

**Respect** -- we treat everyone with dignity, compassion, and an appreciation for their unique strengths.

**Integrity** -- we are ethical, honest, and trustworthy; we are transparent in all of our interactions, and responsible stewards of our resources.

**Excellence** -- we are committed to the use of evidence-informed practices in all that we do, and ensuring that our staff are well trained and supported to deliver the highest quality services.

**Collaborative** -- we seek to partner with others to build relationships and networks of support for those we serve.

## What You Can Expect from St. Mary's Home for Children

St. Mary's:

1. Dedicates itself to striving for excellence and providing quality care for our clients.
2. Operates a successful agency based on the tenets of trauma-informed care to insure a consistent level of quality in all programs.
3. Adheres to equal employment opportunity guidelines.
4. Reviews wages, employee benefits and working conditions regularly with the objective of providing maximum benefits, consistent with sound business practices.
5. Provides Paid Time Off ("PTO") and holidays to all eligible employees.
6. Fosters the development of competent people who understand and meet our objectives and who accept with open minds the ideas, suggestions and feedback of fellow employees.
7. Respects individual rights, and treats all employees with courtesy and consideration.
8. Whenever possible, promotes employees on the basis of their ability and merit. Seeks to make promotions or fill vacancies from within St. Mary's whenever possible.
9. Keeps all personnel informed of the progress of St. Mary's programs, as well as the Agency's overall aims and objectives.
10. Strives to accomplish these goals in a spirit of friendliness and cooperation so that St. Mary's will continue to be known as "a great place to work!"

## **What St. Mary's Home for Children Expects from You**

Your first responsibility is to know your duties and how to perform them. We expect collaboration from all our team members. How you interact with fellow employees and those whom St. Mary's serves, the initiative you exhibit, and how you accept direction can affect the success of your department. In turn, the performance of one department can impact all the services offered by St. Mary's. Consequently, whatever your position, you have an important assignment: perform every task to the very best of your ability. The result will be better care for our clients, better performance for the Agency, and increased personal satisfaction for you!

You are encouraged to grasp opportunities for personal development that are offered to you. This Guidebook offers insight on how you can positively perform to the best of your ability to meet and exceed St. Mary's standards.

We strongly believe you should have the right to make your own choices in matters that concern your life. We are dedicated to making St. Mary's an organization where you can approach your Supervisor, Program Director, or any member of the administration to discuss any problem or question. We expect you to voice your opinions and contribute your suggestions to improve St. Mary's.

Remember, you help create the healthy, pleasant and safe working conditions that are intended for you. Your dignity and that of your fellow employees, and ultimately our clients, is important. Your help is needed in making each working day enjoyable and rewarding.

## **We Need Your Ideas**

Ask anyone who has worked with us for a long time and they will probably tell you of the many changes and improvements that have come about in their departments since they first joined us. We believe the person doing a job is in the best position to think of ways of doing it more easily, more efficiently and more effectively. If you think of a better way of doing your job, discuss it with your Supervisor or Program Director. We welcome your suggestions and ideas.

Performance and Quality Improvement (PQI) is the thread that runs through all services and programs that the Agency provides. The PQI committee process is in place to make improvements at the agency. We encourage you to join an agency PQI committee.

Information regarding membership on these committees may be obtained from your Supervisor, Program Director, the Human Resources Department or the Director of PQI & Operations.

## **EMPLOYMENT POLICIES**

### **Important Notice**

The policies in this Guidebook are to be considered as guidelines. St. Mary's, at its option, may change, delete, suspend or discontinue any of the policies (in whole or in part) in this Guidebook at any time for any reason, without prior notice. Any such action shall apply to all current and future employees. No one other than the Executive Director, with the approval of the Board of Directors, may alter or modify any of the policies in this Guidebook. No statement or promise by a Supervisor or Program Director may be interpreted as a change in policy nor will it constitute an agreement with an employee.

You may receive summary plan descriptions (SPDs) which more fully describe some of our benefits and programs. To the extent this Guidebook conflicts with a SPD, the SPD governs.

This Guidebook is not an employment contract. The provisions of this Guidebook do not give rise to legal rights to employment or employment benefits. Your employment at St. Mary's is "AT WILL." St. Mary's and you have the right to terminate employment with or without cause at any time without prior notice.

Note: Throughout this Guidebook you may see letters/numbers in parenthesis such as R-035; HR-010; ADM-025; etc. These are reference numbers to more detailed policies and procedures located on the agency Drive. Your Supervisor will introduce you to the appropriate policies and procedures where applicable.

### **Personnel Administration**

The Human Resources ("HR") Department is responsible for overseeing recordkeeping for all personnel information and will specify what information shall be collected and how it shall be stored and secured.

### **Your Personnel File**

Employees have a responsibility to keep their personnel records up to date and should notify the HR Department in writing of any changes, including but not limited to:

1. Name
2. Address
3. Telephone number
4. Marital status (for benefits and tax withholding purposes only)
5. Number of dependents (for benefits and tax withholding purposes only)
6. Addresses and telephone numbers of dependents and spouse or former spouse (for insurance purposes only)
7. Beneficiary designations for any of the Agency's insurance and retirement plans
8. Persons to be notified in case of emergency, including contact information

9. Driving record and status of driver's license, if you operate any Agency vehicles or drive on behalf of St. Mary's
10. Proof of liability insurance for personal vehicles used for Agency business
11. Military status

In addition, employees who have a change in the number of dependents or marital status must complete a new Form W-4 for income tax withholding purposes within ten days of the change, if it results in a change in your tax withholdings.

Benefits that you and your family may receive under St. Mary's benefit package could be affected if you do not notify us of updates or changes to relevant information.

Since reference is made to your personnel file when making decisions in connection with promotions, transfers, and layoffs, it is to your benefit to be sure your personnel file includes current information about completion of educational or training courses, outside civic activities, and areas of interests.

You have the right to inspect your personnel file with at least seven days prior written notice to the HR Department (to a maximum of three times per calendar year.) Inspections will be scheduled at a mutually convenient time. In addition to having the right to review your personnel file, you may add and/or correct information that is contained in your personnel file once the changes are reviewed and approved.

## **Employment Classifications**

### **Full-time Employees**

Individuals employed in full-time positions (30 hours per week), established on a year-round basis, shall be considered members of the full-time staff. They are eligible for benefit participation as described in this Guidebook.

### **Part-time Employees**

Individuals employed in year-round positions which require less than a 30-hour work week shall be considered members of the part-time staff. They are eligible for limited benefit participation, including prorated Paid Time Off ("PTO"), holidays, and bereavement time as described in this Guidebook.

### **Temporary Employees**

Individuals engaged through an employment agency for a limited period are not considered employees of St. Mary's and are therefore not eligible to participate in St. Mary's benefit programs.

## **Per Diem Staff**

Individuals who are on call to fill in for the Residential Houses, Campus School and other departments are considered Per Diem relief staff. Per Diem staff are eligible for benefits only as specifically provided herein.

## **Orientation Status**

Your first six (6) months of employment at St. Mary's are considered an Orientation Period. New employees begin accruing PTO immediately. PTO days may not be taken until after 90 days of employment. This Orientation Period will be a time for getting to know your fellow employees, your Supervisor and the responsibilities of your position, as well as to become familiar with the services and procedures of St. Mary's. Your Supervisor will work closely with you to help you understand the responsibilities of your job. The completion of the orientation period does not change your status as an at-will employee.

## **“Non-exempt” and “Exempt” Employees**

At the time of hire, transfer or other job change, all employees are classified as either “exempt” or “non-exempt.” This is necessary because, by law, employees in certain positions are entitled to overtime pay for hours actually worked in excess of forty (40) hours per work week. These employees are referred to as “non-exempt” in this Guidebook. This means that they are not exempt from (and therefore should receive) overtime pay.

Note: See “Wage & Salary Policies” in the “Compensation & Performance” section of this Guidebook for a full description of overtime payment policies.

Exempt employees at St. Mary's include Executives, Program Directors, Managers, Teachers, Clinicians, and others whose duties and responsibilities allow them to be classified as “exempt” from overtime pay provisions as provided by the Federal Fair Labor Standards Act (FLSA) and any applicable State laws. If you are an exempt employee, you will be advised that you are in this classification at the time you are hired, transferred or promoted.

Employees must keep accurate records of their time worked, not complete the time sheet of anyone else, or ask another to complete their time records.

## Fair Labor Standards Act

It is the policy of St. Mary's to compensate employees in compliance with the federal Fair Labor Standards Act (FLSA) and applicable state law. If you are classified as a nonexempt employee, you will receive overtime for all hours worked in excess of forty hours per workweek, as required by law.

If you are classified as an exempt employee, you will be paid on a salary basis. This means your salary is a predetermined amount that does not vary based on the quantity or quality of work you perform in a given pay period. Certain deductions, if permitted by federal and state law, may be withheld from your salary. These include (but are not limited to) deductions for:

- social security
- federal, state and local taxes
- participation in employer-sponsored benefit and retirement plans
- absence from work for one or more full days for personal reasons, other than sickness or disability
- absence from work for one or more full days because of sickness or disability (including work-related accidents), taken in compliance with St. Mary's sickness or disability policy
- a penalty imposed in good faith on exempt employees for infractions of safety rules of major significance, including full or partial day unpaid disciplinary suspensions
- unpaid disciplinary suspensions of one or more full days imposed on exempt employees in good faith, pursuant to St. Mary's written policy on disciplinary suspensions, for infractions of workplace conduct rules
- full or partial days not worked during the initial or terminal week of employment
- unpaid leave under the Family and Medical Leave Act, whether taken in full or partial day segments

However, deductions from exempt employees' salary may not be made for absences from work caused by St. Mary's or by St. Mary's operating requirements (for example, if St. Mary's closes its facilities on a scheduled work day), if you are ready, willing and able to work, nor for any other reasons prohibited by federal or state law.

If you have questions about payment of overtime, deductions from your salary, or any other issues regarding your rate of pay, you should contact the Human Resources Department. If you believe that St. Mary's has improperly failed to pay you for overtime or that your salary has been subject to improper deductions, you should immediately report your concern to your immediate supervisor or manager or to the Human Resources Department. If you feel uncomfortable reporting this to your supervisor (or if you have not received a prompt and fully acceptable reply), you should immediately contact the Human Resources Department. Every report will be fully investigated and if a violation is found, corrective action will be taken, including but not limited to full reimbursement of inappropriately withheld amounts.

It is against our policy to retaliate against any employee who makes a report in good faith pursuant to this policy. Any form of retaliation that occurs in violation of this policy may result in disciplinary action, up to and including discharge.

## **Overtime Pay (Non-exempt Employees Only)**

From time to time, it may be necessary for you to work overtime. All overtime must be approved in advance by your Supervisor. There are two types of overtime work:

**Scheduled Overtime:** Scheduled overtime work is announced in advance. This type of overtime becomes part of the required workweek of the house or department. If you need to be excused from performing scheduled overtime, speak with your Supervisor, who will consider your situation and the requirements of the house or department in deciding whether you may be excused.

**Incidental Overtime:** Incidental overtime is not scheduled; it becomes necessary in response to extenuating circumstances. It is extra time needed to complete work normally completed during regular hours. Incidental overtime may become necessary when an illness or emergency keeps co-workers from being at work as anticipated. It may require you to return to the Agency for emergency work.

**Additional Hours to be Worked as Needed:** There may be times that staff will be required to stay beyond their scheduled hours due to a residential house being short staffed or in need of additional staff due to crises. This Agency's main goal is the safety of both clients and staff. If you are asked by a Supervisor to stay beyond your scheduled hours or to come in early and you refuse, you may be subjected to discipline, up to and including termination.

If you are a "non-exempt" employee and you perform overtime work, you will be paid one and one-half (1½) times your regular hourly wage for any time over forty (40) hours per week that you work. If, during that week, you were away from the Agency because of a work-related injury, paid holiday, jury duty, vacation taken in single-day increments, or paid sick time, those paid hours not worked will not be counted as hours worked for the purpose of computing eligibility for overtime pay.

Compensatory time off will not be authorized for "non-exempt" or "exempt" staff.

## **PERSONNEL POLICIES**

### **Anniversary Date**

The first day you report to work is your “official” hire date. Your hire date will be used in calculation of any benefits related to longevity. Your anniversary date is the same as your hire date; however, your anniversary date may change due to promotions or changes in positions. Your anniversary date then becomes your annual evaluation date.

### **Background Checks**

Due to the population served by St. Mary’s, it is critical that we take certain steps to ensure the protection of our clients.

All persons offered employment as well as Volunteers, Interns, Tutors, and Consultants in positions that involve supervisory responsibility for child(ren) or involve routine contact with a child(ren) without presence of other employees shall submit to:

1. An investigation of previous employment by completion of an affidavit which includes a list of all positions held within three (3) years prior to employment at St. Mary’s; Department of Children, Youth and Families Child Abuse Neglect and Tracking System (CANTS) record check for matters which were classified as Substantiated complaints;
2. A Bureau of Criminal Investigation (BCI) check to include a national criminal record check consisting of fingerprinting; fingerprinting may be obtained through The RI State Police or your local RI city/town Police Department;
3. Court Connect;
4. Driving Record.

The administration of St. Mary’s Home for Children will maintain on file, subject to inspection by the state licensing department or accrediting bodies, evidence that the Safety provisions outlined above have been performed.

You are required to submit a fingerprint affidavit to the HR Department prior to the start of your employment.

You are required to provide three references to the HR Department prior to the start of your employment.

St. Mary’s requires that all personnel complete these procedures as a part of the employment process. You may be required to engage in additional or updated screenings in accordance with applicable regulations or as consistent with business necessity.

If you are arrested or convicted during your employment with St. Mary’s, you must promptly notify Human Resources.

## **TB Screening**

Prior to the start of your employment, you are required to complete a Tuberculosis (TB) Screening and send the result to the HR Department. This can be obtained from any primary care provider or clinic, and St. Mary's will provide reimbursement for any co-payments associated with this care.

All employees are required to participate in the TB screening annually thereafter. Employees who do not participate in yearly TB screening may be rendered ineligible for their positions and could be subject to disciplinary action, up to and including termination. The results of TB Screenings are maintained in the Nursing Department. Food service personnel may have additional disclosure requirements in accordance with applicable regulations, and may be required to engage in additional or updated screen in accordance with applicable regulations or as consistent with business necessity.

## **OSHA Standards - Hepatitis B Vaccinations**

The Occupational Health and Safety Administration (OSHA) imposed a new standard for dealing with blood borne pathogens such as Hepatitis B and HIV/AIDS viruses in the workplace. It combines the use of certain personal protective equipment and housekeeping schedules with mandatory training for "at risk" employees. Category I jobs are those which require tasks routinely involving a potential for mucous membrane or skin contact with blood, body fluids, tissues or other potentially contaminated infectious materials and tools and equipment. These jobs include all residential counselors, supervisors, assistant supervisors, nurses, residential managers, training personnel, teachers, teacher's assistants and behavioral school staff.

The OSHA standard also includes a mandate that all employees considered "at risk" be offered the Hepatitis B vaccine free of charge. Category I employees are offered the Hepatitis B vaccine. Employees have the right to consent to or decline the vaccination. Consent and declination forms, along with a handout, *Important Information About Hepatitis B, Hepatitis B Vaccine and Hepatitis B Immune Globulin*, from the US Department of Health and Human Services, are available during orientation with the Nursing Department.

St. Mary's adheres to this OSHA standard and all employees will receive the Hepatitis B Information and Training Program annually and within ten days of an employee's initial assignment to tasks with potential occupational exposure. All employees should also be aware of the Bloodborne Pathogens Exposure Control Plan, a copy of which is maintained in the nurse's office.

## **Confidential Client Information**

Our clients entrust St. Mary's with important information regarding mental health, medical histories, etc. The nature of this relationship requires maintenance of confidentiality. In safeguarding the information received, we earn the respect and further trust of our clients as well as our contractors and business partners.

Your employment with St. Mary's assumes an obligation to maintain client confidentiality, even after you leave our employ. Any violation of confidentiality damages our clients' trust in us and seriously damages St. Mary's reputation and effectiveness. Do not discuss confidential information with anyone outside the Agency who does not supply the appropriate release form. Do not discuss confidential client information with anyone inside the Agency who does not have a specific and legitimate need to know. At no time should you discuss confidential client information when others might hear. Even casual remarks may be misinterpreted and repeated to St. Mary's and our clients' detriment. Therefore, everyone should develop a personal discipline necessary to maintain confidentiality. If you hear, see or become aware of anyone breaking this trust, promptly report the incident to your Supervisor.

Do not take photos, videos or audios of clients on any personal device. Photos and videos for internal use within classroom's or houses must be taken with an agency device and at the direction of management.

If you are questioned by someone outside the Agency, or outside your department and you are concerned about the appropriateness of giving out client information, remember that you are not required to answer. Instead, politely refer the request to your Supervisor, Program Director or to the Executive Director.

No one is permitted to remove or make paper or electronic copies of any St. Mary's client records, reports or documents without prior administrative approval unless it is in accordance with their job responsibilities (e.g. in reliance on a properly executed release for confidential information). Confidential client paper records must be signed out when reviewed by Agency staff and are not to be removed from the premises where the paper file is located.

Use of, and access to, electronically stored records are subject to all the related Agency policies and procedures. This includes, but is not limited to electronic security and passwords, data classification, responsible computing, records confidentiality & privacy, bring your own device and acknowledgement of agency issued wireless devices policies.

Employees violating client confidentiality & privacy policies will be subject to discipline, up to and including termination, and may be subject to legal action.

See policy HR-008 Confidentiality and Necessary Employee Disclosures.

### **HIPAA (Health Insurance Portability & Accountability Act)**

St. Mary's complies with HIPAA privacy regulations. The Agency will train all members of its workforce on privacy-related policies and procedures, and applicable federal and state privacy laws. Should you have any questions about HIPAA or if you believe you need additional information to carry out your job duties within the Agency, please let your supervisor know.

## **Client/Community Relations**

The success of St. Mary's as an Agency depends upon the quality of relationships among its employees, clients, contractors, our community, and the general public. Our clients' impression of St. Mary's and their interest and willingness to utilize our services is greatly formed by the people who serve them. In this sense, regardless of your position, you are St. Mary's Ambassador. The more goodwill you promote, the more our clients will respect and appreciate you, St. Mary's, and our services.

## **Driver's License & Driving Record**

Employees whose work requires operation of a motor vehicle must present and maintain a valid driver's license and a driving record acceptable to our insurer. You will be asked to submit a copy of your driver's license to the HR Department on an annual basis. If you operate your personal vehicle for Agency business, you are required to have appropriate liability insurance and proof of same. Any changes in your driving record must be reported to the HR Department immediately. Failure to do so may result in disciplinary action, including possible termination. On a yearly basis, applicable St. Mary's staff will be required to sign a driving affidavit certifying compliance with this policy.

Note: See "Traffic Violations" and "Use of Agency Vehicle" in the "Other Policies" section of this Guidebook for further information.

## **Transporting Clients (HR-004)**

No employees may transport a client or client's involved family member in a personal vehicle unless they have been placed on the *Approved Personal Transport List* by the Human Resources Manager and their direct Supervisor has granted verbal permission to do so.

Employees will be placed on the *Approved Personal Transport List* only after the HR Manager has reviewed and accepted the following:

- A copy of the 'declarations' page of the insurance policy of the vehicle in which the client will be driven. Declarations must indicate that no less than limits of 100,000.00 (per occurrence) / 300,000.00 (total) are in place;
- A copy of employee's valid vehicle registration;
- Has viewed a valid state-issued inspection sticker displayed on the vehicle.

If any of the above stated requirements lapse, or are discontinued, the employee must stop transporting clients and/or their involved families in the personal vehicle.

- Transportation may begin again only after new documentation is provided and accepted.
- It is the responsibility of the employee to report if any of the above stated requirements lapse or are discontinued. It is the responsibility of the employee to maintain personal awareness of appropriate coverage and vehicle safety.

- If an intern wishes to use their personal vehicle to transport clients and/or their families, they must meet the same criteria, and additionally have permission from the Director of the department in which they are interning. The Director is responsible to review the interns' school policy prior to allowing or denying such a request.
- With few exceptions, Residential and School employees are encouraged to drive agency vehicles for all work-related duties.
- The systemic procedures herein are in place to assist employees, however it is the responsibility of the employee to follow this policy and failure to follow it could lead to corrective action, up to and including termination.

Please see policy HR-004 for further details and clarification which may be found in the Human Resources Department and on the agency Drive.

### **Mileage**

If you are asked to conduct Agency business using your personal vehicle, you will be reimbursed at the current Agency rate per mile. In addition, parking charges, tolls, etc., will be reimbursed with appropriate supporting documentation. Mileage is calculated from the main building (420 Fruit Hill Ave., North Providence, RI 02911) to the destination and back to the main building. If you make stops at additional work destinations prior to returning to campus, the distance between is also reimbursed. For example: main building to client A address; client A address to client B address; client B address to the main building. Agency issued mileage sheets are to be used to document mileage. All mileage sheets must be reviewed, approved and signed by your supervisor before being sent to HR for reimbursement. Reimbursements must be submitted to HR in the pay period related to the mileage date(s). Any falsification of expenses will be subject to discipline, up to and including termination. Mileage sheets are due within 60 days of the last day of the month any sheets received after 60 days may not be reimbursed.

### **Equal Employment Opportunity/Disability Accommodation (HR-003)**

St. Mary's provides equal employment opportunity for employee regardless of age, gender identity, gender expression, sex, color, race, creed, national origin, religion, sexual orientation, genetic information, military status, or covered disability. This applies to all terms, conditions, and privileges of employment and all policies of St. Mary's, including hiring, orientation, training, promotions, transfers, rates of pay, layoffs, recalls, and other forms of compensation. All such employment decisions will be made without regard to protected class status.

St. Mary's will make reasonable accommodations for known physical and mental disabilities of an otherwise qualified employee or applicant for employment, unless undue hardship to St. Mary's would result. Any applicant or employee who requires accommodation in order to perform the essential functions of a job should notify their supervisor or anyone in human resources immediately. Supervisors should coordinate efforts with HR. The applicant or employee should advise St. Mary's what

accommodations they believe are needed in order to perform the job, so that we can determine the feasibility of such a request.

If you believe that you've been subjected to any form of prohibited discrimination, report the facts of the incident or incidents, names of the individuals involved, and the names of any witnesses to human resources. St. Mary's will promptly review claims of discrimination to determine the appropriate action to be taken. Any employee found to have engaged in any form of prohibited discrimination will be subject to disciplinary action up to and including immediate termination of employment. No action will be taken against any employee in any manner for reporting or opposing any form of prohibited discrimination or harassment in good faith.

### **Breastfeeding Information**

Reasonable, unpaid break time in a private area (non-bathroom) will be provided for an employee to express breast milk for her nursing child for one year after the child's birth. See the HR Manager, who will work with your supervisor to ensure the flexibility in your schedule, and designate a clean, private, safe area for you to do so.

### **Expert Witness Testimony**

Employees of St. Mary's are not authorized to provide testimony as an "Expert Witness" without the direct approval of the Agency's Executive Director, unless such testimony is legally compelled.

### **Former Employee / Reinstatement**

Depending on the circumstances, St. Mary's may consider a former employee for re-employment. Such applicants are subject to the usual pre-employment procedures and their prior St. Mary's personnel records will be reviewed prior to making a determination regarding eligibility for rehire.

### **Outside Employment**

If you are employed by St. Mary's in a full time position, we expect that your position here is your primary employment. Employees are cautioned to consider carefully the demands that additional work activity will create before seeking outside employment. Outside employment will not be considered an excuse for poor job performance, absenteeism, tardiness, leaving early, or refusal to work overtime or different hours. You may not take on outside employment which would create a conflict of interest in your duties at St. Mary's.

Employees who have accepted outside employment may not use paid sick, sick bank or PTO time to work on the outside job. Fraudulent use of sick, sick bank or PTO will be subject to disciplinary action, up to and including termination.

## **Workplace Relationships (HR-012)**

If you and members of your immediate family are employed by St. Mary's, one may not supervise the other or work in the same department/house without prior approval of the Executive Director. If the employees are unable to develop a workable solution, the Executive Director will decide which employee may be transferred. While attempts will be made to place both employees, St. Mary's reserves the right to terminate an employee if it cannot find a suitable, alternative role. For purposes of this section, your immediate family includes your partner, spouse, children, siblings, parents, grandparents, and your spouse's children, siblings, parents and grandparents. Should two current employees marry or otherwise become closely related or begin dating, they may not work in the same department/house.

Employees working in the Human Resources and Finance Departments may not be related to employees working outside that department without the prior written approval of the Executive Director.

## **Standards of Excellence**

In the first formalized program of Standards of Excellence, we have formulated a series of standards based on current knowledge and the developmental needs of children. These standards are intended to enhance your skills and assist in the improvement of services for clients and their families. We know that by following these best practices we can only stand to improve our services across all programs.

We have set forth a program based upon the best practice we believe we already live and work by. Varied trainings and workshops on St. Mary's Standards will be expected to be completed each year. All of us learn something new and improve our practice each and every year.

Our staff are asked to do a great deal and is expected to do it very well. These expectations are fulfilled through teamwork, collaboration and specialized training and support. Through these methods, we see and value your professional and personal growth.

At St. Mary's, staff of all disciplines receive orientation, training and professional development. All staff need specific and general training to best understand the clients and families that we serve. Our staff training and supervision programs are essential to develop a knowledge base of trauma-informed practice, child development, therapeutic management techniques, etc.

All professional levels of St. Mary's staff share a common experience with our clients assisting them to heal from the traumatic experiences that brought them to us, to regulate their emotions, and to master the skills related to prosocial behavior.

The Agency has organized a series of workshops designed to promote an understanding of how we may more effectively meet the needs of clients and their families, what we should

be expected to do and how to better the way we work. These Standards of Excellence will help you help our clients.

In addition to these general workshops, which any staff member, with their supervisor's approval, may attend, there are several "mandatory" trainings/meetings which all staff are required to attend. These mandatory trainings/meetings may be required to fulfill government regulations or may be at the request of one of the Agency's consultants or Program Directors to fill an existing training need.

All staff – ALL – including but not limited to School, Support, Outpatient Services & Residential must participate in their respective Standards of Excellence.

It is your responsibility to alert the Staff Development Coordinator of any outside workshops/conferences you have attended.

Attendance and participation at these trainings/meetings is noted for anniversary raise and/or promotion purposes. Your specific Standards are addressed in your offer letter. Failure to attend will result in the delay of a pay increment or loss of a promotion opportunity. **Pay increases will not be retroactive for delays due to inadequate attendance at a training or failure to attend a mandatory meeting.**

### **Supervision**

All Supervisors will designate time, on a consistent basis, to meet with each staff member. This is a time for communication between both parties. The Supervisor is responsible for keeping a formal supervision notebook in order to document all meetings.

See details in policy HR-023 Staff Supervision.

## **ETHICAL RESPONSIBILITIES**

All employees of St. Mary's have a responsibility to strive for high standards of professional conduct at all times. This includes a commitment to one's own personal and professional conduct, commitment to know and follow the codes of ethics of their respective professions, as well as a commitment to ethical concerns regarding the agency as a whole.

The following ethical responsibilities for general practice represent the values that have been a part of St. Mary's long and distinguished history. There is a common commitment among those who are employed at St. Mary's to adhere to these responsibilities as well as to the responsibilities specifically related to individual job duties.

These ethical responsibilities are intended to serve as a guideline for conduct and to assist in resolving ethical questions that may arise in the course of employment. Employees are required to combine the guidance of these principles with use of supervision, consultation and sound professional judgment at all times. The course of action chosen is expected to be consistent with the intent of the responsibilities.

### **Our Responsibilities to Clients are:**

To protect children, youth and families.

To provide services that are strengths-based, trauma-informed and family focused.

To provide services in a manner that involves integrity in decision-making.

To respect freedom of choice for clients.

To place professional responsibilities over personal interest.

To provide services only in the context of a professional relationship.

To respect the legal rights of all clients, children and adults.

To be familiar with and respect all laws and regulations that require disclosure of information without a client's consent (i.e. allegations of abuse or neglect, protect client or identified persons from imminent harm).

To disclose the least amount of information necessary to achieve the desired purpose at all times.

To inform clients, to the extent possible, about the disclosure of confidential information and the potential consequences.

To obtain informed consent in clear, understandable language and to explain the client's right to refuse or withdraw consent.

To inform clients of the possible risks and benefits of treatment.

To work in partnership with clients, parents, guardians and all relevant parties in treatment planning.

To make decisions regarding care or level of care based on treatment needs and diagnostic assessment.

To consult with previous and other treatment providers to formulate comprehensive treatment plans.

To inform clients of their right to file a grievance, as well as the process of filing a grievance.

To provide clients with the right to refuse to participate in clinical or research studies.

To establish and maintain billing practices that accurately reflect the nature and extent of services provided, and who provided the service in the practice setting.

**Our Responsibilities to Colleagues and the Agency are:**

To treat colleagues with respect, courtesy and fairness.

To promote collaboration and teamwork.

To attempt to resolve differences or conflict through appropriate channels in a respectful manner.

To respect the mission and vision of St. Mary's Home for Children.

To promote ethical conduct by reporting violations to appropriate persons when an informal resolution is not appropriate.

To ensure that administrators and supervisors lead programs in high quality and ethical practice in relation to clients, governing bodies and the community.

To question (supervisory or agency) practices that are not in keeping with the high standards and ethical obligations expected at the agency.

## **Standards of Conduct**

Whenever people gather together to achieve goals, some rules of conduct are needed to help everyone work together efficiently, effectively, and harmoniously. At St. Mary's, we hold ourselves to the highest standards of quality.

By accepting employment with us, you have agreed to be a role model for the clients we serve. You have a responsibility to St. Mary's, to our clients and to your fellow employees to adhere to certain standards of behavior and conduct. The purpose of these standards is not to restrict your rights, but to be certain that you understand what conduct is expected and necessary. When each person is aware that they can fully depend upon fellow workers to follow the standards of conduct, then our organization will be a better place for everyone.

## **Unacceptable Activities**

We expect each person to act in a mature and responsible way at all times. However, to avoid any possible confusion, some of the more obvious unacceptable activities are noted below. Avoiding these activities will be to your benefit as well as the benefit of St. Mary's. If you have any questions concerning any work or safety rule, or any of the unacceptable activities listed below, please see your Supervisor for an explanation.

Occurrences of any of the following activities, as well as violations of any rules or policies of St. Mary's, may be subject to disciplinary action, up to and including termination. This list is not all inclusive and, notwithstanding this list, all employees remain employees "at will." We are not promising that St. Mary's will follow progressive discipline in any situation.

- Abuse/neglect of children/clients or conduct adversely affecting the physical or mental health of any children.
- Violation of any St. Mary's rule, policy or practice;
- Violation of security or safety rules or failure to observe safety rules or practices; failure to wear required safety equipment; tampering with equipment or safety equipment.
- Negligence or any careless action which endangers the life or safety of another person.
- Being intoxicated or under the influence of controlled substance drugs while on duty; use, possession or sale of controlled substance drugs in any quantity while on Agency premises except medications prescribed by a health care provider and taken as prescribed, and which do not impair work performance.
- Possession of firearms, weapons or explosives on Agency property or while on duty.
- Engaging in criminal conduct or acts of violence, or making threats of violence toward anyone on Agency premises or when representing St. Mary's; fighting, horseplay, provoking a fight, or damaging property.
- Insubordination or refusing to properly obey instructions issued by your Supervisor or Program Director pertaining to your work; refusal to help out on a special assignment without good reason.

- Threatening, intimidating or coercing fellow employees on or off the premises, at any time for any purpose.
- Obscene or abusive language toward any individual; indifference or rudeness toward a client or fellow employee; or any disorderly/antagonistic conduct on Agency premises.
- Any act of protected class harassment, including, but not limited to telling sexist or racial-type jokes, or making racial or ethnic slurs.
- Retaliation against whistleblowers or others who raise good faith concerns regarding policy or legal issues.
- Engaging in an act of sabotage; willfully or with gross negligence causing the destruction or damage of Agency property, or the property of fellow employees, clients, contractors or visitors in any manner.
- Theft of Agency property or the property of fellow employees; unauthorized possession or removal of any Agency property, including documents, from the premises without prior permission from the administration; unauthorized use of Agency equipment or property for personal reasons; using Agency equipment for profit.
- Dishonesty; willful falsification or misrepresentation on your application for employment or other work records; lying about paid leave; falsifying reason for a leave of absence or other data requested by St. Mary's; alteration of Agency records or other Agency documents.
- Failure to use your timecard; alteration of your own timecard or records of attendance documents; altering another employee's timecard or records, or causing someone to alter your timecard or records.
- Misuse of the ADP time system.
- Employees; breach of confidentiality of personnel information.
- Excessive or continued unexcused absenteeism.
- Failure to report an absence or late arrival.
- Leaving work before the end of a workday or not being ready to work at the start of a workday without approval of your Supervisor; stopping work before time specified for such purposes, working "off the clock".
- Unsatisfactory or careless work; failure to meet quality standards as explained to you by your Supervisor; mistakes due to carelessness or failure to get necessary instructions.
- Sleeping on the job.
- Excessive use of Agency telephone or personal cell phones for personal calls, texting and social networking.
- Leaving your house or work area unsupervised or unattended during your work hours.
- Smoking, vaping, or use of e-cigarettes on St. Mary's campus. St. Mary's campus is a smoke free environment.
- Speeding or careless driving of Agency vehicles, personal vehicles when transporting clients or while driving on Agency property.
- Failure to immediately report damage to, or an accident involving, Agency vehicles or equipment.

- Soliciting during working hours and/or in working areas; selling merchandise or collecting funds of any kind for charities or others are not allowed during business hours.
- Failure to maintain a neat, clean, and professional appearance in terms of the standards established by St. Mary's.
- Unauthorized copying or misuse of computer software or electronic systems; downloading unauthorized software.
- Gambling in the workplace.
- Development of a personal relationship with clients and/or their immediate family members that is not disclosed as a conflict of interest or potential conflict of interest.
- Other violations of the conflict of interest policy.

### **Social Media Policy (HR-028)**

St. Mary's acknowledges the popularity of social media as a means for sharing experiences, ideas, and opinions. However, St. Mary's also strives to protect itself, its employees, its clients and others from damages and potential criminal liability resulting from improper or unlawful use of Social Media. Indeed, because of the nature of St. Mary's business, employees may not contribute content about their work at St. Mary's, with only certain narrow exceptions.

A comprehensive Social Media policy is in place at the Agency (HR-028 Social Media policy). The Social Media policy applies to all employees, interns and independent consultants of St. Mary's during both working and non-working time, on or off St. Mary's property, regardless of whether the employee is using St. Mary's or the employees' computers, network, internet access, equipment, or technology. All employees and interns are required to read the complete Social Media Policy and adhere to its content.

Employees must also keep in mind that St. Mary's other policies – including but not limited to its confidentiality policies, anti-harassment policies, workplace conduct policy, e-mail policies, and Information Acceptable Use Policy – apply to its employees' online conduct, including via Social Media.

Keep in mind that any of your online conduct that violates the confidentiality of clients or their families, St. Mary's policy, adversely affects your or your fellow employees' job performance, adversely affects the reputation or brand of St. Mary's subsidiaries, affiliates, vendors, and business partners, or adversely affects St. Mary's legitimate business interests may result in disciplinary action, up to and including termination.

That being said, nothing in the comprehensive Social Media policy is intended to prohibit employees from complying with or exercising their rights under any applicable federal state, or local law, or from communicating about wages, hours, or other terms and conditions of their or their co-workers' employment.

Failure to comply with the comprehensive Social Media policy may result in discipline, up to and including termination of employment. Any employee with questions about the comprehensive Social Media policy should contact management or Human Resources.

### **Relationships with Children (Boundaries)**

We are proud of our work at St. Mary's and believe in our trauma-informed, relational model of care philosophy. Your effectiveness will be enhanced by your personal qualities, the training you receive and your ability to put your training into practice. It is of the utmost importance that we establish good emotional and physical boundaries with those we serve.

In the interest of providing a safe environment for clients and maintaining clear professional boundaries, all staff must adhere to the following:

Staff members are to respect client's physical boundaries at all times;

Contact with St. Mary's clients outside of your job description is prohibited, including but not limited to, social media, texting, phone contact, email and face to face contact;

Clients are not allowed at the homes of staff members;

Staff members may not give clients personal gifts;

Staff members are to use self-disclosure sparingly, and only as it relates to the client's goals. Misuse of self-disclosure shifts the focus from the client to the staff member and can result in role reversal and confusion regarding the client's expectations of the staff member;

Staff members must respect not only the physical boundaries of our clients, but also their emotional boundaries. Clients are not to be coerced into discussing or processing incidents or events for which they are not ready or able;

If you become concerned about your or a colleague's interactions/boundaries with clients in our care, please bring your concerns to your supervisor immediately so that you will receive proper guidance.

Violations of our client's boundaries are subject to discipline up to and including termination.

### **Cultural Competence**

St. Mary's strives to be a culturally competent organization which provides culturally competent services & programs. Our Agency values - innovative, equity, person-centered, integrity, excellence and collaborative - support cultural and linguistic competence. Our services are designed and implemented to match the unique needs of the individuals, children, adults, families and communities we serve. Our practices are driven by client preferred choices, and we strive to identify and understand the needs and help-seeking behaviors of individuals and families. Cultural competence demands that organizations

include experiences and employ practices that strengthen what culturally and linguistically diverse people consider the necessary conditions for optimal family functioning.

At St. Mary's culturally competent practices honor and respect the beliefs, interpersonal styles, attitudes, and behaviors of clients and families, and are responsive to the cultural context in which they live.

All services, policies, procedures and practices at St. Mary's shall reflect an ongoing commitment to accommodate cultural and linguistic diversity in order to ensure access and meaningful participation for all individuals to engage in our services. All employees receive cultural competence training during their first year of employment. The goal of training is to enhance the ability of employees to understand and incorporate the cultural and linguistic diversity of the community, and enable them to provide services in the most effective manner.

Our commitment to be a culturally competent organization also includes the ability to apply an understanding of the relationships of language and culture to the delivery of supports and services. This includes accommodations for alternative communication methods and Native American Indian children (see ADM-036 Limited English Proficiency (LEP) Meaningful Access and Translation Procedures and ADM-049 Indian Child Welfare Act policy).

### **Family Focus**

Services are provided in a manner that puts family needs and priorities first. Family-centered program practice is based upon the belief that the family is the center of each individual's life. A family-focused perspective moves beyond categorizing individual needs and recognizes the needs of the whole family. Family focused programming is an essential component of our trauma-informed philosophy of care.

### **St. Mary's Services**

No one affiliated with St. Mary's (including personnel, Board members, consultants, and volunteers) will receive preferential treatment regarding St. Mary's services. (See policy ADM-015 Preferential Treatment Waiting List).

### **Policy Prohibiting Harassment, Discrimination and Retaliation (HR-011)**

St. Mary's strives to maintain an environment free from discrimination and harassment, where employees treat each other with respect, dignity and courtesy.

This policy applies to all phases of employment, including but not limited to recruiting, testing, hiring, promoting, demoting, transferring, laying off, terminating, paying, granting benefits and training.

**Prohibited Behavior** St. Mary's does not and will not tolerate any type of discrimination or harassment of our employees, applicants for employment, or our clients. Discriminatory conduct or conduct characterized as harassment as defined below is prohibited.

The term harassment includes, but is not limited to, slurs, jokes, and other verbal or physical conduct relating to a person's gender (including pregnancy), race, color, religion, national origin, age, disability, military status, creed, sexual orientation, gender identification or expression, ancestry, genetic information, or any other protected category under federal, state or local law, that unreasonably interferes with a person's work performance or creates an intimidating, hostile work environment.

Sexual harassment is a form of illegal sex discrimination. Sexually harassing behavior in particular includes unwelcome conduct such as: sexual advances, requests for sexual favors, offensive touching, or other verbal or physical conduct of a sexual nature. Such conduct may constitute sexual harassment when it:

- is made an explicit or implicit condition of employment;
- is used as the basis for employment decisions;
- unreasonably interferes with an individual's work performance; or
- creates an intimidating, hostile or offensive working environment.

The types of conduct covered by this policy include: demands or subtle pressure for sexual favors accompanied by a promise of favorable job treatment or a threat concerning employment.

Such conduct may constitute sexual harassment regardless of whether the conduct is between members of management, between management and staff employees, between staff employees, or directed at employees by nonemployees conducting business with the Agency, regardless of gender.

All staff must take Harassment Prevention training each year while employed at St. Mary's Home for Children. Please see policy HR-011 for further details and clarification which may be found in the Human Resources Department and the agency Drive.

### **Responsibility of Supervisors**

Each Agency employee with individuals under their supervision has a duty to maintain a workplace free of harassment, to assure that each individual under their supervision is aware of St. Mary's policy on harassment and the policy's procedure to resolve complaints, and to assure such individuals that they need not endure insulting, degrading, or exploitative treatment based on sex, sexual orientation, race, color, religious creed, national origin, ancestry, military status, place of birth, age, disability, genetic information, gender identity or expression, or membership in any other protected class. Any supervisor who learns of or suspects violations of this policy must promptly bring the matter to the attention of the Human Resources Department.

## **Harassment by Nonemployees**

St. Mary's will also endeavor to protect employees from reported harassment by nonemployees in the workplace, including customers, clients and suppliers.

### **Complaint Procedure and Investigation**

Any employee who wishes to report a possible incident of sexual harassment or other unlawful harassment or discrimination should promptly report the matter to the Human Resources Manager. If a Human Resources representative is not available, or you believe it would be inappropriate to contact that person, contact our Chief Operating Officer or, the Executive Director, Carlene Casciano-McCann @ 401-353-3390, x218; [cmccann@smhfc.org](mailto:cmccann@smhfc.org); 420 Fruit Hill Avenue, North Providence, RI 02911. Any concerns about the Executive Director can be raised with the President of St. Mary's Board of Directors. The President's name and contact information is on our website.

St. Mary's will conduct a prompt investigation as confidentially as possible under the circumstances. Employees who raise concerns and make reports in good faith can do so without fear of reprisal; at the same time, employees have an obligation to cooperate with the Agency in enforcing this policy and investigating and remedying complaints.

Anyone found to have engaged in behavior violating the policy will be subject to appropriate discipline, which may include termination.

In addition to utilizing the Agency's internal complaint procedures, employees who believe that they have been sexually harassed may file a complaint with the federal Equal Employment Opportunity Commission (EEOC) and/or the Rhode Island Commission for Human Rights:

Rhode Island Commission for Human Rights  
180 Westminster Street – Third Floor  
Providence, RI 02903  
Phone (401) 222-2661 Fax (401-222-2616) TTY (Relay RI): 401-222-2664

The U.S. Equal Employment Opportunity Commission (EEOC)  
131 M Street  
Washington, DC 20507  
TTY: 1-800-669-6820 1-844-234-5122 (ASL Video Phone)

### **Retaliation**

Any employee who in good faith files a complaint of harassment or other discrimination, opposes harassment or discrimination, or who participates in an investigation will not be adversely affected in terms and conditions of employment and will not be retaliated against or discharged because of the complaint, participation or opposition.

**Anyone who engages in such retaliatory behavior will be subject to appropriate discipline, up to and including termination.**

## **Employee Grievances (HR-019)**

An efficient, successful operation and satisfied employees go hand in hand. Employee grievances are of concern to St. Mary's, regardless of whether the problems are large or small. Talking things over usually helps. We maintain an open door for the airing of grievances, ideas and concerns by our current employees.

### **The Grievance Procedure is as Follows:**

#### **1. See your Supervisor first.**

If you have a grievance, we are interested. If you feel that any working condition, policy, practice or action by St. Mary's or by any staff member is unjust, you should tell your Supervisor or HR Department. Establish with your Supervisor an appropriate time and place to discuss your concern in confidence. If for some reason your Supervisor fails to offer you the opportunity to discuss the matter, or if the discussion does not lead to a satisfactory conclusion, proceed to the next step

#### **2. Put it in Writing.**

Put your grievance in writing, explaining the present situation, the desired outcome, and your proposed solution. Submit this to both your Supervisor and Program Director.

If, after discussion with your Supervisor, and Program Director, the situation remains unresolved, the matter should be referred to the Human Resources Manager. You may need to elaborate your concern and/or proposed solution. Further describe the situation or problem, name any witnesses if applicable, and be sure to mention any times, dates, and places. Also, include a summary of your communications with your Supervisor or Program Director on the subject. Put this information into an envelope and either mail or deliver it to the Human Resources Manager, 420 Fruit Hill Avenue, N. Providence, RI 02911. The Human Resources Manager will then typically convene a meeting of the Grievance Committee within one week. The members of the committee will share the concerns on a need to know basis only, but potential witnesses, supervisors, administrators, the subject of the grievance, and other relevant parties who need to be involved may be informed of or asked to participate in the grievance process to the extent deemed appropriate by the committee.

If the grievance is against the Human Resources Manager, submit it in writing to the Executive Director who will replace the Human Resources Manager or assign another Administrator to do so through all remaining elements of the grievance procedure. If the grievance is against a member of the Grievance Committee, they will be removed from participation.

#### **3. Grievance Conference**

The Grievance Committee will review the grievance and may call you in for a scheduled conference. This may, at the Committee's discretion, be with or without the presence of your Supervisor and Program Director. At this conference, you should feel free to openly discuss your complaint and substantiate your reasons for feeling the way you do. The

Committee will consider your input and render a decision typically, within a week to ten days following the scheduled conference. The committee's decision will be binding.

#### 4. Committee's Decision

All related information about the Committee's decision will be forwarded to the employee and given to the employee in a scheduled meeting with the Human Resources Manager.

### **Employee Bullying (HR-031)**

Bullying is defined at St. Mary's Home for Children as words or actions that make a person feel uncomfortable, threatened or intimidated. Examples include threatening employees with violence or blackmail, engaging in hazing of new employees, or spreading rumors about co-workers. Bullying is also defined as repeated, health-harming mistreatment of one or more people by one or more perpetrators. It is abusive conduct that includes threatening, humiliating or intimidating behaviors; work interference or sabotage that prevents work from getting done; or verbal abuse. Such behavior violates our agency Ethical Responsibilities as specified in this Employee Guidebook. See full Bullying Policy ADM-043.

### **Whistleblower Protection Policy (HR-015)**

The purpose of this policy is to protect any St. Mary's Home for Children employee who makes a good faith report of suspected illegal, dishonest, or fraudulent activity. This includes, but is not limited to, reports of violations of federal and state laws/regulations internally and to external public entities and law enforcement agencies.

A whistleblower (as defined by this policy) is an employee of St. Mary's Home for Children who makes a good faith disclosure of an activity that they considers to be illegal or dishonest to any of the parties specified in this Policy or to a governmental entity or law enforcement agency.

If an employee has knowledge of or a concern of illegal, dishonest, or fraudulent activity, the employee is to contact the Executive Director, HR Manager or President of the Board of Directors. The name and contact information of the President of the Board of Directors can be found on our website. The Executive Director or President of the Board of Directors will typically be the point person to conduct or coordinate an investigation as necessary into reported illegal or dishonest activities. The whistleblower should not attempt to personally investigate such conduct. The whistleblower is to report their concerns or knowledge of activities and let the appropriate assigned individuals conduct an investigation, review the findings, and take corrective action, as appropriate.

Whistleblower protections are provided in two important areas. **Insofar as possible, the confidentiality of the whistleblower will be maintained.** However, identity may have to be disclosed to conduct a thorough investigation, to comply with the law, and/or to provide accused individuals their legal rights of defense.

**St. Mary's Home for Children will not retaliate against an employee for whistleblowing.** This includes, but is not limited to, protection from retaliation in the form of an adverse employment action such as termination, compensation decreases, or threats of harm. Any whistleblower who believes they are being retaliated against must immediately contact the Executive Director, HR Manager or President of the Board of Directors.

The right of a whistleblower for protection against retaliation does not include immunity for any personal wrongdoing. For example, an employee who deliberately causes or participates in the alleged wrongdoing, or who knowingly or recklessly files a false report of wrongdoing, is not covered by this policy and will be subject to discipline, up to and including termination.

## **COMPENSATION AND PERFORMANCE**

### **Wage & Salary Policies**

#### **Withholdings from Your Paycheck (Mandatory)**

St. Mary's is required by law to make certain withholdings from your paycheck. These include federal and state income taxes, State (TDI) Disability Insurance and Social Security. These deductions will be itemized on your check stub. The amount of the deductions depends on your earnings and on the information you furnish on your W-4 form regarding the number of dependents/exemptions you claim. Any change in name, address, telephone number, marital status or number of exemptions must be reported to the HR Department immediately to ensure proper credit for tax purposes. The W-2 form you receive each year indicates how much of your earnings were withheld for taxes.

Any other mandatory deductions to be made from your paycheck, such as court-ordered attachments, will be explained at such time as St. Mary's is ordered to make such deductions.

#### **Other Non-mandatory Deductions / Direct Deposit**

All employees will receive their paycheck as a direct deposit. You may authorize St. Mary's to make additional deductions from your paycheck, such as payroll savings plans or to deposit your paycheck directly into your savings or checking account at a participating bank. Contact the HR Department for details and the necessary authorization forms.

#### **Error in Pay**

Every effort is made to avoid errors in your paycheck. If you believe an error has been made, notify the HR Department immediately. In a situation where it appears you may have been under or over paid, promptly notify the HR Department.

## **Tuition Assistance Plan (TAP) (HR-033)**

The purpose of TAP is to provide employees with tuition assistance for courses that enhance work skills, which in turn will benefit the employee and agency.

Requirements/Criteria for eligibility:

1. Employee must have a minimum of six months of service with St. Mary's Home for Children.
2. Eligible employees may be reimbursed only for courses of study that the T.A.P. Committee determines are directly related to the employee's present job or that will enhance the employee's potential for advancement to a position within the Agency. Two classes per semester per employee are eligible for the Tuition Assistance Plan.
3. Employees who want tuition assistance must obtain approval from the T.A.P. Committee before enrollment. The employee is to fill out a Tuition Assistance Request Form and turn it into the Executive Director. The Executive Director will then present the request to the T.A.P. Committee. The employee should be in good standing regarding their performance and have the recommendation of their supervisor.
4. The T.A.P. Committee will consider the following factors in evaluating requests for tuition assistance.
  - (a) The nature and purpose of the course of study.
  - (b) The benefits to be derived by the employee and St. Mary's Home for Children.
  - (c) The employee's length of service (minimum of six months).
5. Employee reimbursement for eligible tuition assistance will be based upon the grade received for the course as follows.
  - (a) For a grade earned of 3.0 (or higher) or a Certificate of Completion obtained for a non-academic course, St. Mary's will reimburse half the cost per course up to \$500.00.
  - (b) For a grade lower than 3.0 or an incomplete class, St. Mary's will not offer any reimbursement.
  - (c) St. Mary's will not pay for any course that is covered by a scholarship or grant.
6. Employees seeking assistance for educational expenses must submit a certified transcript of their grade receipts for the expense incurred to the finance department.
7. Employees will not be reimbursed for the course if they voluntarily leave St. Mary's or are terminated.
8. Employees seeking tuition assistance must agree in writing to repay St. Mary's Home for Children in full if they leave the Agency voluntarily or are terminated within one year from the date of the reimbursement.
9. Employees are expected to schedule class attendance and study assignment completion time outside of their regular working hours.
10. Record of all educational programs completed by each employee are maintained by the Human Resources Department.

T.A.P Committee consists of the Executive Director, Director of Administration, the Human Resources Manager and staff's immediate supervisor.

## **Education Advancement**

An employee will receive a five percent base salary increase upon completion of the following degree when the degree earned relates directly to the work they are providing at St. Mary's Home for Children.

Associates Degree  
Bachelor's Degree  
Master's Degree  
Specific Licensure (e.g. LICSW)

The employee is required to provide to the HR Department a copy of their diploma or licensure in order to receive the compensation adjustment.

## **Bilingual Pay**

Occasionally, St. Mary's Home for Children may need help translating with a client or family. If you are asked to translate and you are not already compensated for this service, you will be given a stipend of an additional \$15.00 per hour. Requests for a stipend must be signed and approved by your supervisor and sent to the HR Department.

## **Holiday Pay**

Those full-time employees and part-time employees working at least sixteen hours per week who work on a holiday will be paid all holiday pay that they are owed during the pay period in which the holiday occurs. Holiday pay is determined by an employee's full-time or part-time status. (For example, an employee who works 24 hours per week, or 60% of full-time, would receive pay for all hours worked on the holiday plus 4.8 holiday hours, which is 60% of 8 hours).

Those hourly staff who work on any of our 11 holidays will be paid at time and a half. Holiday pay eligible staff for non-worked hours will be paid at your normal hourly wage. Holidays will not be paid to employees on any type of unpaid leave. Holidays falling within an approved scheduled vacation will be recorded as holiday pay and accrued PTO will not be used for that day.

The Floating Holiday must be used by December 31<sup>st</sup> of the same calendar year. New and rehired employees must wait ninety days to use their Floating Holiday.

Employee must be present on their last scheduled day of work prior to the holiday and the first scheduled day after the holiday to receive holiday pay. This restriction does not pertain to scheduled, approved PTO.

## **Pay Day, Pay Periods & Recognized Holidays**

The Agency recognizes the following eleven (11) holidays:

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Juneteenth Day
- Independence Day
- Labor Day
- Indigenous People Day
- Veterans' Day
- Thanksgiving Day
- Christmas Day
- Floating Holiday

All work schedules shall be approved by the Executive Director with the appropriate Supervisor or Program Director. The normal work week is Sunday through Saturday and consists of 40 hours, although individuals may sometimes be required to work more than 40 hours. Employees are expected to adhere to the schedule established for them by their Supervisors.

There are twenty-six pay periods during the year. Payday is every other Friday and covers the two week period ending the previous Saturday.

### **Weekend Shift Differential**

Those hourly staff who work between the hours of 12am on Saturday through 7am on Monday will be paid the shift differential of \$1.00 an hour. Any overtime during those hours will also be paid at the shift differential of \$1.00 plus time and a half.

### **Sick Pay**

St. Mary's complies with the Healthy and Safe Families and Workplaces Act. Any staff who works less than sixteen hours a week will earn one hour for every 35 hours worked/paid of sick time. The maximum amount of sick time that can be accrued is 40 hours. There is a ninety day waiting period to use sick time. Rhode Island Sick time may be carried over to the next year but will not be paid out upon termination of employment

## **Inclement Weather & “Acts of God”**

You will not be paid for work missed when you do not report to work due to circumstances not within St. Mary’s control. During emergencies certain staffing levels must be maintained. Your Supervisor or Program Director will provide specific staffing schedules for the following circumstances:

- Operations are interrupted due to threats to employees or property or when recommended by civil authorities.
- Public utilities fail to supply electricity, water, or gas, or when there is a failure in the public utilities or sewer system.
- The interruption of work is caused by an “Act of God” (fire, flood, earthquake, etc.) or some other cause not within St. Mary’s control.

If an employee must be absent from work or leave work early due to the above circumstances, the following options are possible for treatment of time not worked:

PTO (where applicable)

Rearrange work schedule to make up the day within the week (with supervisory approval)

Day without pay (if the employee has no benefit time accruals)

Remote work approved by your supervisor

## **Resignation and Termination**

St. Mary’s requests that Program Directors, and members of the Faculty and Clinical staff give at least four weeks’ notice. All other employees are requested to give at least two weeks’ notice in the event that they intend to leave.

When you leave, you will be paid for actual time worked, plus any accrued but unused PTO time, as specified in the “Benefits” section of this Guidebook. Any accrued, unused PTO will be paid to employees who have been employed for at least one year in their final paycheck.

## **Time Cards/Records**

By law, we are obligated to keep accurate records of the time worked by our employees.

Your ADP punch or time card is the only way the HR Department knows how many hours you worked and how much to pay you. Your ADP punch or time card indicates when you arrived and when you departed. You are to sign in and out via time punch for brief absences which are non-work related. All employees are required to keep their Supervisor and the Main Office advised of their departures and returns to the premises during the work day.

You are responsible for your ADP punch or time card. Remember to record your time accurately on your time card or to hand punch when you arrive or leave work. Your Supervisor will make corrections to your time card for errors or omissions. Please obtain

approval from your Supervisor before starting work earlier than your scheduled starting time or continuing to work after your scheduled end time.

You are required to fill out an E-Time Request Form for any missed punches; any schedule changes, unscheduled absences, etc. This form must be submitted to your Supervisor on a timely basis.

No one may record hours worked on another employee's time card. Tampering with another employee's time card is cause for disciplinary action, including possible dismissal of both employees. In the event of an error in recording your time, report the matter to your Supervisor immediately.

### **Request for Change of Employment Status**

An employee may request in writing their desire to change their status (i.e. Full Time, Part Time, Per Diem, Temporary Staff, Independent Consultant) or transfer within the agency. This request must be submitted to your supervisor in writing two weeks prior to the date of the requested change. Your supervisor will present the request to the program director at which time they will make a decision on your status. If your request is granted, the supervisor and program director will coordinate a date for the change. The employee's date change may take additional time depending on the needs of the department. If the request is denied then the employee has the opportunity to apply for an open position within the company, stay in their current position or give their two-four weeks' notice depending on their position with the agency.

### **Performance Reviews**

Your Supervisor is continuously evaluating your job performance. Day-to-day interaction should give you a sense of how your Supervisor perceives your performance.

Performance reviews will typically be conducted annually on or about each employee's anniversary date. New employees may be reviewed more frequently. A review may also be conducted in the event of a promotion or change in duties and responsibilities.

You are required to complete an Annual Self-Evaluation form and request your Standards of Excellence. Even if your trainings are not complete, you must have an evaluation each year. The Self-Evaluation allows you an opportunity to detail your accomplishments for the previous year and to write your goals for the coming year. In addition, you are required to fill out the Employee Automobile Insurance Information sheet. If you hold a Clinical Licensure from the State of Rhode Island you will be required to attach a current copy to the Evaluation. You must also complete a CANTS Form, Confidentiality Policy, Conflict of Interest and Driving Record Affidavits. A copy of your current, valid Driver's License must also be sent to the HR department.

During formal performance reviews, items to be considered include, but are not limited to:

- Quality and quantity of your work

- Attendance at training sessions as required by St. Mary's Standard of Excellence Program
- Reliability, attendance, initiative, effort and teamwork
- Knowledge of your work, and problem solving skills
- Desire for continuous personal improvement
- Interpersonal skills, contributions to clients and the agency

The primary reason for performance reviews is to identify your strengths and areas for improvement in order to reinforce your good habits and develop ways for you to improve your weaker areas. This review also serves to make you aware of and to document how your job performance compares to the goals and description of your job. This is a good time to discuss your interests and future goals. Your Supervisor is interested in helping you to progress and grow in order to achieve both personal and work-related goals and may recommend further training or additional opportunities for you.

You may make comments on your performance reviews and may request a copy of your review. The original will be kept in your personnel file located in the Human Resources Department.

All staff are required to complete the required number of trainings for their position. A copy of your required Standards of Excellence trainings (SET) is sent to all new staff along with an offer letter from the Human Resources Department. If your Standards of Excellence trainings are incomplete on your Anniversary, you will not receive a pay increase (to the extent one is otherwise given). When the trainings are completed, you will receive your pay increase (if applicable) and it will be retroactive only back to the day you completed your last required training. Any wage or salary increases will appear in the pay period ending after the dates they are granted. Increases may be retroactive in the case of late reviews at the discretion of the HR Manager. Increases will not be granted while an employee is on any type of leave, but will be effective upon the date of the employee's return to active employment.

## **Job Descriptions**

We maintain a job description for each position at St. Mary's. Upon employment, all staff will receive a copy of their job description along with an offer letter from the Human Resources Department and a copy of required Standards of Excellence trainings. If your duties and responsibilities are changed, St. Mary's will attempt to timely update your job description.

## **Work Schedule**

### **Absence or Lateness**

From time to time, it may be necessary for you to be absent from work. St. Mary's is aware that emergencies, illnesses, or pressing personal business that cannot be scheduled outside your work hours may arise. PTO Time may be used for this purpose.

If you are unable to report to work, or if you will arrive late, please call your Supervisor immediately. Residential Counselors and Supervisors must contact the Campus Supervisor. Please give your supervisor as much time as possible to arrange for someone else to cover your position until you arrive. If you know in advance that you will need to be absent, you are required to request this time off directly from your Supervisor by using the request form. Requests will be granted in accordance with the operational needs of the house or department, and in accordance with applicable law.

Notifying the receptionist or a fellow employee of your absence or lateness is not sufficient. If you are unable to call in yourself because of an illness, emergency or for some other reason, be sure to have someone call on your behalf. If your Supervisor is not available when you call, please contact the main office to report your absenteeism. The Campus Supervisor is the point of contact during and after business hours for residential staff.

Absence from work for three (3) consecutive shifts without notifying your Supervisor will be considered a voluntary resignation.

### **Excessive Absenteeism or Lateness**

Given the nature of St. Mary's business, reliable attendance is critical to serving our clients and community. In general, four (4) unexcused absences in a 90-day period, or a consistent pattern of absences will be considered excessive. The reasons for the absences may come under question and your Supervisor may require evidence of professional care and treatment. Tardiness or leaving early is also considered unscheduled leave. Three (3) such incidents in a 90-day period will be considered a "tardiness pattern" and will carry the same weight as an absence. Other factors, such as the degree of lateness or the reason, may be considered. Tardiness is defined as arriving any time after the start of a shift, including arrival within five minutes after the start of a shift.

Be aware that excessive absenteeism, lateness or leaving early may lead to disciplinary action, including dismissal.

## **Record of Absence**

If you are absent because of illness for three (3) or more consecutive shifts you will be required to submit written documentation from your doctor before you will be allowed to return to work. Any written medical documentation will be filed with your personal medical file in the Human Resources Department.

Note: See later provision on Family Medical Leave for information regarding extended leaves.

## **Breaks**

All employees are entitled to a twenty (20) minute paid mealtime within a six (6) hour work shift, and a thirty (30) minute paid mealtime within an eight (8) hour work shift. The time when meal periods are scheduled varies among departments, depending on the needs of each department.

## **BENEFITS**

### **The Benefits Package**

This Guidebook merely highlights certain aspects of St. Mary's benefit package for your general information only. The provisions of the actual plans are summarized in more detail in the Summary Plan Descriptions, which are given to each employee during Orientation or when they become eligible to participate in the plan. Please note, in the determination of benefits or other matters under each plan, the terms of the actual plan document shall supersede the language of any description thereof, including that of the Summary Plan Description.

St. Mary's has every intention of continuing to offer a comprehensive benefit package for its active employees. However, the Agency does reserve the right to modify or terminate any of the benefit plans or their provisions at any time. The Agency also reserves the right to change employee contributions as plan premiums change.

### **Eligibility for Benefits**

Employees working less than sixteen hours per week are not eligible for benefits. Employees working sixteen or more hours are eligible for PTO, holidays and bereavement time. Employees working twenty or more hours are eligible for health and dental, and employees working thirty or more hours are also eligible for Aflac coverage. Temporary employees, Per Diem staff, consultants and independent contractors are not eligible for benefits.

Note: See "Orientation Period" in the "Employment Classification" section of this Guidebook for further information.

## Paid Time Off Policy

### Definition:

Paid time off (PTO) provides all full and part-time staff members working sixteen or more hours with paid time away from work that can be used for vacation, personal time, personal illness or time off to care for dependents. PTO must be scheduled in advance and have supervisory approval, except in the case of illness or emergency. The PTO policy provides a bank of time used for sick, personal, and vacation time. (Grandfathered staff who have been previously identified and notified may also have a sick bank available). All time away from work will be deducted from the employee's PTO bank in hourly increments with the exception of fixed Agency holidays and time off in accordance with Agency policy for jury duty, military duty or bereavement.

### Eligibility:

All full and part-time (16 hours per week or more) employees are eligible to earn PTO. Part-time employees earn PTO at a prorated rate based on hours worked per week.

PTO is earned on a bi-weekly basis and credited to an employee's PTO bank. New and rehired employees begin accruing PTO immediately. PTO days may not be taken until after 90 days of employment. Any PTO that will be accrued in the calendar year can be taken after that date.

PTO is not earned for pay periods when unpaid leave is taken or short or long term disability benefits are paid. PTO is not earned by temporary, per diem or contract employees or those whose job descriptions specifically exclude this benefit. PTO is earned on the following schedule:

Years of Service	Exempt (Director/Clinician/Nurse)
0 to 5 years	24 days/year or 7.38 hours/pay period
5 to 15 years	26 days/year or 8.00 hours/pay period
15 to 25 years	28 days/year or 8.62 hours/pay period
25 years +	32 days/year or 9.85 hours/pay period

Years of Service	Non-exempt (All other personnel)
0 to 2 years	16 days/year or 4.92 hours/pay period
3 to 4 years	20 days/year or 6.15 hours/pay period
5 to 15 years	24 days/year or 7.38 hours/pay period
15 to 25 years	28 days/year or 8.62 hours/pay period
25 years plus	32 days/year or 9.85 hours/pay period

**Administration:**

PTO should be scheduled as early as possible in advance, according to department policy, and have supervisory approval. PTO taken in excess of the amount that will be earned during the calendar year will be without pay.

Exempt employees who use time off in addition to the maximum amount to be accrued for the calendar year should take full days only. Pay will be reduced for any full days away from work in excess of accrued PTO, and an unscheduled PTO incident will be incurred.

**Teacher's Sick/Personal Days**

Teachers will earn five Sick Days and three Personal Days a year. The hours will be accrued each pay period depending on the hours worked. These days may be carried over from year to year. Sick and Personal Days will not be paid out upon termination.

**Grandfathered Sick Bank:**

Any staff who has a grandfathered sick bank remaining at the discretion of the HR Manager is eligible to use it with a health care provider's note keeping them out of work for five or more days to care for themselves or an immediate family member. PTO hours over eighty (80) must be reduced before using sick bank hours.

**Extended Leave:**

Certification of Health Care Provider form should be completed for those absences applicable to family/medical leave.

If an illness causes a staff member to be absent in excess of three consecutive days or the absence is covered under the family/medical leave policy, a doctor's release is required before the staff member may return to work. Such certificate should be submitted to the Human Resources Department. Absences for family leave are required to use some or all of your available PTO and the remainder will be unpaid by the Agency, although the employee may be eligible for state TDI benefits.

**New Hire/Rehire:**

If an employee is rehired after voluntary resignation, the date of rehire will be used for the purposes of agency benefits and consideration of longevity.

**Carry Over and Payment upon Termination:**

Any PTO in excess of 80 hours as of the first week of October will be lost if it is unused in the plan year unless extenuating business circumstances have prevented the employee from taking scheduled PTO. In these cases, PTO may be carried over and taken in the first half of the next year with the approval of the department head and the Executive Director. The Executive Director reserves the right to increase the amount of excess hours that can be carried into the plan year across the board due to extenuating circumstances.

Any accrued, unused PTO will be paid to employees who have been employed for at least one year in their final paycheck.

## **Temporary Caregiver Insurance (TCI)**

Covered employees may file for a weekly benefit, up to four weeks in a benefit year, under the Rhode Island Temporary Disability Insurance program, for the following reasons:

- to care for a newborn, newly adopted child, or foster child; or
- to care for certain sick relatives (e.g., child, spouse, domestic partner, parent, parent-in-law, or grandparent) for more than seven consecutive days.

Eligibility for this benefit is determined by the state and you will have to provide certain written documentation to the Rhode Island Department of Labor & Training (DLT) (e.g., medical information and/or documentation of relationship) so that the DLT can make its determination. In order to receive this benefit, you must notify the DLT no later than thirty (30) days after the first day of leave is taken (notice may not be filed ahead of time). You must give the Human Resources Department written intent indicating the need to file for Temporary Caregiver Leave at least 30 days in advance, if practicable.

Interested employees should follow St. Mary's policy regarding leave requests. If you are eligible for other benefits under St. Mary's leave policies, those benefits may run concurrently with TCI benefits.

For more information, you can visit the DLT's Temporary Disability Insurance/Temporary Caregiver Insurance Frequently Asked Questions Page: <http://www.dlt.ri.gov/tdi/tdifaqs.htm> Page:

## **Other Paid Leaves**

### **Bereavement Leave**

You are entitled to take up to three (3) workdays with pay to attend the funeral and take care of personal matters related to the death of a member of your immediate family. Immediate family members include spouse, child (including foster child), mother, father, brother, sister, mother-in-law, father-in-law, brother-in-law, sister-in-law, grandmother, grandfather, grandchild, and any other family relative residing in your household at the time of death.

This benefit is pro-rated for part-time employees working at least 16 hours a week. The pro-ration will be based on the average number of hours you have worked in the previous six weeks.

Bereavement Leave is to be in consecutive days within five (5) days following the death. If circumstances require an alternative use of Bereavement Leave, the Human Resources Manager may approve the time.

If you require any additional time off or time to attend services for someone not covered by the policy, you may use your accrued PTO Time.

Wages paid for a bereavement leave will be made for actual time lost from work. If the death occurs at a time when work is not scheduled, payment will not be made. If a holiday occurs on any of the days of absence, you may not receive holiday pay in addition to paid bereavement leave.

## **Jury Duty**

It is your responsibility as a citizen to report for jury duty whenever called. If you are called, we wish to help you avoid any financial loss because of such service. St. Mary's will reimburse you for the difference between your jury pay and your regular pay up to two weeks.

You must notify your Supervisor and Human Resources within forty-eight (48) hours of receipt of the jury summons.

On any day or half day you are not required to serve, you will be expected to return to work in order to receive jury duty pay, you must present a statement of jury service and pay to your Supervisor. This document is issued by the court. You will be required to submit the statement of jury duty pay to the Human Resources Department.

## **Family and Medical Leave Act Policy**

### **A. Policy:**

St. Mary's complies with The Family and Medical Leave Act of 1993 (FMLA) and the Rhode Island Parental and Family Medical Leave Act (RIPFMLA).

### **B. Background:**

The FMLA and the RIPFMLA provide similar but not identical leave rights. When an employee takes a leave which qualifies under both laws, the leave is counted toward the employee's leave entitlement under both laws. When an employee takes a leave which qualifies under one but not both laws, the leave is counted only toward the leave entitlement of the law under which the leave is taken. When either the FMLA or the RIPFMLA provides greater leave rights to an employee, the Employer provides those greater rights.

### **C. Definitions:**

**"FML" or "FMLA Leave"** means leave under the FMLA.

**"Family Member"** is defined for purposes of FMLA leave pursuant to this policy as a parent, spouse, or son or daughter. For purposes of RIPFMLA leave only, family member also includes mother-in-law and father-in-law.

**"Serious health condition"** is defined as an illness, injury, impairment, or physical or mental condition that involves (1) an overnight stay in a medical care facility; or (2) continuing treatment by a healthcare provider. A serious health condition that involves continuing treatment by a healthcare provider includes one or more of the following: (a) a period of incapacity of more than three full consecutive days, and any subsequent treatment or period of incapacity that also involves treatment two or more times by a healthcare

provider or treatment by a healthcare provider on one occasion plus a regimen of continuing treatment; (b) pregnancy or prenatal care; (c) a period of incapacity or treatment for a chronic serious health condition; (d) a period of incapacity which is permanent or long-term such as for Alzheimer's or a severe stroke; (e) a period of absence to receive multiple treatments by a healthcare provider.

**"12 Month period"** is defined as any rolling 12-month period measured backward from the date you use any FMLA leave. This means that at any point in time, the amount of leave available for FMLA leave is 12 weeks less the amount of leave used during the preceding 12 months. A special note regarding additional entitlements for Military Caregiver Leave can be found in that section.

#### D. FMLA AND RIFMLA LEAVE ENTITLEMENTS:

Eligible employees may take an FMLA leave for the following reasons:

*Basic Leave Entitlement:*

1. *For incapacity due to pregnancy, prenatal medical care or child birth;*
2. *To care for the employee's child after birth, or placement for adoption or foster care;*
3. *To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or*
4. *For a serious health condition that makes the employee unable to perform the employee's job.*

**Military Family Leave:** FMLA leave may also be taken for two types of Military Family Leave:

- **Qualifying Exigency Leave:** Eligible employees with a spouse, son, daughter, or parent on "Covered Active Duty" may use their 12-week leave entitlement to address certain qualifying exigencies. "Covered Active Duty" means, in the case of a member of a regular component of the Armed Forces, duty during the deployment of the member with the Armed Forces to a foreign country; in the case of a member of a reserve component of the Armed Forces, "Covered Active Duty" means duty during the deployment of the member with the Armed Forces to a foreign country under a call or order to active duty. Qualifying exigencies may include short-notice deployment, military events and related activities, arranging for alternative childcare and certain other childcare and school activities, addressing certain financial and legal arrangements, attending certain counseling sessions, attending post-deployment activities, rest and recuperation and other activities that the employee and the employer agree upon.
- **Military Caregiver Leave (also known as Covered Service-member Leave):** A special leave of up to 26 weeks during a "single 12 month period" for an eligible employee who is the spouse, child, parent or next of kin of the Covered Service-member to care for the Service-member. "Covered Service-member" means a member of the Armed Forces, including a member of the National Guard or Reserves who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list for a serious injury or illness incurred in the line of duty on active duty. "Covered Service member" also means a veteran who is undergoing treatment for a serious

illness or injury incurred in the line of active duty and who was a member of the Armed Forces, including the National Guard or Reserves, within the five years preceding the treatment. The “single 12 month period” for the purpose of the type of leave begins on the first day the eligible employee takes FMLA leave to care for a Covered Service-member and ends 12 months after that date.

The maximum amount of leave for any FMLA qualifying reason that may be taken in any 12 month period is 26 weeks, provided that no more than 12 weeks of leave may be taken for any FMLA-qualifying reason other than Military Caregiver Leave. The maximum period of leave for any RIFFMLA is 13 weeks in any 2 calendar years. All qualifying medical/family medical absences in excess of 3 consecutive days count toward your annual FMLA allowance (leaves of shorter duration may also count toward your annual FMLA allowance as described below for Intermittent or Reduced Schedule Leaves). The employee’s FMLA leave will be effective on the first day of absence, even if the employee has not completed the required application form and supplied supporting documentation. Medical certification is required for FMLA leaves, as well as certification regarding the employee’s fitness to return to work and restrictions if any.

**Intermittent or Reduced Schedule Leaves.** Upon receipt of medical certification of the medical need for leave on an intermittent or reduced schedule basis, St. Mary’s will grant such leave for purposes of the employee’s own serious health condition or to care for a parent, child or spouse with a serious health condition, or Military Caregiver Leave. Leave may also be taken on an intermittent or reduced schedule basis when necessary for Qualified Exigency Leave. If intermittent or reduced scheduled leave is needed for planned medical treatment for the employee, a family member, or a covered service-member, including during a period of recovery from one’s own serious health condition, a serious health condition of a spouse, parent, son or daughter, or a serious injury or illness of a covered service-member, St. Mary’s may require the employee to transfer temporarily, during the period that the intermittent or reduced leave schedule is required, to an available alternative position for which the employee is qualified and which better accommodates recurring periods of leave than does the employee’s regular position. The employee will receive his or her same salary while working in the alternate position.

In the event that an employee’s accrued balance of sick hours exceeds his or her FMLA or RIFFMLA leave period, the employee’s leave may be extended in the discretion of St. Mary’s in accordance with business needs until such time that the employee’s PTO hours have been utilized (the employee must utilize their accrued PTO hours). If an employee is unable to return to work after the maximum leave provided by FMLA or RIFFMLA (and the employee has exhausted accrued sick hours), the employee’s job protection will end. Continuation of employment with St. Mary’s will depend on the operational and service needs of the program and the employee’s potential entitlement under other laws or programs. An employee is eligible for FMLA leave if he or she has worked for St. Mary’s for at least 12 months and has worked at least 1,250 hours over the previous 12 months. An employee is eligible for RIFFMLA leave if he or she has worked for St. Mary’s full-time (an average of 30 or more hours per week) for 12 consecutive months.

#### E. Other Leave Provisions:

**Periodic Status Reports.** St. Mary's may require an employee on leave to report periodically on the employee's status and intent to return to work.

**Medical Certification.** For a leave to care for a spouse or other family member with a serious health condition, the employee must provide a certification from the spouse's or family member's healthcare provider. For a leave necessitated by the employee's own serious medical condition, the employee must provide a certification from his or her own healthcare provider. The certifications must be complete and sufficient. Failure to provide a required certification may result in denial of the leave or the leave being deemed non-FMLA related or qualified. An employee who fails to provide the required certification after commencing a leave may not have the right to reinstatement. If St. Mary's has reason to doubt the validity of a medical certification, St. Mary's may require the employee to obtain a second opinion from a healthcare provider designated by St. Mary's at St. Mary's expense. If the opinions of the employee's and St. Mary's designated providers differ, St. Mary's may require a third opinion from a healthcare provider agreed upon by the employee and St. Mary's. St. Mary's would pay for the third opinion. The third opinion is final and binding.

**Reinstatement from Leave and Fitness-for-Duty Certification.** An employee who has complied with his or her obligations under this policy will be reinstated to the position he or she held prior to leave or to an equivalent position, unless business conditions resulted in the elimination of the employee's former position during the leave or the employee would not otherwise have continued to be employed had he or she continued in active employment. St. Mary's however, may refuse to restore those employees considered to be "key," for purposes of the Family and Medical Leave Act, to their previous positions under certain circumstances. An employee who has taken a leave in excess of 3 days due to a personal illness must submit a medical certification from his or her healthcare provider verifying that the employee is able to return to work and perform his or her regular job duties (fitness-for-duty certification). Reinstatement may be delayed until a satisfactory medical certification has been provided. If the employee does not provide either a fitness-for-duty certification or a new medical certification for a serious health condition at the time FML for the employee's own serious health condition is concluded, the employee's employment may be terminated.

## **Using PTO, Personal and Sick Leave During Leave**

ST. Mary's requires that an employee substitutes accrued, PTO or personal leave time for any otherwise unpaid FMLA leave for any qualifying reason. If the leave is due to an employee's or a family member's serious health condition, or to care for a service member, you must also first substitute any accrued sick leave. When paid leave is substituted, the leave taken counts toward an employee's leave entitlement under FMLA/RIPFMLA regardless of the receipt of pay. As discussed in more detail in Section F, health and dental benefits, life insurance, disability coverage and pension contributions are continued during the leave.

**Notice and Scheduling of Leave.** For all leaves other than Qualifying Exigency Leave, if the need for leave is foreseeable, the employee must provide notice and request leave at least 30 days in advance of the date on which he or she intends to begin a leave of absence.

When the need for Qualifying Exigency Leave is foreseeable, the employee shall provide such notice as soon as practicable. If the employee is unable to foresee the need for any leave 30 days in advance, then the employee must give St. Mary's notice as soon as practicable and must comply with St. Mary's call-in procedures. In giving notice, the employee must provide sufficient information for the employer to determine if the leave may qualify for FMLA or RIFFMLA protection and the anticipated timing and duration of the leave. Sufficient information may include, for example, that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a healthcare provider, or circumstances supporting the need for military leave. Employees must also inform St. Mary's if the requested leave is for a reason for which leave was previously taken or certified.

**Scheduling of Planned Medical Treatment.** If the leave is requested for purposes of planned medical treatment for the employee or his or her spouse, parent or child, the employee must make a reasonable effort to schedule the treatment so as not to disrupt unduly St. Mary's operations. When planning medical treatment, the employee must consult with St. Mary's and make a reasonable effort to schedule the treatment so as not to disrupt unduly the employer's operations. Employees are expected to consult with St. Mary's prior to the scheduling of treatment in order to work out a treatment schedule that best suits the needs of both the employer and the employee.

**Workers' Compensation.** An employee out of work due to an on-the-job injury covered under workers' compensation insurance will be placed on appropriate leave status. If applicable, leave will run concurrently with workers' compensation leave. The employee will be responsible for their bi-weekly group health benefit contribution while out on a worker's compensation injury.

**Employees' Rights Under FMLA.** The FMLA makes it unlawful for any employer to interfere with, restrain, or deny the exercise of any right provided under FMLA; or to discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to the FMLA. An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any federal or state law prohibiting discrimination, or supersede any state or local law or collective bargaining agreement which provides greater family or medical leave rights. If an employee has any questions about his or her exercise of FMLA rights, he or she should contact Human Resources.

**ST. MARY'S Responsibilities.** After an employee has requested FML or St. Mary's becomes aware that an employee's absence may be for an FMLA-qualifying reason, St. Mary's will inform the employee whether he or she is eligible under the FMLA, and if not, inform the employee of the reason for ineligibility. This notice to the employee will specify additional information required from the employee as well as the employee's rights and responsibilities. St. Mary's will inform the employee if leave will be designated as FML and the amount of leave counted against the employee's leave entitlement (where the amount of leave to be taken is known). ST. Mary's will notify the employee if the requested leave is not designated as FML.

**Other Terms and Conditions.** The policies and guidelines stated in this Policy shall be subject to such other terms and conditions as are provided in the Family and Medical Leave Act of 1993 and applicable Rhode Island leave laws.

F. Employee Benefits During Leaves of Absence:

*Whenever an employee has been granted a leave of absence, the following policies are in effect regarding benefits:*

- 1. Medical and Dental Insurance Coverage:** St. Mary's will continue payment of St. Mary's share of health and dental insurance premiums during an approved FMLA or RIFFMLA leave of absence (for up to 12 consecutive weeks under the federal FMLA Basic Leave Entitlement; 13 weeks under the RIFFMLA; or 26 weeks in the case of federal Military Caregiver Leave), provided that the employee continues to make the employee's share of the required premium payment. Upon requesting a leave, an employee will be advised of the procedures for making his or her healthcare premium contributions during the leave period. Payment for all insurances is due every other Friday (the regular pay date of St. Mary's employees) for the duration of the employee's leave. If an employee fails to make payment within 30 days of the due date, the employee's benefits may be terminated effective immediately after the 30<sup>th</sup> day, provided that proper advance written notice has been provided to the employee. Employees will be provided with written notice of termination at least 15 days before coverage is to cease, advising that coverage will be dropped on a specified date at least 15 days after the date of the letter unless payment has been received by that date.

St. Mary's may recover the employee's share of any premium payments missed by the employee for any FMLA or RIFFMLA leave period during which St. Mary's maintains health coverage by paying the employee's share after the premium payment is missed.

If coverage lapses because an employee has not made required premium payments and employee returns from leave before the expiration of the FMLA or RIFFMLA leave period, St. Mary's will upon the employee's return to work restore the employee to coverage/benefits equivalent to those the employee would have had if leave had not been taken and the premium payment(s) had not been missed, including family or dependent coverage.

St. Mary's may recover its share of health plan premiums during a period of unpaid leave from an employee if the employee fails to return to work after the employee's leave entitlement has been exhausted or expires, unless the reason the employee does not return is due to:

- the continuation, recurrence, or onset of either a serious health condition of the employee or the employee's family member, or a serious injury or illness of a covered service member, which would otherwise entitle the employee to leave under FMLA, if acceptable medical certification is provided within 30 days of St. Mary's request; or
- other circumstances beyond the employee's control, as defined by applicable regulations.

An employee who returns to work for at least 30 calendar days is considered to have “returned” to work. An employee who transfers directly from taking FMLA leave to retirement, or who retires during the first 30 days after the employee returns to work, is deemed to have returned to work.

When an employee elects or an employer requires paid leave to be substituted for FMLA leave, St. Mary’s may not recover its (share of) health insurance or other non-health benefit premiums for any period of FMLA leave covered by paid leave. Because paid leave provided under a plan covering temporary disabilities (including workers' compensation) is not unpaid, recovery of health insurance premiums does not apply to such paid leave.

Once the employee has exhausted his or her FMLA or RIFFMLA entitlement, group health benefits will be cancelled and the employee will be offered COBRA continuation coverage (employees whose benefits were canceled early due to nonpayment of premiums will be also be offered COBRA at the time of leave entitlement exhaustion). Employees whose approved leave of absence extends beyond the job-protected leave period may continue health and dental coverage by making premiums payments to St. Mary’s in accordance with its COBRA continuation policy provisions. If the employee does not accept and pay for COBRA continuation coverage, benefits will be reinstated the first of the month following the employee’s return to work from the extended leave period.

Employees taking unpaid FMLA or RIFFMLA leave, or other leaves of absence if those leaves exceed 30 days, also have the option to discontinue health plan coverage during leave and to resume coverage upon return from leave.

Employees may change their health plan elections during leave if they experience a qualifying election change event and timely notify St. Mary’s, as permitted by the applicable plan.

1. **Other Insurance Pension Contributions:** St. Mary’s will continue applicable payments for other insurance coverage (e.g., health/dental, LTD or AFLAC) during an approved leave of absence. Employees shall be responsible for paying their contribution toward such coverage during leave and should make arrangements with St. Mary’s before taking leave if some or all of the leave will be unpaid.
2. **Seniority:** St. Mary’s shall continue the seniority of the employee during leaves of absence and an employee who returns to service shall have no lapse in continuous service status.
3. **Paid Time Off Accruals:** Sick and Paid Time Off (PTO) leave time will accrue when the employee is drawing down such leave time during a leave; they do not accrue during unpaid leaves of absence.

#### G. Rhode Island School Involvement Leave:

An employee who has worked for St. Mary’s for 12 consecutive months shall be entitled to a total of 10 hours of leave during any 12 month period to attend school conferences or other school-related activities for a child of whom the employee is the parent, foster parent or guardian.

Employee must provide 24 hours prior notice of the leave and make a reasonable effort to schedule a leave so as not to unduly disrupt operations.

School involvement leave is unpaid but St. Mary’s may permit the use of PTO for the leave.

#### H. Statutes, Regulations, and Standards:

The Employer complies with all applicable state and federal laws and guidelines. Staff may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against St. Mary's. FMLA does not affect any Federal or State law prohibiting discrimination or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

### **Military Leave**

Employer/employee rights and obligations relating to military service are governed by the federal law known as the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and state law where applicable. This policy provides general guidance concerning leave of absence for military service; however, it is not intended as a comprehensive statement of all aspects of Military Leave. For more detailed information concerning Military Leave, please see the Human Resources Department and/or consult the Department of Labor's website on USERRA at [www.dol.gov/asp/programs/guide/userra.htm](http://www.dol.gov/asp/programs/guide/userra.htm).

### **General Provisions**

St. Mary's will grant a leave of absence for military duty in accordance with USERRA and any applicable state law for all employees of St. Mary's. If an employee requires Military Leave, the employee should give notice of the date the employee will begin Military Leave as far in advance as is reasonable under the circumstances. Notice should be given to the employee's supervisor or St. Mary's Human Resources Department. At the employee's option, the employee may begin Military Leave a short time in advance of the employee's actual deployment date if the employee requires time to arrange his/her personal affairs and/or to travel to the employee's deployment destination. Employees are entitled to a total of five years time off for military service, except where a longer period of time is required by law. Time off is measured cumulatively based on the actual time spent performing service in the uniformed services; time before or after the actual service period is not included in the cumulative calculation.

### **Reservist Annual Training**

If an employee is a member of any active military reserve unit, the employee may take Military Leave to attend annual training and other service-related requirements. If the employee has been with St. Mary's for at least thirty (30) days and is in good standing, St. Mary's will supplement the employee's military pay for up to two (2) weeks so that the employee receives an amount equal to his/her regular weekly salary (based upon a 40 hour workweek).

Employees should submit official documentation of their military pay. Military Leave for reservist training is not deducted from employees' accrued PTO pay, but employees may, at their election, use any earned, accrued PTO while on Military Leave for reservist training consistent with St. Mary's PTO policy. All of the employee's regular benefits will continue while on Military Leave for reservist training.

## **Pay and Benefits For All Other Military Leaves**

St. Mary's will supplement employees' military pay for the first two (2) weeks of active duty so that they receive an amount equal to their regular weekly salary (based upon a 40 hour workweek). Thereafter, Military Leave is unpaid. Employees may use any earned, accrued vacation time while on Military Leave consistent with St. Mary's's vacation policy.

If an employee is enrolled in any of St. Mary's medical or dental insurance programs, these benefits will be continued for 31 days beginning on the date the Military Leave commences. If an employee's Military Leave lasts beyond 31 days, the employee will be eligible for continuation coverage under USERRA and COBRA; please see Human Resources for more details. Reemployed service members will receive all seniority based benefits that they would have attained with reasonable certainty had they remained continuously employed. PTO will continue to accrue during the first thirty (30) days of an employee's Military Leave, but employees shall no accrue additional PTO time during the remainder of the time they are on Military Leave. As with all other leaves of absence, employees are not entitled to non-seniority based benefits (e.g. holiday pay, bonuses) while on Military Leave. Employees will be responsible for their standard payroll deductions for the period of time that their benefits continue.

## **Reinstatement**

All employees on Military Leave are eligible for reinstatement subject to the terms of USERRA and applicable state law. If an employee's period of service was less than 31 days, the employee should report to work on the next regularly scheduled work day upon his/her return home. If an employee's period of service was 30 to 180 days, the employee should submit an application for reemployment within 14 days of the conclusion of his/her service. If an employee's period of service was more than 180 days, the employee should submit an application for reemployment within 90 days of the conclusion of the employee's service. Employees will either be reinstated to the same (or equivalent) position that they held prior to their leave or to the position that they would have been promoted to but for their Military Leave, as applicable to the employee's circumstances. Additional training will be provided as necessary to assist employees with reemployment. Each situation will be addressed on a case by case basis in accordance with USERRA and state law. If the circumstances at St. Mary's have so changed during an employee's Military Leave as to make reemployment impossible or unreasonable (such as a layoff or restructuring that eliminated the employee's position), the employee will not be eligible for reinstatement. For more information concerning reinstatement, please see St. Mary's Human Resources department.

## **Sabbatical Leave**

Bearing in mind that all skills employed in the operation of St. Mary's are essential, the Board of Directors recognizes that some professional groups and individuals are primarily responsible for the advancement of high-quality standards of care and treatment for clients.

To assist these individuals in maintaining and advancing their position of leadership and to assure St. Mary's of a position of continuing excellence, a program of sabbatical leave has been authorized.

Full-time Administrators, Clinicians, Teachers and Medical and Nursing staff may apply for a sabbatical leave of up to three months following seven consecutive years of employment. The application should include a description of the purpose of the leave, the project to be undertaken, and an indication of its value (outcome) to the individual and the Agency. The Executive Director will present the proposal to the Board of Directors who shall have the power to authorize such a leave with full pay.

The number of persons who may be considered for simultaneous leave will depend upon the financial resources of the Agency and the ability to ensure adequate staff coverage.

## **Returning from a Leave of Absence**

The following provision does not apply to leaves taken pursuant to St. Mary's Family and Medical Leave Policy.

You must notify St. Mary's as soon as possible prior to your expected return from a leave of absence. When you return, every effort will be made to place you in your regular position. If your position was filled or eliminated while you were on leave, you will be assigned to an open position for which you are properly qualified, if one exists.

If you don't return from your leave of absence on the day indicated in your original application or in any approved extension, or within three (3) days of release by your doctor, if you have been on a disability leave of absence, you will be considered to have voluntarily resigned as of the day on which you began your leave of absence.

If you are returning from a medical or disability leave of absence, you will be required to submit a fitness for duty certification from your health care provider.

When staff returns from a leave of absence it is their responsibility to contact the Staff Development Coordinator and complete any trainings for their Standards of Excellence.

## **Accepting other Employment or Going into Business while on Leave of Absence**

If you accept any employment or go into business while on a leave of absence from St. Mary's, you will be considered to have voluntarily resigned your position as of the day on which you began your leave of absence.

## **Insurance Premium Payment during Leaves of Absence**

The following policy does not apply to employees on leave under the provisions of the Family Medical Leave Act or as otherwise provided by applicable law.

St. Mary's will continue to pay its share of insurance premiums for employee coverage and dependent coverage in accordance with its legal obligations. After three months of continuous leave, where permissible, St. Mary's may exercise any rights it has to place an eligible employee on COBRA. While on leave the employee is responsible for their portion of insurance premiums. While on paid leave, if you choose to use PTO, St. Mary's will deduct the employee co-pay from the employee's check as it did while the employee was actively working. Otherwise, insurance premiums are due on the first of each month. Payment is to be timely sent to the HR Department. St. Mary's reserves its rights to take appropriate corrective action, including termination of benefits, when employees fail to make the employee co-pay to their premiums.

## **Insurance Coverage**

### **Group Insurance**

St. Mary's is interested in the health and well-being of both you and your family. Therefore, a comprehensive Insurance Program has been provided for you. You are required to work twenty or more hours per week to be eligible for health, dental and vision coverage. For Group Term Life Insurance, Long Term Disability Insurance and Aflac you are required to work thirty or more hours per week. The Agency reserves the right to modify, amend, or terminate the benefits coverage as they apply to all current, former, and retired employees.

The following benefits are provided for eligible employees. Eligibility will depend upon the specific requirements of each benefit plan. Information and summaries intended to explain these benefit plans will be furnished to all employees during the Orientation Period and/or when they become eligible to participate in the plans.

- Group Term Life Insurance (Full-time Employees Only)
- Dental Care Coverage
- Medical Health Care Coverage
- Dependents' Health Care Coverage
- Long-Term Disability Insurance
- Aflac- Accident/Cancer, hospital and Dependent Care Coverage (Full-time Employees only)
- Healthcare Reimbursement Arrangement

Full-time and part-time employees contribute toward the cost of medical and dental coverage. The amount deducted from your paycheck is based on your signed enrollment form. Temporary and relief staff cannot purchase health insurance.

## **Retirement**

### **Defined Contribution Retirement Plan**

This plan operates under Section 403(b) of the Internal Revenue Code. Plan contributions are made for employees who have satisfied eligibility requirements. The Board of Directors may, at its discretion after consideration of the Agency's financial standing, elect to contribute or not to contribute in any plan year.

Benefits at retirement are based solely on the amounts of plan contributions and earnings, if any, to the Participant's Accumulation Account(s). All benefits under the Plan are fully funded and provided through the Funding Vehicle(s) selected by the Participant.

Employees currently have the following funding vehicles to choose from:

1. Teachers Insurance and Annuity Associations (TIAA)
2. College Retirement Equities Fund(CREF)

An employee becomes eligible to participate in the Plan upon completion of two years of service of at least one thousand hours a year and attainment of age 21.

Note: This is a brief summary of St. Mary's Defined Contribution Retirement Plan. A Summary Plan Description will be given to you during the Orientation Period, and again when you become eligible to participate in the Plan.

### **Tax Deferred Annuity Plan**

St. Mary's offers a tax deferred annuity plan to its employees. The Plan is an arrangement allowed under Section 403(b) of the Internal Revenue Code, where employees of tax exempt organizations may enter into salary reduction agreements with their employers. Under the agreement, a portion of the employee's compensation, subject to IRS imposed limitations, is applied on a before-tax basis to an annuity contract owned by the employee, rather than being paid directly to the employee. These amounts, together with any investment earnings, are not subject to Federal income tax until they are paid to the employee (or beneficiary) in the form of benefits. The Funding Options are the same as listed in the Defined Contribution Retirement Plan section.

All employees are eligible to participate in the Plan. Participation in the Plan is voluntary. You are not required to participate. If you decide to participate, you may begin participation immediately following employment at the Agency.

Note: This is a brief summary of St. Mary's Tax Deferred Annuity Plan. A Summary Plan Description will be given to you during the Orientation Period.

## Workplace Injuries/Safety

St. Mary's is vitally concerned with your safety and well-being. It's only through employees' help that accidents can be prevented and a safe working environment maintained. If you find any unsafe working conditions in any work location, please notify your supervisor and/or Human Resources Department.

If an accident involving a personal injury occurs, regardless of how minor it may seem, please notify your supervisor immediately, and obtain and complete a **First Report of Injury Form**. The completed form should be brought to the HR Department who will then file the report with our insurance company. Posters listing the name, address, and telephone number of our workers' compensation insurance company are located in the Main Building and on the bulletin board in the Human Resources Department.

First Report of Injury Forms are located on the Public Drive, front office in the main building and in the Human Resources Department.

## Other Policies

### **Child Abuse & Neglect Reporting Policy (HR-034)**

All employees are mandated to report per RIGL 40-11-3 Human Services - Abused & Neglected Children. Duty to report:

(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, which shall cause the report to be investigated immediately.

(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 non-palliative 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.

Call: 1-800-RI-CHILD to report (1-800-742-4453)

CPS is responsible for determining whether a report meets the criteria for an investigation. Staff should not conduct a preliminary investigation or screening prior to reporting; however, service providers are to take any and all action necessary to ensure the safety of clients.

All children and youth have the right to contact CPS at any time for any reason.

**Additionally**, the facility must report any known or suspected child abuse or neglect per DCYF Policy 500.0000, Reporting Child Abuse and/or Neglect:

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

## **Communications**

Successful working conditions and relationships depend upon effective communication. Not only do you need to stay aware of changes in procedures, policies and general information, but you also need to communicate your ideas, suggestions, personal goals or problems as they affect your work. In addition to the exchanges of information and expressions of ideas which occur daily, make certain you are aware of and utilize all available methods of communication.

## **Electronic Communications**

The Campus calendar is always available on the intranet. It is the home screen at log-in for each campus computer and lists events for each day. Users can also add events and announcements. Email is also utilized extensively.

## **Fliers & Bulletin Boards**

Fliers and bulletin boards additional ways of keeping everyone informed about topics of general interest, special events and happenings at the Agency. Examples include but are not limited to PQI Committee opportunities, Wellness information, Agency events such as PRIDE Day or Annual Meeting, House Challenges, School Graduation and other special events or activities. Please read the bulletin boards regularly so that you will be familiar with the information posted.

## **Newsletter**

A monthly St. Mary's newsletter is distributed to all staff. The newsletter includes a policy review, upcoming trainings, staff appreciation and upcoming events.

## **Staff Meetings**

The Executive Director or their designee will hold a General Staff Meeting approximately every three months to share information with personnel and to hear concerns and suggestions.

## **Department Meetings**

Your Supervisor or Program Director will schedule department meetings before, during or after work. It is to your advantage to be at these meetings as they give you and your fellow workers a chance to receive information on the Agency's events, to review problems and possible solutions, and to make suggestions about your department or your job.

If your attendance at Department meetings is mandatory, you will be notified by your supervisor. If you are qualified for overtime pay by virtue of working more than forty (40) hours that same week, you will receive your overtime rate for attending the meeting.

## **Weekly Supervision**

You have the opportunity to express your concerns on a weekly basis with your Supervisor. This is an important part of your development within the agency. See policy DC-007 Staff Supervision for details.

## **Purchase Requisitions (FIN-018)**

With few exceptions, agency purchases require written authorization through an approved Purchase Requisition **prior** to incurring an expense on behalf of St. Mary's. Please do not make any purchases for the agency until you have reviewed the complete policy, asked your supervisor questions, and followed all pre-approval processes. You may see any member of the finance department, or the Director of PQI & Operations in their absence if you have questions.

## **Code of Computer Ethics**

St. Mary's provides computer systems with access to hardware, software, and networks to enable employees to fulfill their job responsibilities. The computer systems are vital to the Agency's programs of instruction, research, treatment, and administration. "Computer systems" refer to all computers owned or operated by the Agency and include hardware, software, data, and communication networks (including company cell phones), where applicable, associated with these systems. In particular, computer systems refer to systems ranging from multi-user shared computers to single-user terminals and personal computers, whether free standing or connected to a network.

Ethical conduct by employees in the use of this technology is the same as in all other areas and it is of equal importance. All employees are expected to abide by the Code of

Computer Ethics and apply standards of normal professional ethics and consideration to the use of the Agency's computing systems.

The user must be aware of the legal and moral responsibility for ethical conduct in the use of technology. Users are subject to all applicable laws.

In addition, employees accessing any of the Agency's computer systems, whether a multi-user time-sharing system or a single-user terminal or personal computer, must:

- Have proper authorization for use or attempted use of accounts within the Agency's computer systems.
- Limit the use of the computer systems to work activities.
- Refrain from attempting to tamper with or obstruct the operation of the agency's computer systems.
- Be aware that accessing or using another person's computer account or password without that person's permission is illegal and unethical.
- Refrain from any attempt to use the agency's computer systems as a means for the unauthorized access to computer systems outside the Agency's systems.
- Be aware that the use of invasive software, such as worms and viruses destructive to hardware, software, or data files, is illegal and unethical.
- Be aware that using the Agency's computer systems to act or behave in a rude, obscene, or harassing manner will be dealt with by appropriate Agency policy and procedures.
- Use only legally-obtained or licensed data or software in accordance with its license or purchase agreement.
- Be in compliance with HIPAA and federal copyright laws.
- Only use software approved and installed by the MIS Department.
- If utilizing it must be presented to IT for proper configuration of security and email settings.

Inappropriate conduct and violations will be dealt with under the guidelines of the Code of Conduct as defined and determined by the Executive Director.

### **Employee Dress Code (HR-026)**

Please understand that you are expected to dress and groom yourself in accordance with accepted business standards, as your job involves dealing with clients or visitors. Employees are expected to dress appropriately for their position, role and job responsibilities. Supervisors are responsible to make expectations clear at the time of hire, and should utilize individual or group Supervision to address dress issues as appropriate.

St. Mary's recognizes the differences inherent in the many positions and roles at the agency. For example, expectations for dress by a member of the Maintenance Department are different than that for a Residential or Community Based Staff member, which is still different for a Clinical or business role. However, the following items are unacceptable for any staff member regardless of Department, role or job responsibility:

Tank / Tube tops	Sundresses with bare shoulders / bare backs
See-through tops	Bare feet (See exception)
Bare midriffs	Advertising/images of Drugs/Alcohol/Contraband
Men's undershirts	Suggestive or tight-fitted fashions or clothing
Muscle shirts	Low riding pants (please wear a belt if necessary)
Clothing with provocative slogans	

In addition,

Any sleeveless tops are to be fitted to the armpit

Shorts must reach at least mid-thigh

Skirts may be no shorter than just above the knee

Excessive jewelry and make up should be avoided

Perfume should not be overpowering and to the extent colleagues or clients have allergies, should not be worn.

Please also be mindful of footwear considering the event / activity and job function, weather and safety. For direct care staff, all footwear must be securely fastened to feet, have minimal heels, and must provide sufficient traction and support to allow for quick movements and turning that may be necessary in a restraint. Flip flops or loose-fitting sandals may not be worn. Footwear/Bare Feet exception: Beach / pool recreational activity with children.

While hats are permitted, please be mindful and remove them during meal times/dining rooms, as well as when representing the agency in court, meeting with external providers and other more formal situations.

St. Mary's is an equal opportunity employer and invites requests for accommodation for sincerely held religious beliefs, disability related reasons, or other protected class related needs.

If your Supervisor feels your attire violates this policy, you may be asked to leave your workplace until you are in compliance. You will not be paid for the time you are off the job for this purpose. The HR Manager is authorized to determine whether clothing meets dress code, and anyone who violates this standard will be subject to appropriate disciplinary action.

Damage may occur to clothing, footwear, jewelry, sun glasses or other accessories during the course of providing services directly to clients. Consequently, the Agency recommends that you avoid wearing anything very expensive or very sentimental to the workplace. Damage to reading glasses or clothing that occurs while providing treatment to clients may be reported to the HR Manager and also be documented on an Incident, Restraint or Progress Note. At the discretion of the HR Manager and the Finance Director some reimbursement may be approved.

## **Drug-free Workplace**

There are serious health risks associated with the abuse of drugs and alcohol. Help may be obtained at Community Mental Health Centers statewide or through the Agency's

Employee Assistance Program at (855) 775-4357. Contact the Human Resources Department for more information on the Employee Assistance Program (EAP).

## **Substance Abuse**

Whenever use or abuse of any controlled substance (such as alcohol or other drugs) interferes with a safe workplace, appropriate action must be taken. St. Mary's has no desire to intrude into staff members' personal lives. However, both on-the-job and off-the-job involvement with any controlled substances can have an impact on our workplace and on our ability to achieve safety and security and to provide a role model to clients. Therefore, you must not report to work under the influence of any controlled substances.

St. Mary's receives several grants from Federal agencies. Since March 18, 1989, we have been required to certify that we will provide a drug-free workplace. As part of this certification, St. Mary's is publishing the following statement:

The unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in St. Mary's Home for Children's workplace. Violation of the above will be subject to disciplinary action, including possible dismissal. As a condition of employment under the grant the employee will:

- (1) Abide by the terms of the statement.
- (2) Notify the employer in writing of any criminal drug statute conviction for a violation occurring in a workplace no later than five calendar days after such conviction.
- (3) Notify the agency in writing within ten (10) calendar days after receiving notice under subparagraph (2), from an employee or otherwise receiving actual notice of such conviction.
- (4) Take one of the following actions, within thirty (30) calendar days of receiving notice under subparagraph (2), with respect to any employee who is so convicted.
  - (a) Take appropriate personnel action against such an employee, up to and including termination; or
  - (b) Require such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.

## **Exit Interviews**

In instances where an employee voluntarily leaves our employ, Human Resources would like to discuss reasons for leaving and any other impressions the employee may have. If you decide to leave, you will be asked to grant us the privilege of an exit interview, or you may request an exit interview. During this interview, you may express yourself freely. It is hoped that this interview will provide insights into possible improvements as a part of PQI activities at the Agency.

## **Fire Drills**

Drills are scheduled throughout the year. All employees should be familiar with the evacuation plan in all buildings where they work. The evacuation plans are posted near all exits. Complete plans and instructions are available within the Agency Safety Manual, available within each house and department. Your Supervisor can answer any questions you may have about what to do.

## **Gifts**

Employees may not accept or solicit gifts from clients, suppliers or vendors. Employees are not permitted to give gifts to vendors, except for certain promotional “premiums” (T-shirts, coffee mugs, pens, key chains, etc.) imprinted with the St. Mary’s Home for Children logo or information. Token, inexpensive expressions of appreciation such as holiday cookies, or lunch, snack or beverages while working on-site may be given to vendors or vendor drivers. Gifts to children (birthday, holidays, etc.) are provided by St. Mary’s and no personal gifts from an employee to a client shall be given, regardless of value.

## **Housekeeping**

Neatness and good housekeeping are signs of efficiency. You are expected to keep your work area neat and orderly at all times; it is a required safety precaution.

Easily accessible trash receptacles and recycling containers are located throughout the building. Put all litter and recyclable materials in the appropriate receptacles and containers.

Report anything that needs repairing or replacing to your Supervisor immediately, and fill out a Maintenance Request Form.

## **Identification Badges**

An Identification Badge System is utilized for all staff, visitors and volunteers. Staff will be assigned a badge which must be worn when on the premises. This badge is also to be used for entering all facilities. The employee badge is the property of St. Mary’s. If you lose or misplace your badge, please contact the Human Resources Department as soon as possible, so we can deactivate your badge and reissue a new one.

All visitors and volunteers must wear a visitor’s badge which must be returned at the end of each visit. If you see someone without a badge, please ask their purpose and ask that she/he obtain a badge.

The decision whether to allow departing employees (or others) visitation rights lies in St. Mary’s sole discretion.

## **Personal Phone Calls & Mail**

The Agency's telephone lines are business lines; therefore, there is a charge for each and every phone call. Please keep personal usage to a minimum.

Emergency calls to family members may be made at any time. Incoming urgent calls will be directed to you.

Please do not use St. Mary's as a personal mailing address, and do not put personal mail in the stacks that are to be run through the postage meter.

## **Personal Cell Phone**

A comprehensive Cell Phone policy (HR-027 Use of Personal Cell Phones and Similar Devices) is in place and must be adhered to by all employees, interns, volunteers, consultants and independent consultants. All are responsible to read the comprehensive policy and abide by its content. A few highlights follow:

The Agency recognizes that there may be times when an employee needs to use a personal cell phone while on duty. Be mindful of your surroundings and protect the confidentiality of clients and the agency when speaking on a cell phone in a public area.

Employees who excessively use a cell phone, or whose cell phone use interferes with the supervision of children or job duties/responsibilities, are subject to disciplinary action up to and including termination.

Employees are allowed to carry personal devices on their person, and must keep them on vibrate or silence at all times during their shift. Employees may use their personal cell phone during breaks. Using a personal device to make a phone call on break is not allowed from inside a residential House, or school Classroom during the school day.

Employees who excessively use devices or whose device use interferes with the supervision of clients and/or other job duties/responsibilities, are subject to disciplinary action up to and including termination.

All agency policies must be adhered to when using a device, including but not limited to those related to harassment, discrimination, communication with clients, photography, audio or video recording, use of the internet, downloading onto agency-issued devices, use of agency-issued devices and all other agency policies.

Never give a client your personal device. The use of cameras on personal devices during work time is prohibited to protect the privacy of the employer, fellow employees and clients. (See also ADM-039 Photography & Videotaping Clients).

## **Personal Property**

The Agency recognizes that employees may need to bring certain personal items to work. However, items that are not directly related to the employee's job performance should not be brought or left on the premises. You are responsible for ensuring that all purses, wallets and keys are safely locked while you are on duty. If you do not have a place within your department to lock your personal items, they may be kept locked in your vehicle. St. Mary's cannot assume any responsibility for loss or damage to personal property.

## **Promotion Policy**

It is our policy to attempt to advise all employees about advancement opportunities by means of posting open positions via email, or on bulletin boards. However, the Executive Director reserves the right to fill a position without such postings if they feel it is in the best interests of St. Mary's. Submit your request for consideration for a specific position directly to the Human Resources Department.

Whenever a position becomes available, efforts will be made to fill it by promoting a qualified employee. Depending on the job, St. Mary's may consider a variety of factors, including, but not limited to, individual ability, skills, education, qualifications, and past job performance. In addition, St. Mary's reserves the right to continue to advertise outside the Agency for potential candidates.

Whenever you are learning a new job, or if your abilities are unknown in a particular job, you will be classified as a trainee during the time necessary for you to gain experience to do the job.

## **Security**

Maintaining the security of buildings and vehicles is every employee's responsibility. Develop habits that insure security as a matter of course. For example:

- Know the location of all alarms and fire extinguishers, and familiarize yourself with the proper procedure for their use.
- When you leave a building, make sure that all entrances are properly locked and secured.
- Emergency and service telephone numbers should be posted by house telephone and are available in all emergency manuals.
- Always keep cash properly secured. If you are aware that cash is insecurely stored, immediately inform the person responsible.

## **Safety Policy**

Every employee assumes the responsibility of individual and agency safety in the workplace. It is the responsibility of each employee that all tasks be conducted in a safe manner complying with:

- All local, state and federal safety and health laws and regulations;
- All agency emergency safety policies and procedures;
- All skills and techniques taught in agency trainings (e.g. TCI, Safety Care); and
- Any special safety protocols identified for use in a particular area or with a client.

Although most safety and health regulations are consistent throughout each department and program, it is the responsibility of employees to identify and familiarize themselves with the emergency plan for their working areas as well as any local, state or federal regulations specific to their department or program, if applicable.

Additionally, all employees are responsible to familiarize themselves with the Emergency Safety Manual. The Manual is located electronically on a network drive, and is also printed and available in residential house staff offices, classrooms and various other locations across campus.

It is the responsibility of employees to complete a First Report of Injury form for each safety or health incident or infraction that occurs. This form must be submitted to the HR department within 24 hours of any incident or report.

During new employee Human Resources orientation, each employee is responsible to sign a statement indicating they have reviewed the Emergency & Safety Manual and understand and will comply with St. Mary's safety and health policies.

## **Security Checks**

St. Mary's reserves the right to inspect all packages and parcels entering and leaving the premises.

## **Smoking (HR-035)**

1. In compliance with Rhode Island law, no child (resident or student) under eighteen years of age (18) is permitted to smoke. Staff shall not smoke in the presence of clients and their families at any time.
2. St. Mary's Home for Children supports a smoke free environment. There is no smoking allowed on agency property or in agency vehicles.
3. In addition, all tobacco products, including smokeless products are prohibited.

## **Traffic Violations**

If you are authorized to operate an Agency vehicle in the course of your assigned work, or if you operate your own vehicle in performing your job, you will be considered completely responsible for any fines or traffic violations incurred. You must inform your Supervisor of any violations incurred while on Agency business.

If you are involved in a car accident with a St. Mary's vehicle, you must first complete an Auto Accident Form. Follow the instructions on the form.

Note: See also "Driver's License & Driving Record" in the "Employment" section of this Guidebook and "Traffic Violations" for further information.

## **Parking Areas**

You are encouraged to use the parking areas designated for our employees. **Do not park in areas reserved for guests and families.** Remember to lock your car and park within the specified areas. Do not leave vehicles unlocked or unattended while the motor is running. This presents a safety risk, as our clients sometimes seek out unlocked cars.

Courtesy and common sense in parking will help to avoid accidents, personal injuries, and damage to your vehicle and to the vehicles of other employees. If you should damage another car while parking or leaving, immediately report the incident, along with the license number of both vehicles and any other pertinent information to your Supervisor or Program Director.

When parking at St. Mary's, please do not block fire lanes or park on grassy areas.

## **Visitors**

St. Mary's has full discretion in determining whether departed employees will be granted visitation rights.

If any such former employees are seen on St. Mary's property, it is the responsibility of all staff members to immediately notify the highest ranking Supervisor on duty, and, during "off-hours," to notify the Campus Supervisor, Clinical Director of Residential Services or Executive Director to determine if the former employee is allowed on campus.

## **Volunteers**

Anyone who wants to volunteer at St. Mary's Home for Children in a way that involves being with clients must go through the same background check processes in place for employees. See the HR Manager for information.

Anyone who volunteers as a part of a one-time outdoor volunteer group (e.g. campus clean up) and who will not be left alone with clients need not undergo the background check process, but must complete a Visitor Confidentiality Acknowledgement through the Development Department.

## **Pets**

Employees may apply to bring a pet to campus as a part of the Agency Pet Policy (HR-021). Only pets approved in accordance with that policy may be on campus. In special circumstances, the HR Manager may approve an external provider bringing a certified pet-therapy dog or animal to campus to work short-term with a specific client and employee.

## **CONCLUSION**

The foregoing policies and guidelines are designed to assist all personnel in working together toward the goal of fulfilling our mission, which is **to create an environment of healing and hope for those we serve.**

This is challenging work that will require the collaboration of all involved, but we think that you will agree that there is nothing more rewarding than being part of the healing process for our clients!



# **APPENDIX B: DCYF Residential Licensing Regulations**

**214-RICR-40-00-4**

## **TITLE 214 - DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES**

### **CHAPTER 40 - LICENSING**

#### **SUBCHAPTER 00 - N/A**

Part 4 - Residential Child Care Regulations for Licensure

### **4.1 GENERAL PROVISIONS**

#### **4.1.1 LEGAL BASIS**

- A. R.I. Gen. Laws § 40-13.2 - Certification of Child Care and Youth Serving Agency Workers
- B. R.I. Gen. Laws Chapter 42-72 - Department of Children, Youth and Families
- C. R.I. Gen. Laws § 42-72.1 - Licensing and Monitoring of Child Care Providers and Child-Placing Agencies
- D. R.I. Gen. Laws § 42-72.9 - Children's Right to Freedom From Restraint Act 42 USC 201 - Children's Health Act of 2000
- E. These regulations apply to all residential placements in accordance with the term "Facility", as defined in § 4.1.3 of this Part (DEFINITIONS) below. They do not apply to boarding schools and educational programs approved by the Rhode Island Department of Education, recreational camps or programs licensed by the Department of Mental Health, Retardation and Hospitals, including nursing homes, hospitals, mental health centers and residential substance abuse programs. They do not pertain to the Rhode Island Training School.
- F. A provider must demonstrate both in its license application and as an active program its ability to provide child care services in accordance with these regulations and in compliance with the laws of the State of Rhode Island. DCYF, as the licensing authority, will inspect all aspects of a program in order to determine compliance with these regulations. No provider will operate a Facility without a DCYF license.

#### **4.1.2 STATEMENT OF INTENT**

- A. R.I. Gen. Laws Chapter 42-72 of the Rhode Island General Laws requires the Rhode Island Department of Children, Youth and Families (DCYF) to provide for the safety and well-being of all youth who are placed in its care. DCYF is responsible for the regulation of all residential facilities for children.

- B. The Children's Bill of Rights, R.I. Gen. Laws § 42-72-15, mandates that each child be treated in a humane and respectful manner with full consideration for the child's personal dignity and right to privacy. These regulations set standards to ensure that agencies create safe, clean, healthy and emotionally supportive environments where every child receives the least intrusive, most clinically appropriate intervention.
- C. The Department utilizes a family centered practice approach, recognizing that family members play an important part in treatment planning. Residential child-care agencies play a critical role in promoting the principles of family centered practice by recognizing that families have strengths, supporting family members in caring for their children, creating an environment that respects cultural diversity, linking and coordinating with the community to access needed services and working with families to achieve the goals of safety, permanency and well-being.
- D. The Department has formulated the portion of these regulations relating to crisis intervention, restraint and seclusion in compliance with the Children's Right to Freedom from Restraint Act (R.I. Gen. Laws § 42-72.9) and the Children's Health Act of 2000 (42 U.S.C. § 201).
- E. According to those laws, every child has the right to be free from the use of seclusion or restraint as a means of coercion, discipline or retaliation. The use of such techniques poses potential risks to physical safety and psychological well-being; non-physical interventions are the preferred techniques. The intent of these regulations is to minimize the use of restraint and seclusion and to ensure such interventions are employed only to prevent immediate harm to the physical safety of a child or other individuals in the Facility.
- F. The Department of Children, Youth, and Families does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief or handicap. The prohibition against discriminatory practices extends to the agencies, organizations and institutions the Department licenses.

#### **4.1.3 DEFINITIONS**

- A. "Applicant" means a child care provider applying for a license or a license renewal to operate a residential facility for children in the care of the Department.
- B. "Bedroom space" means a minimum of fifty (50) square feet per child designated as a sleeping area. Any bedroom space developed subsequent to the effective date of these regulations will include an outside window.
- C. "Behavior management policy" means written policies and procedures for managing children's actions, including positive responses for appropriate behavior and consequences for rule violations.

- D. "Bio-psychosocial assessment" means a comprehensive assessment of the functioning of the child and family, including their strengths, preferences, cultural background and influences, previous involvement in mental health or social services and current functioning. The assessment identifies current barriers and supports to community placement of the child, family reunification, ensuring community safety and the child's participation in local education.
- E. "Chemical restraint" means any medication used to control a child's behavior or to restrict the child's movement when the medication is not a standard treatment for the child's medical or psychiatric condition.
- F. "Child" means any person less than eighteen (18) years of age, provided that a child over the age of eighteen (18) who continues to receive services from the Department and/or who is defined as emotionally disturbed and/or as a child with functional developmental disabilities as referenced in R.I. Gen. Laws § 42-72-5 is considered a child for purposes of these regulations, or any child who is subject to the continuing jurisdiction of the RI Family Court pursuant to R.I. Gen. Laws § 14-1-6.
- G. "Child abuse and neglect" means the maltreatment of a child as defined by R.I. Gen. Laws §§ 40-11-2 and 14-1.
- H. "Child placing agency" means any private or public agency, which receives children for placement into independent living arrangements, supervised apartment living, residential group care facilities, family foster homes or adoptive homes.
- I. "Child protective services" means the Child Protective Services (CPS) division of DCYF, including investigative and intake units.
- J. "Clinical care staff" means any person employed or contracted by a Facility, on a temporary or permanent basis, to provide specialized clinical and therapeutic services in accordance with their qualifications and licenses.
- K. "Court appointed special advocate (CASA)" means the program established by the RI Family Court to provide representation to children in DCYF proceedings.
- L. "DCYF service plan" means the Department's plan with a child and the child's family for care and treatment services.
- M. "Department of Children, Youth, and Families" is referred to as DCYF, the Department, the Licensing Division or Unit and DCYF representatives.
- N. "Department of Human Services (DHS)" is the Medicaid Authority for the State of Rhode Island and the payor of medically necessary services for children with Medicaid coverage.

- O. "Direct care staff" means any person employed or contracted by a Facility, on a temporary or permanent basis, to provide care, education or supervision and to implement facility service plans for children in the placement.
- P. "Educational program" means a Facility with educational services certified by the Rhode Island Department of Education.
- Q. "Facility" means any agency, organization or public or private entity that provides residential treatment, residential group care or shelter care for children. The placements include but are not limited to independent living, semi-independent living and wilderness programs. The term encompasses "Covered Facility" as defined in R.I. Gen. Laws § 42-72.9-3.
- R. "Facility case record" means the placement's comprehensive collection of a child's medical, social and educational information, including treatment plans and service plans.
- S. "Facility service plan" means the time-limited, goal-oriented individual service plan of care, treatment and education services that is developed and implemented by the Facility for a particular child.
- T. "Family centered practice" means a best practice approach that allows the family's strengths, resources and needs to be identified in partnership with DCYF and service providers for the purpose of developing service plans and delivering appropriate services. Family centered practice includes the family members in making the decisions that will affect them and their children, and it is built upon a set of principles that embrace valuing the family and utilizing the family's community as a core support.
- U. "Independent living" means the placement of a child in his/her own residence under the regular supervision of a licensed child placing agency.
- V. "Licensed practitioner of the healing arts" means a Doctoral and/or Masters Level clinician independently licensed in the State of Rhode Island in the field of medicine, psychology, nursing, social work, mental health counseling or marriage and family treatment who is required to sign the child's individual service plan.
- W. "Licensing division" means the Licensing Unit of DCYF.
- X. "Life threatening physical restraint" means any physical restraint or hold on a child that restricts the flow of air into the child's lungs by chest compression or any other means or any other restraint that may result in death.
- Y. "Locked facility" means a Facility secured with locked doors to prevent children from exiting the premises at will.

- Z. "Mechanical restraint" means any approved mechanical restriction that immobilizes or reduces the movement of a child's arms, legs, torso or head in order to hold a child safely including:
1. medical devices, such as supports prescribed by a health care provider to achieve proper body position or balance; and
  2. helmets or other protective gear used to protect a person from injury due to a fall or to prevent self-injury. Such devices must be part of a documented treatment plan and must be the least restrictive means available to prevent self-injury.
- AA. "Nationally recognized model of crisis intervention and physical restraint" means a Crisis Intervention and Restraint Program that is developed by an organization with the capacity to ensure quality training in, and evaluation of, the model consistent with § 4.2.6(L) of this Part (Behavior Management, Safety and Crisis Intervention, Restraint and Seclusion) below.
- BB. "Office of the Child Advocate" means the legal office created by R.I. Gen. Laws Chapter 42-73.
- CC. "Parent" means the parent(s) or legal guardian(s) of a child.
- DD. "Parent agency" means the association of persons or the organization having responsibility for conducting the affairs of the Facility or of which the Facility is a subsidiary.
- EE. "Probationary license" means a license maintained by a Facility that is temporarily unable to comply with a licensing requirement. A probationary license shall be issued for up to twelve (12) months and may be extended for an additional six (6) months at the discretion of the Licensing administrator. A probationary license will be granted in accordance with R.I. Gen. Laws § 42-72.1-5.
- FF. "Provisional license" means a license issued for a period not to exceed six (6) months to an applicant who is not able to comply with a certain regulation or regulations because the Facility is not in full operation. A provisional license will be granted in accordance with R.I. Gen. Laws § 42-72.1-5.
- GG. "Residential counseling center" means a residential group care facility that maintains intensive staffing ratios to ensure the safety and security of the residents.
- HH. "Residential group care" means any Facility that serves no more than eight (8) children and provides room and board, recreational programs and clinical and social services.

- II. "Residential treatment" means a facility that provides care and treatment of children who need extended out-of-home care. Treatment includes medical services, psychiatric and/or psychological services, clinical social work, behavioral management interventions and educational and recreational services.
- JJ. "Seclusion" means the involuntary confinement of a child in a room, whether alone or with staff, in a manner that prevents the child from leaving the area. This definition does not pertain to facilities or children where the terms of seclusion are defined pursuant to any particular judicial decree.
- KK. "Serious physical injury" means any injury requiring diagnostic or treatment services from a licensed medical provider.
- LL. "Site" means the Facility premises.
- MM. "Shelter care" means any facility serving no more than eight (8) children, which provides emergency care for the purpose of stabilization or assessment in a group home for a period not exceeding ninety (90) days.
- NN. "Semi-independent living" means a program for adolescents with daily supervision and overnight staffing.
- OO. "Support staff" means individuals who do not maintain direct supervision and care of children.
- PP. "Therapeutic physical restraint" means the use of a staff member's body to immobilize or reduce the free movement of a child's arms, legs, torso or head in order to ensure the physical safety of a child or other individual in the Facility. The term does not include either brief holding of a resident in order to calm or comfort or the minimum contact necessary to safely escort a resident from one area to another.
- QQ. "Time out" means a child's brief separation from a group, not to exceed twenty (20) minutes, designed to de-escalate a child's behavior. During "time out" a child's freedom of movement is not restricted and the child need not be directly supervised, but must be visually monitored.
- RR. "Total quality management (TQM)" means a management approach for an organization, centered on quality, based on the participation of all its members and aiming at long-term success through customer satisfaction and benefits to all members of the organization and to society.

## **4.2 LICENSING PROVISIONS**

### **4.2.1 APPLICATION PROCESS**

- A. The application packet is obtained from the DCYF Licensing Unit. A separate application must be filed for each proposed Facility.

- B. The completed licensing application packet, in accordance with § 4.2.1(C) of this Part below, must be submitted to DCYF Licensing to initiate the Licensing process. An incomplete packet will be returned to the applicant.
- C. The application packet consists of the following:
1. Facility Licensing Application and Checklist
    - a. The application must be fully completed and signed by the chief executive of the applying agency.
    - b. All information listed on the checklist must be provided.
  2. Documentation of fiscal responsibility evidencing sound financial structure and ability to meet the operating needs of the Facility
  3. Fire Safety inspection approvals or other evidence of compliance with the Food and Drug and Health and Safety Acts, R.I. Gen. Laws Titles 21 and 23 respectively, and any related regulations
  4. Agency Charter or Articles of Incorporation
  5. Documentation of Federal Tax Exempt Status
  6. Certificate of Occupancy or other evidence of compliance with the State Building Code for new construction or change of use
  7. Documentation of any national accreditations and any other licenses
  8. Report of any community notification
  9. DCYF clearances (Form #035A) and results (Form #171) on all operators, employees and board members (refer to Department Operating Procedure 100.0155, Clearance of Agency Activity)
  10. Criminal History Affidavit (Form #109) and statewide and nationwide, including fingerprinting, criminal records checks (refer to Department Operating Procedure 100.0215, Criminal Records Checks) on all operators and employees and Form #109 and statewide criminal records checks on board members
  11. Employment History Affidavit (Form #108) (refer to Department Operating Procedure: 100.0210, Employment Background Checks Facility Operators/Facility Employees) on all operators and employees
  12. Disaster and Emergency Response Plan
  13. Behavior management and crisis intervention, restraint and seclusion policies

14. Identification of crisis intervention and restraint model to be utilized in the Facility
15. Documentation of completion of training in crisis intervention, restraint and seclusion and certification in First Aid and CPR
16. Documentation of licensure of the clinical supervisor or clinical director, confirming that the clinician is a licensed practitioner of the healing arts

D. Preliminary site evaluation is performed by DCYF licensing staff

#### **4.2.2 DETERMINATION**

A. Upon receipt of a completed License application packet, the Licensing Division will take one of the following actions within ninety (90) days:

1. Issue a license.
2. Issue a Provisional License to a Facility not previously licensed in accordance with R.I. Gen. Laws § 42-72.1-5.
3. Issue a Probationary License which sets forth terms of remediation as prescribed by R.I. Gen. Laws § 42-72.1-5.
4. Deny the application (refer to § 4.5 of this Part (APPEAL/HEARING) below).

B. If a License is issued, the License remains valid from the date of issue to its expiration in one (1) year, or as otherwise consistent with R.I. Gen. Laws § 42-72.1-5, unless DCYF initiates licensing action for cause or the Facility voluntarily surrenders the license prior to that time.

#### **4.2.3 VARIANCE**

A. The DCYF Director or designee may grant a variance to a regulation upon the submission of a written request setting forth the circumstances requiring the variance and demonstrating good cause for the variance to be granted.

B. A variance may be granted when the situation does not jeopardize the health, safety and well-being of the children in care.

C. An approved variance will contain a specified time frame, not to exceed ninety (90) days, and is subject to review and renewal.

#### **4.2.4 LICENSING VIOLATIONS AND COMPLAINTS**

A. Any complaint, which alleges a violation of these regulations will be referred to the DCYF Licensing Division for investigation.

1. When a Facility is found to be in violation of these regulations, the DCYF Licensing Administrator or designee sends written notice of the violation(s) to the chief executive of the Facility. The notice establishes a deadline for correcting the violation.
  2. The chief executive of the agency sends a corrective action plan to the Licensing Administrator or designee.
  3. If the Facility fails to comply with the time frame, the chief executive of the agency sends a written explanation for the delay to the Licensing Administrator or designee with a request for an amended time frame. This request must be received within twenty-four hours of the deadline.
  4. The Licensing Administrator or designee may either accept or reject the request in writing.
  5. If the Facility remains in violation at the end of the designated time frame, the Licensing Administrator or designee initiates action to suspend, revoke or continue the license on Probationary Status.
- B. Any complaint, which alleges that a child has been abused and/or neglected in a Facility will be referred to Child Protective Services.

#### **4.2.5 APPEAL/HEARING**

- A. Any applicant for licensure or licensee may appeal any action or decision of a Departmental staff person, supervisor or administrator that is adverse to the status as an applicant or license holder.
- B. All administrative hearings for appeals relating to licensing violations or terms will be held in accordance with Department Operating Procedure 100.0040, Complaints and Hearings.

#### **4.2.6 LICENSE RENEWAL**

- A. The DCYF Licensing Unit provides a renewal application packet, which includes a compliance self-assessment report, to the Facility ninety (90) days prior to the expiration of the current License.
- B. Applicant returns the completed renewal application packet to the Licensing Unit at least thirty (30) days prior to the license expiration.
- C. Applicant provides documentation of fiscal accountability.
- D. Applicant requests updated DCYF clearances through the DCYF Licensing Unit and obtains statewide BCI checks in accordance with Department Operating Procedure 100.0155, Clearance of Agency Activity and Department Operating

Procedure 100.0210, Criminal Records Checks and includes results in personnel file.

- E. DCYF conducts site inspection and records review prior to the expiration of the current license in order to determine compliance with the regulations.

## **4.3 LICENSING STANDARDS**

### **4.3.1 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:
    - (1) The staff working on each shift
    - (2) "One-on-one coverage", "constant supervision" and any restrictions consistent with the Facility's behavior management program
    - (3) "Monitoring" and "supervision" of clients
  - b. Each Facility will have overnight staff/child ratios as follows:
    - (1) Residential, Shelter and Residential Treatment Programs - overnight awake staff with a staff/child ratio of one to six (1:6).

- (2) 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:
  - (1) Residential Group and Shelter Care programs will have a minimum of one staff to four residents (1:4).
  - (2) Residential Treatment Programs and Specialized Programs will have a minimum of one staff to three residents (1:3).
  - (3) 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.

D. Research

- 1. Research is permitted for a Facility or Parent Agency's internal evaluation.
- 2. Research for any other purpose requires prior approval from DCYF. Upon review, DCYF may require parental approval.
- 3. The child's anonymity must be maintained in all phases of the research as dictated by State and Federal law.

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 R.I. Gen. Laws § 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 §§ 4.3.2(A)(1), (2), and (3) of this Part 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.

#### **4.3.2 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 R.I. Gen. Laws § 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 (Form #035A) and results (Form #171)
  - d. Fingerprint Affidavit and results
  - e. Statewide criminal records check and results
  - f. Criminal History Affidavit (Form #109)
  - g. Employment History Affidavit (Form #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, on-going 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 §4.3.6(L) of this Part (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.

E. Volunteer and Intern Services

1. A Facility that utilizes volunteer and/or intern services will maintain written procedures regarding their roles and provide these procedures to all volunteers and interns.
2. The procedures will require that all volunteers and interns be:
  - a. Directly supervised by a paid staff member
  - b. Oriented and trained in the philosophy of the program, the needs of children in their care and the methods used to meet those needs
  - c. Utilized to provide services to enrich the program (Volunteers and interns may not provide essential services that would otherwise be provided to satisfy client/staff ratios.)
  - d. Fully informed, at time of orientation, of the requirement to protect client's confidential information, whether written or oral
  - e. Prohibited from participating in any form of restraint
3. Facilities will maintain a file for each volunteer and intern containing Employment History Affidavit (Form #108), Criminal History Affidavit (Form #109), Fingerprint Affidavit and results, DCYF Clearance (Form #035A) and results (Form #171) and a signed confidentiality agreement.
4. Volunteers and interns will comply with the same ethical requirements as staff.

#### **4.3.3 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 § 4.3.1(E) of this Part (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 Lead Poisoning Prevention (216-RICR-50-15-3) promulgated by the Rhode Island Department of Health pursuant to R.I. Gen. Laws § 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:
    - (1) Properly located and easily accessible
    - (2) Marked with legible operating instructions
    - (3) Sealed with intact tamper indicators
    - (4) Equipped with a pressure gauge indicator in operable range
    - (5) Marked with the Fire Inspector's annual certification

- b. All other fire and safety equipment, such as smoke detectors, alarms and emergency lighting, are maintained current at all times.
    - c. Monthly inspections will be documented in a fire safety log.
  3. Each smoke detector system will be inspected at least once per year by the DCYF.
  4. The Facility is responsible to maintain compliance with fire safety laws and regulations and is subject to periodic inspections to ensure compliance.

F. Fire, Emergency and Disaster Procedures

1. Each Facility will maintain a written disaster and emergency response plan, developed with the assistance of qualified safety personnel. The plan will address:
  - a. Mandatory and Emergency Evacuations
  - b. Disaster planning training for staff
  - c. Locating and tracking children
  - d. Protection of records
  - e. Provision of regular and crisis response services to children
  - f. Communication with DCYF
2. The emergency and disaster response plan will provide for a minimum of five (5) days food, water, medication, toilet paper, hygiene supplies and sleeping accommodations for all residents and staff.
3. Evacuation procedures will be posted in all common areas and on each level of the Facility. The Facility will provide accommodations and staff training for the evacuation of any disabled children.
4. The Facility will conduct one fire drill per month. All shifts will participate on a rotating basis. The drills must include evacuation of all persons to safe areas.
5. Every Facility will maintain a record of fire drills in its fire safety log.

G. Emergency Medical Procedures

1. Every Facility will have written procedures for staff to follow in case of a medical emergency.
2. Emergency medical procedures will be conspicuously posted at each site.

3. Each Facility will maintain a fully stocked First Aid Kit and Universal Safety Precaution Kit that includes CPR masks and shields.
4. The Facility will record any child's medical emergencies in the child's record.

#### H. Medication for Residents

1. The Facility will maintain written protocols for dispensing over-the-counter (OTC) and prescription (Rx) drugs.
2. Each medication will be properly labeled and stored in a separate container for each child, labeled with the child's name.
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 § 4.3.3(G) of this Part 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 R.I. Gen. Laws § 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.

**4.3.4 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.

#### **4.3.5 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.
- j. This assessment provides the information for a clinical formulation of a DSM diagnosis.
- k. This assessment is completed for all children entering residential care or is provided to the program from another competent clinical resource.
- l. Individual service plan and records of quarterly reviews.
- m. The Individual service plan must address issues of concern identified in the bio-psychosocial assessment and diagnostic formulation.
- n. 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.
- o. DCYF Service Plan
- p. Educational reports and/or description of educational needs including Individual Educational Plans (IEPs)
- q. Medical and behavioral health records
- r. Copies of any Incident Reports
- s. Progress notes documenting activities in support of the goals of the service plan and periodic reviews.
- t. 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.

- u. Progress notes must be entered for any intervention to assist the child, consistent with the provisions of the child's individual service plan.
  - v. Date of and reason for discharge
  - w. The name, address, and telephone number of the individual and/or agency to whom the child is discharged
  - x. Discharge summary and aftercare plan
  - y. 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:
  - (1) Health care
  - (2) Education
  - (3) Personal/Social development
  - (4) Family relationships, including strengths of child and family
  - (5) Pre-vocational and vocational training
  - (6) Life skills development
  - (7) Religion and spiritual activity
  - (8) 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:
  - (1) Attainable goals and objectives which are clearly written in language that the youth and parent understand
  - (2) Services provided to the child, including activities to be pursued with the child's family, in order to achieve the stated goals
  - (3) Identification of all persons responsible for implementation of the various aspects of the plan
  - (4) 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.

**4.3.6 PROGRAM REQUIREMENTS**

- A. Every Facility will comply with the Children's Bill of Rights (R.I. Gen. Laws § 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:
    - (1) The child's location and planned duration of the visit
    - (2) The name, address and telephone number of the person responsible for the child during the visit
    - (3) Identity, verified through Photo ID, of the person transporting the child
    - (4) 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 § 4.3.5(A)(2)(j) of this Part Facility Case Records) 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.
      - (1) 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.
      - (2) These policies must address monitoring, documenting, reporting and internal review of all instances of restraint and seclusion.

- (3) 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:
    - (1) Date and time that the time out began and ended;
    - (2) The location of the child during the time out; and
    - (3) 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:
  - (1) A clearly written curriculum that has been approved by a multidisciplinary group of professionals and focuses on prevention and de-escalation of crises
  - (2) Procedures for teaching safe and effective implementation of restraint
  - (3) Individuals certified as trainers are recertified at least once every three (3) years
  - (4) Developed by an organization that evaluates and modifies the curriculum in order to ensure the application of state-of-the-art de-escalation and restraint techniques
- d. The Department will make available a list of approved models no later than January 1 of each calendar year.
  - (1) The Parent Agency and/or Facility may submit to the Department a written request for a model to be added to this list.
  - (2) 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 model. The Facility will further ensure the following:
  - (1) The trainer has been certified or recertified as a trainer in the most current version of the model within the past three (3) years.
  - (2) The trainer completes one (1) training in this model annually.
  - (3) The Facility will maintain documentation regarding the certification status of each trainer.
- f. The Department will not recognize the adaptation or modification of any model without the written approval of the organization that developed the model.



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.
- e. 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:
  - (1) In an emergency when a child appears to be at immediate or imminent risk of physically harming self or others; and
  - (2) Less restrictive interventions have not succeeded in de-escalating the child's behavior.
- c. Pursuant to R.I. Gen. Laws § 42-72.9-4, no life-threatening restraint may be utilized.
- d. In accordance with R.I. Gen. Laws § 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 R.I. Gen. Laws § 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:
  - (1) 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.
  - (2) 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.
  - (3) 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 R.I. Gen. Laws § 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:
  - (1) 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.
  - (2) 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 R.I. Gen. Laws § 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:

- (1) The use of chemical restraint has been ordered in writing by a physician and is administered in accordance with the standards adopted by JCAHO.
  - (2) 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.
  - (3) 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:
- (1) 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.
  - (2) The medication is not administered during a physical or mechanical restraint episode.
  - (3) The medication is administered to the child voluntarily, without coercion and/or the threat of any negative consequences.
  - (4) 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.
  - (5) 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.
  - (6) 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 R.I. Gen. Laws § 42-72.9-5, mechanical or chemical restraint and seclusion and may not be used simultaneously.
  - b. The use of seclusion as authorized by R.I. Gen. Laws § 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:
    - (1) Constructed of safe, non-porous material with give that can be easily cleaned
    - (2) Unlocked or magnetic lock doors
    - (3) Good lighting with protected light fixtures
    - (4) Good ventilation
    - (5) A minimum fifty (50) square foot area
    - (6) 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 R.I. Gen. Laws § 42-72.9-3.
10. Documentation and Reporting Physical, Mechanical and Chemical Restraint and Seclusion
- a. In accordance with R.I. Gen. Laws § 42-72.9-6, every Facility will use the Form #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 Form #203 that is immediately transmitted to the Office of the DCYF Director and, during non- standard business hours (weekends, holidays and 4 PM - 8:30 AM weekdays), to the DCYF Child Protective Services Hotline.

- c. The Form #203 will be completed as soon as practicable by the staff person most involved in the incident. The Form #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 Form #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:
    - (1) Number of children served by the Facility
    - (2) Number of children restrained or secluded
    - (3) Statistics regarding gender, race and age of the involved children
    - (4) Average duration of each category of restraint and seclusion
    - (5) Number of mechanical restraints, grouped according to the type of mechanical device used
    - (6) Number of incidents of chemical restraint, grouped according to medication administered
    - (7) Number of incidents of seclusion
    - (8) 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 R.I. Gen. Laws § 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 that the child understands.

214-RICR-40-00-4

**TITLE 214 - DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES**

**CHAPTER 40 - LICENSING**

**SUBCHAPTER 00 - N/A**

PART 4 - RESIDENTIAL CHILD CARE REGULATIONS FOR LICENSURE (214-RICR-40-00-4)

Type of Filing: Refile Capabilities

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Department of State Initials

Department of State Date

# **APPENDIX C: DCYF Policies and Operating Procedures**

## Rhode Island Department of Children, Youth and Families Department Operating Procedure

	DOP Number: <b>500.0000</b>	Effective Date: <b>July 1, 2018</b>	Page 1 of 4
	Version #:1	Revision History:	Director: <i>Trista D. Piccola</i> <b>Trista Piccola</b>
Section: <b>Child Abuse/Neglect Investigations</b>		Title: <b>Reporting Child Abuse and/or Neglect</b>	
<b>Legal Authority:</b> <ul style="list-style-type: none"> <li>• Rhode Island General Law §40-11-2</li> <li>• Rhode Island General Law §40-11-3</li> <li>• Rhode Island General Law §40-11-3.2</li> <li>• Rhode Island General Law §40-11-4</li> <li>• Rhode Island General Law §40-11-7</li> <li>• Rhode Island General Law §42-72-8</li> <li>• Child Abuse and Prevention Treatment Act, Pub. Laws No. 98-457</li> </ul>			
<b>Related DOPs:</b> <ul style="list-style-type: none"> <li>• Glossary of Terms; DOP: 100.0280</li> <li>• Criteria for a Child Protective Services Investigation; DOP: 500.0005</li> <li>• Response Priorities - Priority 1, Priority 2, and Priority 3; DOP: 500.0010</li> <li>• Family Assessment Response; DOP: 500.0015</li> <li>• Institutional Abuse/Neglect Case; DOP: 500.0035</li> <li>• Police Involvement in Child Protective Investigation; DOP: 500.0040</li> </ul>			
<b>Related Forms:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>			

### I. PURPOSE

All persons, who have reasonable cause to know or suspect that any child has been abused and/or neglected, sex trafficked, commercially sexually exploited, human trafficked, or has been a victim of sexual abuse by another child, are required by Rhode Island General Law [\(RIGL\) 40-11-3](#) to report this information to the Department of Children, Youth and Families (hereinafter the Department) within 24 hours.

Any sexual abuse, sexually harassing or voyeuristic behavior by any Department provider, vendor, contractor, volunteer or staff to ward a child/youth is reported to the CPS Hotline within 24 hours and investigated by a Child Protective Investigator (CPI).

Any person who has reasonable cause to know or suspect that any child has been the victim of sexual abuse by an employee, agent, contractor, or volunteer of an educational program must report that information to the Hotline within 24 hours.

[RIGL 40-11-2](#) defines an "abused and/or neglected child" as a child whose physical or mental health or welfare is harmed or threatened with harm when his/her parent or other person responsible for his/her welfare:

- Inflicts or allows to be inflicted upon the child physical or mental injury, including excessive corporal punishment; or
- Creates or allows to be created a substantial risk of physical or mental injury to the child, including excessive corporal punishment; or
- Commits or allows to be committed against the child, an act of sexual abuse; or
- 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
- 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 incompetence, 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
- Abandons or deserts the child; or
- Sexually exploits the child in that the person allows, permits or encourages the child to engage in prostitution as defined by the provisions of [RIGL 11-34](#), entitled Prostitution and Lewdness; or
- 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 which 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 which depicts any such child under 18 years of age performing sodomy, oral copulation, sexual intercourse, masturbation or bestiality; or
- Commits or allows to be committed any sexual offense against the child (sexual offenses are defined by the provisions of [RIGL 11-37](#), entitled Sexual Assault as amended);
- Commits or allows to be committed against any child an act involving sexual penetration or sexual contact if the child is under 15 years of age; or if the child is 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, or physically helpless as defined by the provisions of [RIGL 11-37-6](#).

[The Child Abuse Prevention and Treatment Act \(PL 98 457\)](#) and [RIGL 40-11-3](#) require the Department to receive and respond to reports of medical neglect, including reports of the medical neglect of or withholding medically indicated treatment from a disabled infant with life threatening conditions. Medically indicated treatment is defined as treatment, including appropriate nutrition, hydration and medication, which, in the treating physician/nurse practitioner's reasonable medical judgment, will be most likely to be effective in ameliorating or correcting the infant's life threatening conditions. Any person who has knowledge or suspicion of such medical neglect or withholding of medical treatment from a disabled infant (aged one year or less) must report it to the Child Protective Services Hotline immediately. While federal law provides specific protections for medically fragile infants, RI General Law requires that medical neglect or the withholding of medically indicated treatment from any child be reported to the Child Protective Services Hotline immediately.

Additionally, [RIGL 14-1-3](#) defines a neglected child as 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 fails to provide the child proper education as required by law.

[RIGL 40-11-2](#) defines a "person responsible for child's welfare" as the child's parent or guardian, any individual, 18 years of age or older, who resides in the home of a parent or guardian and has unsupervised access to a child, a foster parent, an employee of a public or private residential home or facility or any staff person providing out-of-home care, which includes family child care, group family child care and center-based child care.

The Department has a centralized intake and information system to effectively and efficiently control and monitor the flow of child abuse and/or neglect (CA/N) reports. The Child Protective Services (CPS) Hotline is staffed by Child Protective Investigators (CPI), highly trained employees who receive and process reports through the CPS Hotline 24 hours per day, 7 days per week. The Rhode Island Children's Information System (RICHIST) provides instant information on previous CA/N reports and can monitor and track the progress of current investigations. Some reports are made in person or writing through US mail, electronic mail, the internet or other modality; any report is referred to the Call Floor.

In compliance with [RIGL 40-11-3](#), all reports of child abuse and/or neglect received by the CPS Hotline are electronically recorded and maintained in RICHIST for a minimum of three years. 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 will have his or her record, relative to that incident, expunged three years after that determination. Additionally, reports made to the Hotline that do not meet the criteria for investigation are expunged after three years.

[RIGL 40-11-4](#) allows any person who, in good faith, makes a report of child abuse and/or neglect to have immunity from any civil or criminal liability. [RIGL 40-11-3.2](#) makes it a misdemeanor for any person to knowingly and willfully make or cause to be made a false report of child abuse and/or neglect. [RIGL 42-72-8](#) allows the Department to release records to the Office of the Attorney General when the Office is engaged in the investigation or prosecution of criminal conduct related to false reporting of child abuse and/or neglect.

All reports to the Child Protective Services Hotline are screened to determine the appropriate Department response. The CPS Hotline worker utilizes a validated and standardized screening tool to determine if the report meets criteria to be screened in for:

- an investigation; or
- a family assessment response; or
- a regulatory response.

Reports that do not meet the required criteria to be screened in for a Department response are screened out with documented action taken, or screened out with no action taken.

## II. PROCEDURE

- A. The Department's Child Protective Services (CPS) Hotline provides a statewide, toll-free phone number established to receive child abuse and neglect (CA/N) reports 24 hours per day, seven days per week.
- B. All reports are electronically recorded and maintained for a minimum of three years in a central registry.
  1. 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, will have his or her record, relative to that incident, expunged three years after that determination.
  2. Additionally, any report made to the Hotline that does not meet the criteria for a CPS investigation is expunged after three years. Refer to [DOP: 500.0005, Criteria for a Child Protective Services Investigation](#) and [DOP: 500.0015, Family Assessment Response](#).
- C. All CA/N reports must come through the Hotline. These include reports on families new to the Department and on families previously and currently active with the Department.
- D. All CA/N reports that are received by Department personnel other than Hotline staff must be immediately forwarded to the Hotline. This includes in person or written reports from

any source.

- E. The Department criteria for accepting or rejecting a CPS report for investigation are described in [DOP: 500.0005, Criteria for a Child Protective Services Investigation](#).
- F. For each report received by the Hotline alleging institutional abuse and/or neglect, a CPS report is completed and processed in conformance with [DOP: 500.0035, Institutional Abuse/Neglect Case](#).
- G. In conformance with the Child Abuse and Treatment Act (PL 98 -457), the Department immediately responds to any report that parents refuse, despite the reasonable medical judgment of the attending physician/nurse practitioner, to provide medically indicated treatment to a disabled infant with life threatening conditions or any child with medical needs.
  - 1. Any person who has knowledge or suspicion of medical neglect or the withholding of medical treatment from a disabled infant (aged one year or less) must report it to the Child Protective Services Hotline immediately. The Department coordinates and consults with the medical staff designated by the hospital.
  - 2. Any person who has knowledge or suspicion of medical neglect or the withholding of medical treatment from a child must report it to the Child Protective Services Hotline immediately.
  - 3. The Department initiates legal action as necessary through the initiation of court action and pursues a court order for an independent evaluation of the infant/child when necessary to resolve allegations related to medical neglect.

## Rhode Island Department of Children, Youth and Families Department Operating Procedure

	DOP Number: <b>500.0005</b>	Effective Date: <b>July 1, 2018</b>	Page 1 of 7
	Version #: 1	Revision History:	Director: <i>Trista D. Piccola</i> <b>Trista Piccola</b>
Section: <b>Child Abuse/Neglect Investigations</b>		Title: <b>Criteria for a Child Protective Services Investigation</b>	
<b>Legal Authority:</b> <ul style="list-style-type: none"> <li>• Rhode Island General Law §40-11-2</li> <li>• Rhode Island General Law §40-11-3</li> <li>• Rhode Island General Law §40-11-7</li> <li>• Rhode Island General Law §42-72-8</li> </ul>			
<b>Related DOPs:</b> <ul style="list-style-type: none"> <li>• Child Fatality or Near Fatality Response; DOP: 100.0125</li> <li>• Glossary of Terms; DOP: 100.0280</li> <li>• Response Priorities - Priority 1, Priority 2, and Priority 3; DOP: 500.0010</li> <li>• Family Assessment Response; DOP: 500.0015</li> <li>• Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3); DOP: 500.0025</li> <li>• Institutional Abuse/Neglect Case; DOP: 500.0035</li> <li>• Police Involvement in Child Protective Investigation; DOP: 500.0040</li> <li>• Kinship Care; DOP: 700.0035</li> </ul>			
<b>Related Forms:</b> <ul style="list-style-type: none"> <li>• Hotline Screening Tool</li> <li>• Notice of Alert (Form #199)</li> </ul>			

### I. PURPOSE

The Department of Children, Youth and Families (hereinafter the Department) initiates a Child Protective Services (CPS) investigation when a report that meets Investigation Criteria is made to the CPS Hotline. Reports may involve families new to the Department, families actively being serviced by the Department, families previously active with the Department and incidents of institutional abuse and/or neglect. The report involves a child under 18 years of age or under 21 years of age if the youth is residing in foster or institutional care or if the youth is in Department custody, regardless of placement.

### II. PROCEDURE

- A. Investigation Criteria 1- Child Abuse/Neglect (CA/N) Report - RIGL 40-11-3 requires the Department to immediately investigate reports of child abuse and neglect. The

circumstances reported, if true, must constitute child abuse/neglect as defined by RIGL 40-11-2.

- a. The Department investigates reports that allege child abuse and/or neglect when reasonable cause to believe that abuse or neglect exists. Child Abuse/Neglect (CA/N) Reports accepted for investigation contain the following elements:
    - a. Harm or substantial risk of harm to the child (under 18 or under 21 years of age if in Department placement or custody) is present.
    - b. A specific incident or pattern of incidents suggesting child abuse and/or neglect.
    - c. A "person responsible for the child's welfare" has allegedly abused or neglected the child.
  - b. Call Floor Child Protective Investigator (CPI) completes a Child Protective Services (CPS) report in RICHIST for all reports alleging child abuse and neglect.
  - c. Field CPI initiates an investigation within 48 hours if the report is accepted for investigation.
  - d. An investigation relating to a foster home or child care program is conducted in conformance with [DOP: 500.0035, Institutional Abuse/Neglect Case](#).
- B. Investigation Criteria 2: Non-Relative Caregiver - RIGL 42-72.1-4 requires that no parent assigns or otherwise transfers to another, not related to him or her by blood or marriage, his or her rights or duties with respect to the permanent care and custody of his or her child under eighteen years of age unless duly authorized by an order or decree of the court.
1. A CPS investigation is initiated when the Department receives a report that a parent has assigned or otherwise transferred to another, not related to him or her by blood or marriage, his or her rights or duties with respect to the permanent care and custody of his or her child under eighteen years of age, unless the arrangement was authorized by an order or decree of the court.
  2. During the investigation, it is determined if the home is suitable for the child. If the placement is deemed appropriate, the Department licenses the caregiver if she/he meets licensing standards and is able to meet the needs of the child.
  3. If the placement is unsuitable, the Department removes the child and places him or her in an appropriate living arrangement. If the child must be placed in out of home care, the Department must first explore potential relatives as placement resources (refer to [DOP: 700.0035, Kinship Care](#)).
  4. The Call Floor CPI completes a CPS report.
  5. The Field CPI initiates an investigation within 48 hours if the report is accepted for investigation.
- C. Investigation Criteria 3: Sexual Abuse of a Child by Another Child- Sexual Abuse of a Child by Another Child - RIGL 40-11-3 requires the Department to immediately investigate sexual abuse of a child by another child.
1. The Department is required by RIGL 40-11-3 to investigate allegations of sexual abuse/molestation/exploitation of a child by another child immediately. The Department initiates an investigation in conformance with [DOP: 500.0025, Standards for Investigating Child Abuse and Neglect \(CA/N\) Reports \(Levels 1, 2, 3\)](#).
  2. The Hotline CPI completes a CPS report.
  3. The Field CPI initiates an investigation within 48 hours if the report is accepted for investigation.
- D. Investigation Criteria 4: Duty to Warn- RIGL 42-72-8 allows the Department to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. If the Hotline receives a report that a perpetrator of sexual abuse or serious physical

abuse has access to another child in a family dwelling, that report is classified as an investigation and assigned for investigation.

1. RIGL 42-72-8 allows the Department to release information if there is a risk of physical injury by the person to himself/herself or others and that disclosure of the records is necessary to reduce that risk.
2. In accordance with the law, a CPS Investigation is initiated when the Hotline receives a report that a perpetrator, who has been convicted, adjudicated or indicated for the following categories of sexual abuse or serious physical abuse, has physical access to other children in a family.
  - a. Convictions:
    - i. Murder (involving a child)
    - ii. First degree child abuse
    - iii. Battery by an adult upon children ten years of age or younger - serious bodily injury
    - iv. First degree child molestation
    - v. Second degree child molestation
  - b. Adjudications in Family Court
    - i. Termination of Parental Rights based on finding of conduct toward a child of a cruel and abusive nature
    - ii. Sexual abuse
  - c. Indicated Abuse Findings (CPS)
    - i. Death
    - ii. Brain damage
    - iii. Subdural hematoma
    - iv. Internal injuries
    - v. Intercourse
    - vi. Sexual exploitation
    - vii. Molestation
3. The Hotline CPI completes a CPS report.
4. The Field CPI initiates an investigation within 48 hours if the report is accepted for investigation.
5. Field CPI attempts to verify any prior adjudication on a Dependency/Neglect/ Abuse petition, criminal conviction in Family, District or Superior Court or a CPS indicated finding of allegations of sexual abuse and/or serious physical abuse pertaining to the alleged perpetrator.
6. Field CPI attempts to verify the identity of the person previously adjudicated, convicted and/or the subject of a prior CPS finding on charges/allegations of sexual abuse and/or serious physical abuse.
7. Prior to responding to the home, the Field CPI contacts legal counsel to determine what, if any, information can be disclosed to the primary caregiver pursuant to the provisions of RIGL 42-72-8. After-hour inquiries are referred to the on-call administrator who consults with the Chief Legal Counsel.
8. Field CPI responds to the home and interviews the child to determine if he/she has been a victim of any act of abuse and/or neglect by the alleged perpetrator.
9. Field CPI determines if there is a substantial risk of imminent physical or emotional harm to any child residing in the same household as the alleged perpetrator or to whom the alleged perpetrator has frequent access. The CPI and his/her supervisor consider any appropriate factors in assessing risk to the child, which include, but are not limited to:
  - a. How long ago the conviction, adjudication and/or indicated finding occurred;
  - b. Whether the alleged perpetrator has engaged or is engaging in clinical treatment to address the issues of prior sexual abuse and/or serious physical abuse;
  - c. The age of the child(ren) residing in the household;

- d. Whether there has been any prior Department involvement with the child who is the subject of the current investigation;
  - e. Whether or not the family is amenable to services; and
  - f. Whether the child has disclosed any acts of abuse and/or neglect by the alleged perpetrator.
10. If the CPI, in consultation with his/her supervisor, determines that there exists a substantial risk of imminent harm to the child, the CPI advises the primary caregiver that the alleged perpetrator must not be allowed further access to the child.
  11. If the alleged perpetrator is a natural parent or legal guardian of the child and agrees to leave the home of the primary caregiver, the CPI consults with Department's Legal Counsel regarding the filing of a Dependency/Neglect/Abuse petition.
  12. If the primary caregiver is unwilling or unable to ensure that the alleged perpetrator will not be allowed access to the child and/or the alleged perpetrator is unwilling to leave the residence of the primary caregiver, the CPI consults with legal counsel and takes immediate action to ensure the protection of the child.
- E. Investigation Criteria 5: Alert to Area Hospitals, Safety of Unborn Child - RIGL 42-72-8 allows the Department to release information if it is determined that there is a risk of physical injury by a person to himself/herself or others and that disclosure of the records is necessary to reduce that risk. The Department issues an alert to area hospitals when a parent has a history of substantiated child abuse/neglect or a child abuse/neglect conviction and there is concern about the safety of a child.
1. RIGL 42-72-8 allows the Department to release information if it is determined that there is a risk of physical injury by the person to himself/herself or others, and that disclosure of the records is necessary to reduce that risk.
  2. In accordance with this law, the Department issues an alert to area hospitals when it is believed that there may be risk of harm to a child born to a parent with a history of substantiated child abuse or neglect or a child abuse/neglect conviction.
    - a. Reasons for an alert may include, but are not limited to:
      - i. Parent has exhibited behavior or conduct that is seriously detrimental to a child of a duration that renders it improbable for the parent to care for a child for an extended period.
      - ii. Parent has subjected another child to aggravated circumstances, including abandonment, torture, chronic abuse or sexual abuse.
      - iii. Parent has committed voluntary manslaughter of another child.
      - iv. Parent has aided or abetted, attempted, conspired or solicited to commit such a murder or such a voluntary manslaughter.
      - v. Parent has had his/her parental rights to a sibling of the child terminated involuntarily.
      - vi. There is a history of chronic substance use disorder by one or both parents.
      - vii. Parent has inflicted excessive corporal punishment upon a child, resulting in physical injury to the child.
      - viii. Parent has a history of mental or emotional disability which has proven to render the parent unable to care effectively for his or her children.
    - b. The alert requests that the hospital contact the CPS Hotline upon the birth of the infant as a result of the Department's concerns about the welfare of the child.
  3. Issuing an Alert
    - a. An alert regarding the safety of an unborn child may be initiated by a Family Service Unit (FSU) worker, by a CPS worker or by a Juvenile Correctional Services (JCS) worker.

- i. An alert may be initiated by a FSU worker on an open case, on a case that will close during the pregnancy due to a Termination of Parental Rights or on a recently closed case.
    - ii. An alert may be initiated by a Call Floor CPI on a case not open to the Department.
    - iii. An alert may be initiated by a JCS worker, which includes Juvenile Probation and the Rhode Island Training School.
  - b. Worker discusses the need for an alert with his/her supervisor and administrator to obtain approval.
  - c. Upon approval, the following processes are completed:
    - i. FSU, CPS or JCS supervisor completes a Case Activity Note (CAN) in RICHIST, indicating any special instructions, such as an available placement resource.
    - ii. Supervisor sends an e-mail to all CPS administrators informing them of the alert.
    - iii. Worker completes the DCYF # 199, Alert to Area Hospitals - Safety of Unborn Child.
  - d. FSU, CPS or JCS supervisor and administrator sign the alert.
  - e. FSU, CPS or JCS supervisor sends the alert to area hospitals.
4. When the Hotline receives a response to the alert upon the birth of the child, the report is reviewed. A determination is made whether the report is assigned for investigation or to a Family Assessment Response in conformance with **DOP: 500.0015, Family Assessment Response.**

- F. Investigation Criteria 6: Serious, Critical Injury, Child Near Fatality or Child Fatality- Serious, critical injury of a child, near child fatality or Child Fatality. Under RIGL 40-11-3.1 the Department is required to investigate all instances of child fatalities or near fatalities in which child abuse or neglect is suspected to be a contributing factor regardless of whether the family is currently active or has ever received services from the Department.
1. CPS Investigative Response:
    - a. CPS proceeds with its investigation as per Department procedure. If the family is currently active with another division of the Department, CPS coordinates its activities with assigned staff from those divisions.
    - b. The CPI initiates contact with other assigned Departmental staff to share information regarding the reported fatality/near fatality, review the family's current or recent history with the Department, identification of potential safety concerns for any other children in the home or placement in which the child fatality or near fatality occurred, and potential or available relative/kinship resources.
      - i. Contact is initiated by the CPI prior to the start of the investigation when possible, exceptions being weekend, holidays and afterhours events.
      - ii. Contact at the above stated times is initiated if information necessary to the investigation is not available.
    - c. The CPI assess the safety of any other children in the home or placement where the fatality or near fatality occurred as well as any other children in the victim's family that may reside elsewhere, and develops safety plans accordingly. Safety plans are shared with other agency staff assigned to the case. Responsibility for changes in placement, medical clearances, legal consults and the writing and filing of petitions if necessary, is shared between CPS and other assigned divisions for those cases active at the time of the fatality or near fatality.
      - i. The CPI is responsible to conduct interviews required for the investigation including those with family members, both immediate and extended.

- ii. The CPI is the primary agency contact with hospital/medical personnel, the office of the Medical Examiner, any law enforcement agencies involved including police departments and the Office of the Attorney General.
  - iii. The CPI and supervisor participate in the Child Fatality/Near Fatality Review as scheduled.
  - iv. The CPI updates the Child Fatality/Near Fatality Reviewer as to the outcome of the Department's investigation, findings from the Medical Examiner's office, and the status of any law enforcement investigations/activity inclusive of local police and the Attorney General's office.
- d. The divisional administrator assesses and arranges for the initial level of support needed by the assigned CPI staff, the unit and the division as appropriate. Supports may be accessed through the Department's Peer Support Team, the State of RI EAP, and the employee's medical benefits.
  - e. The divisional administrator arranges for coverage of tasks associated with other cases assigned to the CPI and CPI supervisor managing the child fatality or near fatality and monitors work on those cases as needed.
2. FSU/JCS Responsibility:
- a. FSU and/or JCS staff already assigned to and working with the family at the time of the child fatality or near fatality remain the primary agency staff assigned to the case.
    - i. Once notified of the fatality or near fatality, Department staff assigned to the case do not enter any CANs or case information into RICHIST or alter the hard copy record in any way until completion of the Child Fatality/ Near Fatality Review or as advised by the CF/NF Reviewer.
    - ii. Hard copy records are turned over to the CF/NF Reviewer.
  - b. In recognition of the difficulty of experiencing a child fatality or near fatality, casework responsibility for other cases assigned to the worker/supervisor are distributed for coverage within the unit or region for up to 7 business days, if necessary.
    - i. Line and supervisory staff assigned to the case in which the fatality or near fatality occurred use this time to address the needs of the involved family and to care for their own wellbeing.
    - ii. Management staff in these divisions provide direct assistance and support to the assigned staff in addressing the needs of the involved family as well as assess the emotional wellbeing of the assigned staff, the involved unit and division as a whole and secure supports for them as necessary and appropriate.
  - c. The primary worker, in consultation with the CPI and in coordination with the investigation, assists with identifying and determining the appropriateness of family/kinship placements if needed. The primary worker is responsible to assess the wellbeing needs of any other children in the family and to secure services and supports to meet those needs.
    - i. The primary worker and supervisor are responsible to assess the needs of the parents and to secure services and supports to meet those needs inclusive but not limited to, emotional supports, grief counseling, and financial assistance for funeral and burial arrangements.
    - ii. The divisional administrator, in conjunction with the CRA, assists with arrangements for funeral and burial services as needed.
    - iii. If the child fatality or near fatality occurred in a foster home the primary service worker in conjunction with the Licensing worker

(and provider agency if appropriate) assess the needs of the foster parents. The Licensing worker is responsible to assist the foster parents.

- iv. The primary worker and supervisor do not enter any CANs or other information into the RICHIST or hard copy records once notified of the child fatality or near fatality and until such time as the Fatality/Near Fatality Review is conducted or as advised by the CRA.
- v. The primary worker and supervisor provide the hard copy record and any un-entered notes, unfiled reports/evaluations or other materials pertinent the case to the CRA for use in the development of the case timeline necessary for the Child Fatality/Near Fatality review meeting. All hard copy records are provided to the CRA immediately after notification is received by the assigned staff of the fatality/near fatality.
- vi. The divisional administrator meets with their assigned staff to discuss the events and assess the level of support needed by them as well as by the unit and the division as a whole. Services can be accessed through the Peer Support Team, the State of RI EAP, or the employee's medical benefits.
- vii. The primary worker and assigned supervisor participate in the Critical Event review as scheduled.

## Rhode Island Department of Children, Youth and Families Department Operating Procedure

	DOP Number: <b>500.0030</b>	Effective Date: <b>July 1, 2018</b>	Page 1 of 2
	Version #:1	Revision History:	Director:  <b>Trista Piccola</b>
Section: <b>Child Abuse/Neglect Investigations</b>		Title: <b>Additional Information and Duplicate Reports</b>	
<b>Legal Authority:</b> <ul style="list-style-type: none"> <li>• Rhode Island General Law §40-11-3</li> <li>• Rhode Island General Law §40-11-7</li> </ul>			
<b>Related DOPs:</b> <ul style="list-style-type: none"> <li>• Glossary of Terms; DOP: 100.0280</li> <li>• Reporting Child Abuse and/or Neglect; DOP: 500.0000</li> </ul>			
<b>Related Forms:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>			

### I. PURPOSE

An Additional Information Report is used by a Call Floor worker when another report is received concerning the same incident of child abuse or neglect (CA/N). It is also used when an investigation is pending and a report is made to the Call Floor about an incident which happened prior to the date and time of the oral report on a pending investigation. For currently active investigations, a Child Protective Services (CPS) Report is generated to include the new reporter and/or allegation(s).

A Duplicate Report is used only when a report is made alleging a similar incident to one which has already been investigated and closed. For closed investigations, the same allegation must pertain to a previously investigated CA/N incident to be considered a Duplicate Report.

### II. PROCEDURE

#### A. Additional Information Report

1. An Additional Information Report is processed on the Child Protective Services (CPS) Report Window and assigned to the appropriate Investigative Unit for use in the ongoing investigation if:
  - a. The reporter and the allegations made are exactly the same as the previous report.
  - b. The involved subjects (perpetrator and victim) are the same as the previous report.
  - c. The same incident is being reported by a different reporter.
  - d. The same incident is being reported but new allegations are being made.
  - e. The same incident is being reported but new involved subjects (perpetrator/ victim) are being added.

- f. An incident is reported which happened prior to the date and time of the oral report on the pending investigation.
- g. The information provided alters the data currently on file in RICHIST.
- 2. For Additional Information Reports the CPS report is processed as follows:
  - a. The report is linked to the existing case.
  - b. The case is assigned by the Call Floor Supervisor to the appropriate Investigative Unit for use in the ongoing investigation.
  - c. The assigned Child Protective Investigator (CPI) links the report to the pending investigation.

B. Duplicate Report

- 1. A Duplicate Report (which always pertains to a closed investigation) is processed as a CPS report.
- 2. If the report contains no new allegations or new involved subjects, the CPS report is processed as follows:
  - a. The CPS report is forwarded to the Call Floor Supervisor.
  - b. The Call Floor Supervisor reviews the CPS report for accuracy, accepts the report and closes the case.
- 3. The Duplicate Report must be reviewed by the Call Floor Supervisor and if necessary, the Chief, Child Protective Investigator or his/her Administrative designee.
- 4. If the report contains new allegations which meet the criteria for investigation, a new CPS report is processed.

## Rhode Island Department of Children, Youth and Families Department Operating Procedure

	DOP Number: <b>500.0035</b>	Effective Date: <b>April 15, 2019</b>	Page 1 of 8
	Version #:2	Revision History: 07/01/2018 V.1	Director: <i>Trista D. Piccola</i> Trista Piccola
Section: <b>Child Abuse/Neglect Investigations</b>		Title: <b>Institutional Child Abuse and Neglect</b>	
<b>Legal Authority:</b> <ul style="list-style-type: none"> <li>• <a href="#">Rhode Island General Law §40-11-2</a></li> <li>• <a href="#">Rhode Island General Law §40-11-3</a></li> <li>• <a href="#">Rhode Island General Law §40-11-7</a></li> </ul>			
<b>Related DOPs:</b> <ul style="list-style-type: none"> <li>• <a href="#">Glossary of Terms; DOP: 100.0280</a></li> <li>• <a href="#">Critical Event Reviews; DOP: 100.0290</a></li> <li>• <a href="#">Administrator-on-Call; DOP: 100.0320</a></li> <li>• <a href="#">Reporting Child Abuse and/or Neglect; DOP: 500.0000</a></li> <li>• <a href="#">Standards for Investigating Child Abuse and Neglect (CA/N) Reports (Levels 1, 2, 3); DOP: 500.0025</a></li> <li>• <a href="#">Police Involvement in Child Protective Investigation; DOP: 500.0040</a></li> <li>• <a href="#">Standards of Proof; DOP: 500.0050</a></li> <li>• <a href="#">Administrator on Call RITS; DOP: 1200.0020</a></li> <li>• <a href="#">Notice to Superintendent; DOP: 1200.0070</a></li> <li>• <a href="#">Unusual Incident Report; DOP: 1200.0075</a></li> <li>• <a href="#">Protecting and Preserving Evidence; DOP: 1300.0110</a></li> </ul>			
<b>Related Forms:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>			

### I. PURPOSE

Institutional child abuse and neglect means situations of known or suspected child abuse or neglect of a child under the age of 18 or under the age of 21 if the child is in the care of the Department of Children, Youth and Families (hereinafter the Department) 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 home or facility; or situations where the suspected abuse or neglect occurs as a result of such institution's practices, policies, or conditions. The term encompasses both acts and omissions on the part of a responsible person. Out-of-home care also includes a child daycare (family daycare, group daycare, and center-based daycare).

All persons in Rhode Island are required by law (RIGL 40-11-3) to report known or suspected cases of child abuse and/or neglect to the Department.

The Department is committed to the confidentiality of information received on all child abuse and neglect allegations and investigations. The Department emphasizes protecting the privacy of the individual under investigation while disseminating specific information regarding the allegations and investigation to Department staff who need to know it to protect the best interests of the child involved in the investigation.

## II. PROCEDURE

### A. Regulatory Response

1. A report made to the Child Protective Services (CPS) Hotline that concerns the well-being of a child but does not meet the criteria for an investigation is referred to the Department's Licensing Unit for a Regulatory Response.
  - a. The Call Floor Supervisor sends an E-mail message to the Licensing Administrator and the assigned worker(s).
  - b. No verbal or written notification of the report is required for the Child Advocate.

### B. Child Protective Service Calls

1. A child or youth in out of home care may report information about known or suspected abuse to himself or herself or another child or youth without being identified as the source of the information; staff who receive such information from a child or youth contacts the Child Protective Services (CPS) Child Abuse Hotline to make the report of known or suspected child abuse.
2. Any staff reporting abuse or neglect to the CPS Child Abuse Hotline makes every effort to make the call in a private place where confidentiality is maintained.
3. Staff never asks a child or youth why he/she wishes to call the CPS Hotline, but rather staff provides immediate access to the telephone. Staff makes every effort to ensure that a child or youth calling the CPS Child Abuse Hotline does so in a private place where confidentiality is maintained. The staff member supervises the child/youth visually but does not listen to the content of the call.
4. Notification of CPS Investigations:
  - a. Foster Homes:
    - i. The CPS report is completed and forwarded by the Call Floor worker to the Call Floor Supervisor.
    - ii. The Call Floor Supervisor accepts the CPS report and creates a case or links the report to an existing case. The case is assigned to the Investigative Unit for initiation of an investigation.
    - iii. All CPS investigations involving any foster, kinship, or pre-adoptive family are reviewed and approved by the CPS Administrator.
    - iv. The CPS Administrator notifies the Department Director, Executive Legal Counsel, Chief of Staff, Manager of the Division of Performance Improvement, and the

- Communications Director within 24 hours of any investigation initiated on a foster, kinship or pre-adoptive family.
- v. The Licensing Administrator immediately places the licensed foster, kinship, or pre-adoptive family's license on hold and no further placements are made until the resolution of the investigation.
  - vi. The Office of the Child Advocate (OCA) is assigned to the case in RICHIST.
- b. Daycare Homes:
- i. The CPS report is completed and forwarded by the Call Floor Worker to the Call Floor Supervisor.
  - ii. The Call Floor Supervisor accepts the CPS report and creates a case or links the report to an existing case. The case is assigned to the Investigative Unit for initiation of an investigation.
  - iii. The OCA is assigned to the case in RICHIST.
- c. Residential Facilities:
- i. The facility director or his/her designee must be verbally notified of all reports alleging institutional abuse/neglect:
    - 1) The Child Protective Investigator (CPI) assigned to the investigation calls the facility director/designee at the initiation of a child abuse/neglect investigation. The CPI reads the narrative on the CPS report to the facility director/designee, excluding any reference(s) to the identity of the reporter.
    - 2) If the facility director is not available, the CPI asks to speak to the designee. If no assistant director is available, the staff person is requested to contact an assistant director and have him/her call the CPI. If no call back is received, the CPI proceeds in accordance with Departmental policy.
    - 3) The CPI records the date, time of notification, and person notified in a Case Activity Note.
  - ii. The facility director or designee takes immediate action to protect the child/youth within the context of a coordinated response, including but not limited to:
    - 1) separating the alleged victim and abuser;
    - 2) ensuring appropriate, timely medical attention;
    - 3) re-assigning staff to other duties; or
    - 4) placing staff on administrative leave.
    - 5) In no instance is a resident who is alleged to have been a victim of abuse or neglect placed in isolation or segregated housing during the investigation.
  - iii. The facility director or designee makes every effort to ensure that staff preserves and protects any evidence relevant to the investigation. If abuse occurred in a period that allows for the collection of physical evidence:
    - 1) The alleged perpetrator is denied access to the area in which the abuse is alleged to have occurred. In addition, the facility director or designee provides staff on duty with the direction necessary to preserve all evidence, including barring the alleged perpetrator from the scene.
    - 2) Staff preserve any identified setting within the facility



- d) re-assigning staff to other duties; or
  - e) placing staff on administrative leave.
  - f) In no instance is a resident who is alleged to have been a victim of abuse or neglect placed in isolation or segregated housing during the investigation.
- 5) The CPI records the date and time of notification in a Case Activity Note.
- 6) Training School staff document notification in the Unit or Master Control Center Log and an Unusual Incident Report. Refer to [DOP: 1200.0070; Notice to Superintendent](#).
- ii. The Superintendent or Training School Administrator on Call makes every effort to ensure that staff preserve and protect any evidence relevant to the investigation.
  - 1) If abuse occurred in a timeframe that allows for the collection of physical evidence:
    - a) Staff preserves any identified setting within the facility until the setting is released by the investigating authority.
    - b) Staff are instructed from taking any action that could destroy such evidence including washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. If the alleged victim requests permission to take an action that could destroy evidence, staff consults with the Administrator on Call.
  - 2) In conducting a Level 1 investigation, the CPI notifies law enforcement and, in collaboration with law enforcement and Training School personnel, follows established protocols for gathering and preservation of evidence. Refer also to [DOP: 1300.0110; Protecting and Preserving Evidence](#).
- iii. Upon notification of any allegation of sexual abuse/sexual harassment of a resident, the Administrator on Call promptly notifies the resident's parent or legal guardian, unless there is official documentation that they should not be notified. Notification is documented in an Unusual Incident Report and a Case Activity Note.
- iv. The primary service worker is notified of the CPS investigation by email.
- v. The Superintendent or the Administrator on Call notifies the resident's attorney within 14 days of notification of any allegation of sexual abuse/sexual harassment. Notification is documented in an Unusual Incident Report and a Case Activity Note.
- vi. The assigned CPI makes an initial attempt to interview appropriate staff or to schedule a definitive date and time for such interview to occur.
- vii. If an initial attempt does not result in either an interview being conducted or a definitive date and time for an interview being scheduled, the CPI immediately contacts the Superintendent.
- viii. If the staff person to be interviewed is an alleged perpetrator, the Superintendent and the CPI agree upon an interview time and date when the employee is scheduled to work. The

- Superintendent sends to the employee by certified mail, return receipt requested, a Letter of Notification.
- ix. If the employee fails to appear for the scheduled interview, the CPI completes his/her investigation and arrives at his/her conclusions without the input of the alleged perpetrator.
- x. If the staff person to be interviewed is a witness, the Superintendent and the CPI agree upon an interview time and date when the employee is scheduled to work. The Superintendent sends to the employee by certified mail, return receipt requested, a Letter of Notification.
- f. A report of abuse (including sexual abuse) or neglect made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute false reporting even if the Child Protective Services investigation does not result in a substantiated allegation.

C. Notification of Results - Indicated and Unfounded

1. Foster Homes
  - a. An E-mail message is automatically sent to the Licensing Supervisor, Licensing Worker, and the primary service worker. The report can be accessed online.
  - b. A CPS Report Notification is sent to the foster parent with the results of the investigation.
  
2. Residential Facilities (other than RI Training School):
  - a. An E-mail message is automatically sent to the Licensing Administrator, the Licensing worker, the Children's Behavioral Health worker, and the primary service worker. The report can be accessed online.
  - b. The CPI provides the facility director with notification of the results of the investigation documenting whether the allegations were Indicated or Unfounded.
  - c. The Department recognizes that a child/youth victim of abuse has a right to know the outcomes of a report he/she made. The Department also recognizes that capacity for understanding varies.
    - i. As appropriate within this context, the facility director informs the child/youth who has made a report of abuse or neglect as to whether the allegation has been determined to be indicated or unfounded.
    - ii. For indicated allegations the facility director or designee informs the child/youth whether the staff involved is no longer posted in the unit, employed at the facility, or has been indicted or convicted on a charge related to the abuse or neglect.
  - d. Following a resident's allegation that another resident has sexually abused him/her, the facility director or designee informs the alleged victim whenever the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.
  
3. Day Care Providers:
  - a. An E-mail message is automatically sent to the Licensing Supervisor, Licensing Worker, and the OCA. The report can be

- accessed online.
    - b. The CPI gives the provider and the subject of the investigation written notification of the results of the investigation documenting whether allegations were Indicated or Unfounded.
- 4. RI Training School:
  - a. CPI forwards a copy of the CPS Report to the Administrator on Call or designee.
  - b. The Administrator on Call has access to review and/or authority to designate his or her designee to review the full record of investigation in CPS. Access to review the full record is limited to the Administrator on Call and his or her designee.
  - c. The Administrator on Call or designee provides the employee under investigation with notification of the results of the investigation.
  - d. Inspector forwards a copy of the completed investigation to the Office of the Child Advocate via interdepartmental mail.
  - e. Following an investigation into a resident's allegation of abuse (including sexual abuse) or neglect by staff at the Training School, the Department informs the resident as to whether the allegation has been determined to be indicated or unfounded.
    - i. The CPI coordinates with the Administrator on Call or designee to explain the outcome to the resident and to offer any necessary therapeutic support.
    - ii. For indicated allegations, the Administrator on Call or designee informs the resident whether the staff involved is no longer posted in the unit, employed at the Training School or has been indicted or convicted on a charge related to the said abuse or neglect.
  - f. Following a resident's allegation that he or she has been sexually abused by another resident, the Administrator on Call or designee informs the alleged victim whenever the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.
  - g. All such notifications or attempted notifications are documented in a Case Activity Note.
- 5. Licensing Holds:
  - a. Any actively licensed foster, kinship, or pre-adoptive family that is the subject of a CPS investigation is maintained on hold until such time that a meeting occurs between, at minimum, the Administrators of Licensing, FSU, CPS and their respective staff as appropriate.
    - i. The responsibility on the part of the Administrator for participating in the meeting may not be delegated to another without the authorization of the Director or his/her designee.
    - ii. The manager of the Division of Performance Improvement convenes and facilitates this meeting.
    - iii. The purpose of the meeting is to review the results of the CPS investigation and determine, by consensus, next steps.
    - iv. A written summary of the meeting, including date, time attendees, and next steps, is sent to all attendees and the Director within one business day of the meeting.
    - v. Any manager or staff person attending the meeting who disagrees with the outcome and next steps is responsible for notifying the Director immediately.

- b. The Department will not place a child in a kinship, foster, or pre-adoptive family home whose license is on probationary status, hold, pending revocation, or has been revoked.
- c. The licensing division takes the necessary licensing action after the appropriate course of action has been determined at the end of the meeting.
- d. The Licensing worker, in conjunction with the primary service worker and provider agency (if appropriate), is responsible for assessing the needs of the foster parents. The assigned licensing worker is responsible for communicating with the involved congregate care agency regarding the needs of their staff.
  - i. The licensing worker, in conjunction with his/her supervisor, administrator, and any private provider agencies involved works to secure services and supports to meet any identified needs.

# Rhode Island Department of Children, Youth and Families Department Operating Procedure

	DOP Number: <b>500.0060</b>	Effective Date: <b>July 1, 2018</b>	Page 1 of 3
	Version #: <b>1</b>	Revision History:	Director: <i>Trista D. Piccola</i> <b>Trista Piccola</b>
Section: <b>Child Abuse/Neglect Investigations</b>		Title: <b>Examination of Child by Physician or Nurse Practitioner and/or Child Protective Investigator</b>	
<b>Legal Authority:</b> <ul style="list-style-type: none"> <li>• Rhode Island General Law §40-11-2</li> <li>• Rhode Island General Law §40-11-5</li> <li>• Rhode Island General Law §40-11-6</li> <li>• Rhode Island General Law §40-11-7</li> </ul>			
<b>Related DOPs:</b> <ul style="list-style-type: none"> <li>• Glossary of Terms; DOP: 100.0280</li> <li>• Removal of Child from Home; DOP: 500.0045</li> </ul>			
<b>Related Forms:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>			

## I. PURPOSE

Departmental policy and Rhode Island General Law (RIGL) 40-11-6 mandates that a child who is suspected of being physically or sexually abused must be examined by a licensed physician or nurse practitioner. Departmental policy requires a child who is suspected of being neglected to be examined by a licensed physician or nurse practitioner when there is evidence that the suspected neglect has had a detrimental effect on the child's physical well-being.

Physical observation can be performed by the Child Protective Investigator (CPI) and parent/caretaker or another adult as long as the procedure is in compliance with Departmental policy (refer to Investigative Handbook, Section 2.4) and is followed by a physician or nurse practitioner's examination if there is any indication of physical abuse or neglect (refer to Investigative Handbook, Section 2.4.1, Physical/Medical Indicators of Abuse and Neglect, and Section 2.4.2, Behavioral Indicators of Abuse and Neglect).

## II. PROCEDURE

- A. Observation by Child Protective Investigator (CPI)
1. The CPI seeks the permission of the parent/caretaker prior to observing the child's body for evidence of physical abuse or neglect.
  2. The Suspected Abuse/Injury Note Work Sheet is completed at the time of the observation by the CPI (refer to Investigative Handbook, Section 5.5):
    - a. The observation must be performed by the CPI and parent/caretaker or other adult. If the child is at school, the CPI attempts to contact the

parent/caretaker before having the school nurse examine the child. If the parent/caretaker cannot be reached, the CPI has the school nurse examine the child. In this instance, the school nurse completes the Suspected Abuse/Injury Note Work Sheet and the CPI witnesses the form.

- b. Examination of a child ten years or over must be conducted by a CPI who is the same sex as the child.
- c. The CPI may never disrobe and/or examine a child who is alleged to have been sexually abused.
- d. The Suspected Abuse/Injury Note Worksheet documents an injury sustained by a child. The Worksheet is a valuable tool in the decision-making process to "indicate" or "unfound" a report and can be used as evidence in court proceedings. Photographs of the child's injury may be placed in the Investigative Record in place of the worksheet:
  - i. The Suspected Abuse/Injury Note Worksheet is completed by the CPI at the time of the examination. It is never completed from memory.
  - ii. The CPI completes identifying information at top of form.
  - iii. The CPI draws the injury on the appropriate body view. Adjacent to the injury depiction, the CPI describes the size, depth, shape, color, and estimated age of the injury. If there are multiple injuries depicted on the chart, the CPI draws an arrow from the description to the appropriate drawing.
  - iv. CPIs must have witness(es) to the examination sign the back of the Suspected Abuse/Injury Note Worksheet after reviewing the form.

B. Examination by Physician or Nurse Practitioner

- 1. When immediate and intensive medical diagnosis and treatment are indicated, medical intervention receives priority over other parts of the investigative process.
- 2. Securing a medical examination, including X-rays and photographs, is also considered in non-emergency situations when this information or evidence is believed necessary to substantiate the allegations of abuse and/or neglect. The Report of Examination is completed by the attending physician or nurse practitioner immediately following the examination.
  - a. The CPI consults with the parent/caretaker and offers the following options:
    - i. The parent/caretaker and CPI will take child to physician or nurse practitioner or hospital emergency room.
    - ii. The CPI will take the child to a physician or nurse practitioner or hospital emergency room.
    - iii. The parent/caretaker and CPI can jointly disrobe the child and conduct a cursory exam to be followed by a physical examination by a licensed physician or nurse practitioner.
    - iv. If the parent/caretaker refuses to cooperate, the CPI takes the child to be examined with or without consent of the parent/caretaker.
  - b. An examination by a licensed physician or nurse practitioner must be conducted in the following situations. The CPI may request that he/she be allowed to observe the examination:
    - i. There is evidence of abuse or neglect.
    - ii. The child states that he/she has been physically/sexually abused or neglected.

- iii. There are allegations of abuse, unsubstantiated by examination by the CPI, but the child is too young and/or non-verbal and cannot confirm or deny the report or aid in the examination.
- iv. The child is severely ill and requires immediate medical attention (refer to Investigative Handbook, Section 2.5.1, Medical Examinations). In such situations the CPI never wastes time disrobing or observing the child.
- c. The Report of Examination serves as a document for the attending physician or nurse practitioner to record pertinent data from the examination of a child referred for possible abuse or neglect:
  - i. The Report of Examination must be completed by the attending physician or nurse practitioner immediately following examination.
  - ii. The physician or nurse practitioner is responsible for noting and documenting any evidence of physical abuse or neglect.
  - iii. The Report of Examination can be used as prima facie evidence in seeking an Ex Parte, Order of Detention (refer to Investigative Handbook, Section 4.4, The Burden and Standard of Proof, and **DOP: 500.0045, Removal of a Child from the Home, Removal of Child from Home**).

# Rhode Island Department of Children, Youth and Families Department Operating Procedure



	DOP Number: <b>500.0065</b>	Effective Date: <b>July 1, 2018</b>	Page 1 of 2
	Version #: 1	Revision History:	Director: <i>Trista D. Piccola</i> <b>Trista Piccola</b>
Section: <b>Child Abuse/Neglect Investigations</b>	Title: <b>Documenting Results of Child Protective Services Investigations in RICHIST</b>		
<b>Legal Authority:</b>			
<ul style="list-style-type: none"> <li>• Rhode Island General Law §40-11-2</li> <li>• Rhode Island General Law §40-11-7</li> </ul>			
<b>Related DOPs:</b>			
<ul style="list-style-type: none"> <li>• Rhode Island Children's Information System (RICHIST); DOP: 100.0155</li> <li>• Glossary of Terms; DOP: 100.0280</li> </ul>			
<b>Related Forms:</b>			
<ul style="list-style-type: none"> <li>• N/A</li> </ul>			

## I. PURPOSE

To ensure accurate and current collection of information regarding reports of child abuse and neglect, the Department of Children, Youth and Families (hereinafter the Department) has established guidelines by which the Investigative Unit documents information in RICHIST when such information is obtained or as soon as possible.

## II. PROCEDURE

- A. The assigned Child Protective Investigator (CPI) receives a copy of the Child Protective Services (CPS) report which reflects:
  1. A listing and narrative details of the allegations made.
  2. The investigative response time.
  3. The level of investigation.
  4. Other information specific to the report.
  
- B. The investigative process includes but is not limited to:
  1. Reviewing RICHIST history.
  2. Locating the subjects of the report.
  3. Contacting the reporter/source (if identified).
  4. Gathering relevant, collateral information.
  
- C. The CPI enters information in RICHIST as it is obtained or as soon as possible thereafter. The CPI updates information in RICHIST as appropriate.

- D. If the CPI finds it necessary to obtain Temporary Protective Custody, he/she updates the Child Welfare Status on the Court Activity Window and updates the placement information on the Out of Home Placement Window.
- E. All efforts are made to complete each investigation within 30 days.
  - 1. The CPI submits the completed investigation to his/her supervisor for approval.
  - 2. If a CPI needs an extension of the 30-day time frame for completion of an investigation, he/she requests an extension from his or her supervisor for a period not to exceed 15 days.

# Rhode Island Department of Children, Youth and Families Department Operating Procedure

	DOP Number: <b>500.0070</b>	Effective Date: <b>July 1, 2018</b>	Page 1 of 3
	Version #:1	Revision History:	Director: <i>Trista D. Piccola</i> <b>Trista Piccola</b>
Section: <b>Child Abuse/Neglect Investigations</b>		Title: <b>Flow of Active Case during CPS Investigation of Child Abuse/Neglect</b>	
<b>Legal Authority:</b> <ul style="list-style-type: none"> <li>• Rhode Island General Law §40-11-2</li> <li>• Rhode Island General Law §40-11-5</li> <li>• Rhode Island General Law §40-11-7</li> </ul>			
<b>Related DOPs:</b> <ul style="list-style-type: none"> <li>• Glossary of Terms; DOP: 100.0280</li> <li>• Response Priorities – Priority 1, Priority 2, Priority 3; DOP: 500.0010</li> <li>• Family Assessment Response; DOP: 500.0015</li> <li>• Institutional Abuse/Neglect; DOP: 500.0035</li> <li>• Removal of Child from Home; DOP: 500.0045</li> </ul>			
<b>Related Forms:</b> <ul style="list-style-type: none"> <li>• N/A</li> </ul>			

## I. PURPOSE

All reports of child abuse and/or neglect (CAN) and all reports of suspected abuse and/or neglect must be made to the Call Floor at 1-800-RI-CHILD. The primary worker must notify the Call Floor immediately if he or she becomes aware of suspected abuse or neglect.

The investigative process is a specialized and time restricted one which is performed by the Child Protective Investigator (CPI). Rhode Island General Law (RIGL) 40-11-5 and the Department of Children, Youth, and Families (hereinafter the Department) policy authorize the CPI to perform necessary tasks to protect the child.

During the Child Protective Investigation, the primary worker continues to meet the needs of the child and family by providing uninterrupted casework services. These services are essential to the child and family to enable them to continue to make progress toward the Service Plan goal. Ongoing communication between the CPI and the primary worker ensures that a high level of service is provided by both the investigator and the primary worker.

If other siblings in the family appear to be in need of services from the Department as a result of the investigation, the primary worker activates the siblings and ensures appropriate intervention(s).

## II. PROCEDURE

- A. The Call Floor receives a call alleging child abuse/neglect (CA/N) or the primary worker receives a report and informs the Call Floor.
  - 1. The Call Floor Child Protective Investigator (CPI) determines that the call is in regard to a CA/N allegation.
  - 2. The Call Floor CPI screens for prior and/or current agency involvement.
- B. The Call Floor CPI completes a Child Protective Services (CPS) report and forwards it to the Call Floor Supervisor:
  - 1. All assigned workers receive an automated message that a CPS report has been accepted;
  - 2. The Call Floor Supervisor assigns the case to an investigator supervisor who, in turn, assigns the case to a CPI; and
  - 3. If the allegation is institutional abuse/neglect, the Office of the Child Advocate (OCA) is assigned to the case in RICHIST in conformance with [DOP: 500.0035, Institutional Abuse/Neglect.](#)
- C. Investigations are prioritized and initiated in conformance with [DOP: 500.0010, Response Priorities – Priority 1, Priority 2, Priority 3.](#)
- D. CPI accesses case information in RICHIST, and if necessary, confers with primary worker/supervisor as soon as possible after case assignment. The primary worker continues to provide service to the child and family during the course of the investigation.
- E. The CPI is responsible for the removal of the child from the home if it becomes necessary because of CA/N during the course of the investigation (in conformance with [DOP: 500.0045, Removal of Child from Home.](#)). Placement of the child is the responsibility of the primary worker during normal working hours. After hours' placement is the responsibility of the CPI.
  - 1. The CPI/supervisor immediately makes verbal notification to the primary worker/supervisor when the child has been removed during standard working hours (8:30 A.M. to 4:00 P.M.); and
  - 2. If the child has been removed after hours, an E-mail message is sent to the primary worker/supervisor.
- F. The CPI initiates any of the following legal actions undertaken as a result of indicating and/or investigating an allegation of CA/N:
  - 1. Department protective hold;
  - 2. Filing of Ex Parte Petition; and
  - 3. Filing of Straight Petition if investigator feels that court interaction is warranted and in consultation with Department legal staff and the primary worker.
- G. The investigation is completed within 30 days:
  - 1. The Child Protective Investigative Supervisor may approve a 15-day extension;
  - 2. The primary worker is notified of the extension; and
  - 3. Any further extension is approved by the Chief, Child Protective Investigator.
- H. If the allegation of CA/N is unfounded:
  - 1. The primary worker is notified of the outcome by an E-mail message;
  - 2. Primary worker maintains full responsibility for case; and
  - 3. If institutional abuse or neglect is unfounded, the CPI provides notification in conformance with [DOP: 500.0035, Institutional Abuse/Neglect.](#)
- I. If the allegation of CA/N is indicated:
  - 1. The primary worker is notified of the outcome by an e-mail Message with a copy to the Regional Director, Assistant Administrator and supervisor:
    - a. Administrator reviews case in RICHIST;

- b. Primary worker maintains full responsibility for case.
  - c. CPI follows through with any court action he/she may have initiated as a result of an allegation of abuse or neglect (i.e. filing of Ex-Parte or Straight Petition).
2. If institutional abuse or neglect is indicated, the CPI provides notification in conformance with **DOP: 500.0035, Institutional Abuse/Neglect**.

# **Vendor Notification of Critical Information Pertaining to Children in the Department's Care**

Rhode Island Department of Children, Youth and Families

**Policy: 300.0045**

**Effective Date: August 31, 1987**

**Version: 1**

In accordance with Rhode Island Licensing Regulations, all foster homes and child care programs are required to notify the Department of important information pertaining to children in the Department's care. Critical incidents such as serious injury, serious illness, or a child fatality must be reported immediately to the parent/guardian of the child and the Department. In the event of child fatality or life-threatening injury/illness of a child in the Department's care, the Director of the Department must be notified immediately.

## **Procedure**

### **Child Fatality or Life-Threatening Illness/Injury**

- A. During standard work hours this information shall be forwarded to the Director using the chain of command in the specific division.
- B. After hours the On-Call Administrator shall be notified, and he/she shall contact the Director immediately.

Otherwise, the protocol shall be as follows:

- A. The foster parent/child care program staff person makes immediate verbal notification to the Department of any of the following critical incidents involving a child in the Department's care. The child care program staff person also immediately notifies the parent/guardian of the child. The primary service worker/ supervisor is notified during standard work hours. The CPS Call Floor is notified after hours (4:00 P.M. to 8:30 A.M. Monday through Friday, weekends, and holidays) when:
  1. serious injury/illness involving medical treatment of the child;
  2. actual suicidal or homicidal attempts by the child;
  3. death of a child;
  4. unauthorized absence of the child from the home/program (notification shall be made in conjunction with the specific terms of the contract for Child Care Programs);
  5. removal of the child from the home/program by any person or agency other than the placing agency or any attempts at such removal;
  6. any fire or other emergency requiring overnight evacuation of the premises;
  7. any exclusion of a child from school or serious involvement with police authorities; and
  8. a physician's order requiring a child to be force-fed or otherwise coerced to eat against his/her will.
- B. The child care program staff person shall follow-up the above verbal notification with a written report on the specific incident within five (5) working days to the primary service worker/supervisor of the child involved in the incident. A copy of this report shall be forwarded to the Division of Community Resources.
- C. The foster parent shall inform the Division of Community Resources as soon as possible, but not more than five (5) working days, following any circumstance listed below. This information shall be forwarded in writing immediately to the appropriate primary

service worker/supervisor by Community Resources Personnel:

1. Serious illness or death of other members of the household;
2. The permanent departure of any member of the household;
3. Any circumstance or incident seriously affecting the children or child care; and
4. Should any of the above-mentioned situations come to the attention of the primary service worker, a written notification is forwarded to the Division of Community Resources.

D. Foster parent/designated child care program staff person shall notify the Division of Community Resources by the end of the next working day of any fire requiring the services of the fire department within the home/program.

E. When a child has been subjected to alleged abuse or neglect or has been the alleged victim of assault or other physical or sexual abuse the report must go to the CPS Call Floor.

# **APPENDIX D: Applicable Statutes**

# **Title 42**

## **State Affairs and Government**

### **Chapter 72.1**

#### **Licensing and Monitoring of Child Placing Agencies, Child Caring Agencies, Foster and Adoptive Homes, and Children's Behavioral Health Programs**

##### **R.I. Gen. Laws § 42-72.1-1**

###### **§ 42-72.1-1. Statement of purpose.**

(a) The director of the department of children, youth and families, pursuant to §§ 42-72-5(b)(7) and 42-72-5(b)(24), shall establish within the department a unit to license and monitor child-placing agencies, child caring agencies, foster and adoptive homes, and children's behavioral health programs to protect the health, safety and well being of children temporarily separated from or being cared for away from their natural families.

(b) Services for children requiring licensure under this chapter shall include all child placing agencies, child caring agencies, foster and adoptive homes, and children's behavioral health programs which offer services within the state, except as defined in § 42-72.1-5.

###### **History of Section.**

P.L. 1986, ch. 254, § 5; P.L. 1986, ch. 274, § 5; P.L. 1988, ch. 560, § 1; P.L. 2003, ch. 376, art. 17, § 1; P.L. 2019, ch. 88, art. 4, § 21.

# Title 42

## State Affairs and Government

### Chapter 72.1

## Licensing and Monitoring of Child Placing Agencies, Child Caring Agencies, Foster and Adoptive Homes, and Children's Behavioral Health Programs

### R.I. Gen. Laws § 42-72.1-2

#### § 42-72.1-2. Definitions.

As used in this chapter:

- (1) "Administrator of licensing" means the director of the licensing unit (or his/her designee) that carries out the provisions of this chapter, hereafter referred to as the "administrator."
- (2) "Applicant" means a child-placing agency, child caring agency, foster and adoptive home, and children's behavioral health program that apply for a license to operate.
- (3) "Child" means any person less than eighteen (18) years of age; provided, that a child over eighteen (18) years of age who is nevertheless subject to continuing jurisdiction of the family court, pursuant to chapter 1 of title 14, or defined as emotionally disturbed according to chapter 7 of title 40.1, shall be considered a child for the purposes of this chapter.
- (4) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].
- (5) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].
- (6) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].
- (7) "Child caring agency" means any facility that provides residential treatment, residential group home care or semi-independent living, or residential assessment and stabilization.
- (8) "Child-placing agency" means any private or public agency that receives children for placement into independent living arrangements, supervised apartment living, residential group care facilities, family foster homes, or adoptive homes.
- (9) "Children's behavioral health program" means any private or public agency that provides behavioral health services to children.
- (10) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].
- (11) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].
- (12) "Department" means the department of children, youth and families (DCYF).
- (13) "Director" means the director of the department of children, youth and families, or the director's designee.

(14) "Foster and adoptive homes" means one or more adults who are licensed to provide foster or adoptive caregiving in a family-based home setting.

(15) "Licensee" means any person, firm, corporation, association, or agency, which holds a valid license under this chapter.

(16) "Regulation" means any requirement for licensure, promulgated pursuant to this chapter having the force of law.

(17) "Related" means any of the following relationships, by marriage, blood, or adoption, even following the death or divorce of a natural parent: parent, grandparent, brother, sister, aunt, uncle, and first cousin. In a prosecution under this chapter or of any law relating thereto, a defendant who relies for a defense upon the relationship of any child to him or herself, the defendant shall have the burden of proof as to the relationship.

History of Section.

P.L. 1986, ch. 254, § 5; P.L. 1986, ch. 274, § 5; P.L. 1987, ch. 458, § 1; P.L. 1988, ch. 560, § 1; P.L. 2018, ch. 47, art. 15, § 5; P.L. 2019, ch. 88, art. 4, § 21.

# Title 42

## State Affairs and Government

### Chapter 72.1

#### Licensing and Monitoring of Child Placing Agencies, Child Caring Agencies, Foster and Adoptive Homes, and Children's Behavioral Health Programs

##### R.I. Gen. Laws § 42-72.1-3

###### § 42-72.1-3. Powers and scope of activities.

- (a) The department shall issue, deny, and revoke licenses for, and monitor the operation of, facilities and programs by child-placing agencies, child caring agencies, foster and adoptive homes, and children's behavioral health programs as defined in § 42-72.1-2 or assess administrative penalties under the provisions of chapter 72.11 of this title relating to licensed childcare centers, family childcare homes, and group family childcare homes.
- (b) The department shall adopt, amend, and rescind regulations in accordance with this chapter and implement its provisions. The regulations shall be promulgated and become effective in accordance with the provisions of the administrative procedures act, chapter 35 of this title.
- (c) The department through its licensing unit shall administer and manage the regulations pertaining to the licensing and monitoring of those agencies, and shall exercise all statutory and administrative powers necessary to carry out its functions.
- (d) The administrator shall investigate complaints of noncompliance, and shall take licensing action as required.
- (e) Regulations formulated pursuant to the foregoing authority shall include, but need not be limited to, the following:
- (1) Financial, administrative and organizational ability, and stability of the applicant;
  - (2) Compliance with specific fire and safety codes and health regulations;
  - (3) Character, health suitability, qualifications of child-placing agencies, child caring agencies, foster and adoptive homes, and children's behavioral health programs;
  - (4) Staff/child ratios and workload assignments of staff providing care or supervision to children;
  - (5) Type and content of records or documents that must be maintained to collect and retain information for the planning and caring for children;
  - (6) Procedures and practices regarding placing services to ensure protection to the child regarding the manner and appropriateness of placement;
  - (7) Service to families of children in care;
  - (8) Program activities, including components related to physical growth, social, emotional, educational, and recreational activities, social services and habilitative or rehabilitative treatment; and

(9) Investigation of previous employment, criminal record check and department records check.

(10) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].

(f) The administrator may:

(1) Prescribe any forms for reports, statements, notices, and other documents deemed necessary;

(2) Prepare and publish manuals and guides explaining this chapter and the regulations to facilitate compliance with and enforcement of the regulations;

(3) Prepare reports and studies to advance the purpose of this chapter;

(4) Provide consultation and technical assistance, as requested, to assist licensees in maintaining compliance; and

(5) Refer to the advisory council for children and families for advice and consultation on licensing matters.

(g) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].

(h) When the department is otherwise unsuccessful in remedying noncompliance with the provisions of this chapter and the regulations promulgated under it, it may petition the family court for an order enjoining the noncompliance or for any order that equity and justice may require.

(i) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].

(j) The department shall adopt, amend, and rescind regulations in the same manner as set forth above in order to permit the placement of a pregnant minor in a group residential facility which provides a shelter for pregnant adults as its sole purpose.

(k) Notwithstanding the transfer of licensing to and the licensing and monitoring of day and childcare facilities to the department of human services, pursuant to chapter 12.5 of this title, the department of children, youth and families will continue to be the agency responsible for investigating any complaint of abuse and neglect that is alleged to have occurred at a daycare or childcare facility. Any appeal of an investigative finding of abuse or neglect against a staff member, paid or otherwise, including managerial or contract personnel, or visitor may be appealed to the Rhode Island family court.

(l) The Rhode Island family court shall retain jurisdiction over those complaints investigated by the department of children, youth and families, pursuant to this chapter, regardless of whether licensing and monitoring is performed under chapter 12.5 of this title or this chapter.

#### History of Section.

P.L. 1986, ch. 254, § 5; P.L. 1986, ch. 274, § 5; P.L. 1987, ch. 458, § 1; P.L. 1988, ch. 560, § 1; P.L. 1993, ch. 253, § 3; P.L. 1993, ch. 406, § 4; P.L. 1994, ch. 158, § 1; P.L. 1998, ch. 31, art. 11, § 7; P.L. 2001, ch. 325, § 1; P.L. 2018, ch. 47, art. 15, § 5; P.L. 2019, ch. 88, art. 4, § 21.

# Title 42

## State Affairs and Government

### Chapter 72.1

#### Licensing and Monitoring of Child Placing Agencies, Child Caring Agencies, Foster and Adoptive Homes, and Children's Behavioral Health Programs

##### R.I. Gen. Laws § 42-72.1-4

###### § 42-72.1-4. License required.

- (a) No person shall provide continuing full-time care for a child apart from the child's parents without a license issued pursuant to this chapter. This requirement does not apply to a person related by blood, marriage, guardianship, or adoption to the child. Licensing requirements for child daycare services are governed by § 42-12.5-4 et seq.
- (b) The licensing requirement does not apply to shelter operations for parents with children, boarding schools, recreation camps, nursing homes, hospitals, maternity residences, and centers for developmentally disabled children.
- (c) No person, firm, corporation, association, or agency, other than a parent, shall place, offer to place, or assist in the placement of a child in Rhode Island, for the purpose of adoption, unless the person, firm, corporation, or agency shall have been licensed for those purposes by the department or is a governmental child-placing agency, and that license shall not have been rescinded at the time of placement of a child for the purpose of adoption. The above does not apply when a person, firm, corporation, association, or agency places, offers to place, or assists in the placement of a child in Rhode Island, for the purpose of adoption through a child-placement agency duly licensed for child-placement in the state or through the department of children, youth and families, nor when the child is placed with a father, sister, brother, aunt, uncle, grandparent, or stepparent of the child.
- (d) No parent shall assign or otherwise transfer to another not related to him or her by blood or marriage, his or her rights or duties with respect to the permanent care and custody of his or her child under eighteen (18) years of age unless duly authorized so to do by an order or decree of court.
- (e) No person shall bring or send into the state any child for the purpose of placing him or her out, or procuring his or her adoption, or placing him or her in a foster home without first obtaining the written consent of the director, and that person shall conform to the rules of the director and comply with the provisions of the Interstate Compact on the Placement of Children, chapter 15 of title 40.
- (f) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].
- (g) No state, county, city, or political subdivision shall operate a child placing agency, child caring agency, foster and adoptive home, or children's behavioral health program or facility without a license issued pursuant to this chapter.
- (h) No person shall be exempt from a required license by reason of public or private, sectarian, non-sectarian, court-operated child placement program, child caring agency, foster and adoptive home, or children's behavioral health program for profit or nonprofit status, or by any other reason of funding, sponsorship, or affiliation.

History of Section.

P.L. 1986, ch. 254, § 5; P.L. 1986, ch. 274, § 5; P.L. 2019, ch. 88, art. 4, § 21.

# Title 42

## State Affairs and Government

### Chapter 72.1

## Licensing and Monitoring of Child Placing Agencies, Child Caring Agencies, Foster and Adoptive Homes, and Children's Behavioral Health Programs

### R.I. Gen. Laws § 42-72.1-5

#### § 42-72.1-5. General licensing provisions.

The following general licensing provisions shall apply:

- (1) A license issued under this chapter is not transferable and applies only to the licensee and the location stated in the application and remains the property of the department. A license shall be publicly displayed. A license shall be valid for one year from the date of issue and upon continuing compliance with the regulations. A license issued to a foster parent, and/or a license issued to a program for mental health services for “seriously emotionally disturbed children” as defined in § 42-72-5(b)(24) shall be valid for two (2) years from the date of issue.
- (2) Every license application issued pursuant to § 42-72.1-4 shall be accompanied by a nonrefundable application fee paid to the State of Rhode Island as follows:

  - (a) Adoption and foster care child placing agency license — one thousand dollars (\$1,000);
  - (b) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].
  - (c) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].
  - (d) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].
- (3) All fees collected by the state pursuant to subsection (2) of this section shall be deposited by the general treasurer as general revenues.
- (4) A licensee shall comply with applicable state fire and health safety standards.
- (5) The department may grant a provisional license to an applicant, excluding any foster parent applicant, who is not able to demonstrate compliance with all of the regulations because the program or residence is not in full operation; however, the applicant must meet all regulations that can be met in the opinion of the administrator before the program is fully operational. The provisional license shall be granted for a limited period not to exceed six (6) months and shall be subject to review every three (3) months.
- (6) The department may grant a probationary license to a licensee who is temporarily unable to comply with a rule or rules when the noncompliance does not present an immediate threat to the health and well-being of the children, and when the licensee has obtained a plan approved by the administrator to correct the areas of noncompliance within the probationary period. A probationary license shall be issued for up to twelve (12) months; it may be extended for an additional six (6) months at the discretion of the administrator. A probationary license that states the conditions of probation may be issued by the administrator at any time for due cause. Any prior existing license is invalidated when a probationary license is issued. When the

probationary license expires, the administrator may reinstate the original license to the end of its term, issue a new license or revoke the license.

(7) The administrator will establish criteria and procedure for granting variances as part of the regulations.

(8) The above exceptions (probationary and provisional licensing and variances) do not apply to and shall not be deemed to constitute any variance from state fire and health safety standards. However, if a request for a variance of fire inspection deficiencies has been submitted to the fire safety code board of appeal and review, DCYF may grant a provisional license to terminate no later than thirty (30) days following the board's decision on said variance.

(9) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].

History of Section.

P.L. 1986, ch. 254, § 5; P.L. 1986, ch. 274, § 5; P.L. 2003, ch. 376, art. 17, § 1; P.L. 2004, ch. 595, art. 15, § 1; P.L. 2006, ch. 67, § 1; P.L. 2006, ch. 75, § 1; P.L. 2019, ch. 88, art. 4, § 21.

# Title 42

## State Affairs and Government

### Chapter 72.1

### Licensing and Monitoring of Child Placing Agencies, Child Caring Agencies, Foster and Adoptive Homes, and Children's Behavioral Health Programs

#### R.I. Gen. Laws § 42-72.1-6

##### § 42-72.1-6. Violations, suspensions and revocations of license.

- (a) When a licensee violates the terms of the license, the provisions of this chapter, or any regulation thereunder, the department may pursue the administrative remedies herein provided, including the assessment of administrative penalties under the provisions of chapter 72.11 of this title relating to licensed childcare centers, family childcare homes, and group family childcare homes, in addition to other civil or criminal remedies according to the general laws.
- (b) After notice and hearing, as provided by the Administrative Procedures Act, chapter 35 of this title, the administrator may revoke the license, or suspend the license for a period not exceeding six (6) months.
- (c) During a suspension, the agency, facility or program shall cease operation.
- (d) To end a suspension, the licensee shall, within thirty (30) days of the notice of suspension, submit a plan of corrective action to the administrator. The plan shall outline the steps and timetables for immediate correction of the areas of noncompliance and is subject to the approval of the administrator.
- (e) At the end of the suspension, the administrator may reinstate the license for the term of the original license, revoke the license, issue a new license, or deny a reapplication.
- (f) Upon revocation, the licensed agency, program or facility shall cease operation. The licensee whose license has been revoked may not apply for a similar license within a three-year (3) period from the date of revocation.
- (g) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].

##### History of Section.

P.L. 1986, ch. 254, § 5; P.L. 1986, ch. 274, § 5; P.L. 2018, ch. 47, art. 15, § 5; P.L. 2019, ch. 88, art. 4, § 21.

# Title 42

## State Affairs and Government

### Chapter 72.1

#### Licensing and Monitoring of Child Placing Agencies, Child Caring Agencies, Foster and Adoptive Homes, and Children's Behavioral Health Programs

##### R.I. Gen. Laws § 42-72.1-7

###### § 42-72.1-7. Penalties for violations.

(a) Any person who violates any of the provisions of this chapter, or any regulations issued pursuant to this chapter, or who shall intentionally make any false statement or reports to the director with reference to the matters contained herein, shall, upon conviction for the first offense, be imprisoned for a term not exceeding six (6) months or be fined not exceeding five hundred dollars (\$500), or both, and for a second or subsequent offense, shall be imprisoned for a term not exceeding one year or be fined not exceeding one thousand dollars (\$1,000), or both the fine and imprisonment.

(b) Anyone who maintains or conducts a program, agency, or facility without first having obtained a license, or who maintains or conducts a program, agency, or facility after a license has been revoked or suspended, or who shall refuse to permit a reasonable inspection and examination of a program, agency, or facility, shall be guilty of a misdemeanor and, upon conviction, shall be fined not more than five hundred dollars (\$500) for each week that the program, agency, or facility shall have been maintained without a license or for each refusal to permit inspection and examination by the director.

(c) [Deleted by P.L. 2019, ch. 88, art. 4, § 21].

(d) The department shall refer any violations to the attorney general's office for prosecution.

History of Section.

P.L. 1986, ch. 254, § 5; P.L. 1986, ch. 274, § 5; P.L. 2019, ch. 88, art. 4, § 21.

# **Title 42**

## **State Affairs and Government**

### **Chapter 72**

#### **Department of Children, Youth and Families**

##### **R.I. Gen. Laws § 42-72-5**

###### **§ 42-72-5. Powers and scope of activities.**

- (a) The department is the principal agency of the state to mobilize the human, physical, and financial resources available to plan, develop, and evaluate a comprehensive and integrated statewide program of services designed to ensure the opportunity for children to reach their full potential. The services include prevention, early intervention, outreach, placement, care and treatment, and after-care programs; provided, however, that the department notifies the state police and cooperates with local police departments when it receives and/or investigates a complaint of sexual assault on a minor and concludes that probable cause exists to support the allegation(s). The department also serves as an advocate for the needs of children. Additionally, on or before October 1, 2023, the department shall implement the hiring process developed by the director pursuant to subsection (f) of this section.
- (b) To accomplish the purposes and duties, as set forth in this chapter, the director is authorized and empowered:
- (1) To establish those administrative and operational divisions of the department that the director determines is in the best interests of fulfilling the purposes and duties of this chapter;
  - (2) To assign different tasks to staff members that the director determines best suit the purposes of this chapter;
  - (3) To establish plans and facilities for emergency treatment, relocation, and physical custody of abused or neglected children that may include, but are not limited to, homemaker/educator child-case aides, specialized foster-family programs, daycare facilities, crisis teams, emergency parents, group homes for teenage parents, family centers within existing community agencies, and counseling services;
  - (4) To establish, monitor, and evaluate protective services for children including, but not limited to, purchase of services from private agencies and establishment of a policy and procedure manual to standardize protective services;
  - (5) To plan and initiate primary- and secondary-treatment programs for abused and neglected children;
  - (6) To evaluate the services of the department and to conduct periodic, comprehensive-needs assessment;
  - (7) To license, approve, monitor, and evaluate all residential and non-residential group homes, foster homes, and programs;
  - (8) To recruit and coordinate community resources, public and private;
  - (9) To promulgate rules and regulations concerning the confidentiality, disclosure, and expungement of case records pertaining to matters under the jurisdiction of the department;
  - (10) To establish a minimum mandatory level of twenty (20) hours of training per year and provide ongoing staff development for all staff;

- (11) To establish procedures for reporting suspected child abuse and neglect pursuant to chapter 11 of title 40;
- (12) To promulgate all rules and regulations necessary for the execution of departmental powers pursuant to the administrative procedures act, chapter 35 of this title;
- (13) To provide and act as a clearinghouse for information, data, and other materials relative to children;
- (14) To initiate and carry out studies and analysis that will aid in solving local, regional, and statewide problems concerning children;
- (15) To represent and act on behalf of the state in connection with federal-grant programs applicable to programs for children in the functional areas described in this chapter;
- (16) To seek, accept, and otherwise take advantage of all federal aid available to the department, and to assist other agencies of the state, local agencies, and community groups in taking advantage of all federal grants and subventions available for children;
- (17) To review and coordinate those activities of agencies of the state, and of any political subdivision of the state, that affect the full and fair utilization of community resources for programs for children, and initiate programs that will help ensure utilization;
- (18) To administer the pilot juvenile-restitution program, including the overseeing and coordinating of all local community-based restitution programs, and the establishment of procedures for the processing of payments to children performing community service;
- (19) To adopt rules and regulations that:
  - (i) For the twelve-month (12) period beginning on October 1, 1983, and for each subsequent twelve-month (12) period, establish specific goals as to the maximum number of children who will remain in foster care for a period in excess of two (2) years; and
  - (ii) Are reasonably necessary to implement the child-welfare services and foster-care programs;
- (20) May establish and conduct seminars for the purpose of educating children regarding sexual abuse;
- (21) To establish fee schedules by regulations for the processing of requests from adoption placement agencies for adoption studies, adoption study updates, and supervision related to interstate and international adoptions. The fee shall equal the actual cost of the service(s) rendered, but in no event shall the fee exceed two thousand dollars (\$2,000);
- (22) To be responsible for the education of all children who are placed, assigned, or otherwise accommodated for residence by the department in a state-operated or -supported community residence licensed by a Rhode Island state agency. In fulfilling this responsibility, the department is authorized to enroll and pay for the education of students in the public schools or, when necessary and appropriate, to itself provide education in accordance with the regulations of the council on elementary and secondary education either directly or through contract;
- (23) To develop multidisciplinary service plans, in conjunction with the department of health, at hospitals prior to the discharge of any drug-exposed babies. The plan requires the development of a plan using all healthcare professionals;
- (24) To be responsible for the delivery of appropriate mental health services to seriously emotionally disturbed children and children with functional developmental disabilities. Appropriate mental health services may include hospitalization, placement in a residential treatment facility, or treatment in a community-based setting. The department is charged with the responsibility for developing the public

policy and programs related to the needs of seriously emotionally disturbed children and children with functional developmental disabilities;

In fulfilling its responsibilities the department shall:

- (i) Plan a diversified and comprehensive network of programs and services to meet the needs of seriously emotionally disturbed children and children with functional developmental disabilities;
- (ii) Provide the overall management and supervision of the state program for seriously emotionally disturbed children and children with functional developmental disabilities;
- (iii) Promote the development of programs for preventing and controlling emotional or behavioral disorders in children;
- (iv) Coordinate the efforts of several state departments and agencies to meet the needs of seriously emotionally disturbed children and children with functional developmental disabilities and to work with private agencies serving those children;
- (v) Promote the development of new resources for program implementation in providing services to seriously emotionally disturbed children and children with functional developmental disabilities.

The department shall adopt rules and regulations that are reasonably necessary to implement a program of mental health services for seriously emotionally disturbed children.

Each community, as defined in chapter 7 of title 16, shall contribute to the department, at least in accordance with rules and regulations to be adopted by the department, at least its average per-pupil cost for special education for the year in which placement commences, as its share of the cost of educational services furnished to a seriously emotionally disturbed child pursuant to this section in a residential treatment program that includes the delivery of educational services.

“Seriously emotionally disturbed child” means any person under the age of eighteen (18) years, or any person under the age of twenty-one (21) years, who began to receive services from the department prior to attaining eighteen (18) years of age and has continuously received those services thereafter; who has been diagnosed as having an emotional, behavioral, or mental disorder under the current edition of the Diagnostic and Statistical Manual and that disability has been ongoing for one year or more or has the potential of being ongoing for one year or more; and the child is in need of multi-agency intervention; and the child is in an out-of-home placement or is at risk of placement because of the disability.

A child with a “functional developmental disability” means any person under the age of eighteen (18) years or any person under the age of twenty-one (21) years who began to receive services from the department prior to attaining eighteen (18) years of age and has continuously received those services thereafter.

The term “functional developmental disability” includes autism spectrum disorders and means a severe, chronic disability of a person that:

- (A) Is attributable to a mental or physical impairment or combination of mental physical impairments;
- (B) Is manifested before the person attains age eighteen (18);
- (C) Is likely to continue indefinitely;
- (D) Results in age-appropriate, substantial, functional limitations in three (3) or more of the following areas of major life activity:
  - (I) Self-care;

- (II) Receptive and expressive language;
- (III) Learning;
- (IV) Mobility;
- (V) Self direction;
- (VI) Capacity for independent living; and
- (VII) Economic self-sufficiency; and

(E) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of life-long or extended duration and are individually planned and coordinated.

Funding for these clients shall include funds that are transferred to the department of human services as part of the managed healthcare program transfer. However, the expenditures relating to these clients shall not be part of the department of human services' caseload estimated for the semi-annual, caseload-estimating conference. The expenditures shall be accounted for separately;

(25) To provide access to services to any person under the age of eighteen (18) years, or any person under the age of twenty-one (21) years who began to receive child welfare services from the department prior to attaining eighteen (18) years of age, has continuously received those services thereafter, and elects to continue to receive such services after attaining the age of eighteen (18) years. The general assembly has included funding in the FY 2008 DCYF budget in the amount of \$10.5 million from all sources of funds and \$6.0 million from general revenues to provide a managed system to care for children serviced between 18 to 21 years of age. The department shall manage this caseload to this level of funding;

(26) To initiate transition planning in cooperation with the department of behavioral healthcare, developmental disabilities and hospitals and local school departments for any child who receives services through DCYF; is seriously emotionally disturbed or developmentally delayed pursuant to subsection (b) (24)(v); and whose care may or shall be administered by the department of behavioral healthcare, developmental disabilities and hospitals after the age of twenty-one (21) years; the transition planning shall commence at least twelve (12) months prior to the person's twenty-first birthday and shall result in a collaborative plan submitted to the family court by both the department of behavioral healthcare, developmental disabilities and hospitals and the department of children, youth and families and shall require the approval of the court prior to the dismissal of the abuse, neglect, dependency, or miscellaneous petition before the child's twenty-first birthday;

(27) To develop and maintain, in collaboration with other state and private agencies, a comprehensive continuum of care in this state for children in the care and custody of the department or at risk of being in state care. This continuum of care should be family centered and community based with the focus of maintaining children safely within their families or, when a child cannot live at home, within as close proximity to home as possible based on the needs of the child and resource availability. The continuum should include community-based prevention, family support, and crisis-intervention services, as well as a full array of foster care and residential services, including residential services designed to meet the needs of children who are seriously emotionally disturbed, children who have a functional developmental disability, and youth who have juvenile justice issues. The director shall make reasonable efforts to provide a comprehensive continuum of care for children in the care and custody of DCYF, taking into account the availability of public and private resources and financial appropriations and the director shall submit an annual report to the general assembly as to the status of his or her efforts in accordance with the provisions of § 42-72-4(b)(13);

(28) To administer funds under the John H. Chafee Foster Care Independence and Educational and Training Voucher (ETV) Programs of Title IV-E of the Social Security Act [42 U.S.C. § 677] and the DCYF higher education opportunity grant program as outlined in chapter 72.8 of this title, in accordance with rules and regulations as promulgated by the director of the department; and

(29) To process nationwide criminal record checks on prospective foster parents and any household member age 18 or older, prospective adoptive parents and any household member age 18 and older, operators of childcare facilities, persons seeking to act as volunteer court-appointed special advocates, persons seeking employment in a childcare facility or at the training school for youth or on behalf of any person seeking employment at DCYF, who are required to submit to nationwide criminal background checks as a matter of law.

(c) In order to assist in the discharge of his or her duties, the director may request from any agency of the state information pertinent to the affairs and problems of children.

(d) [Deleted by P.L. 2008, ch. 9, art. 16, § 2.]

(e) [Deleted by P.L. 2008, ch. 9, art. 16, § 2.]

(f) On or before October 1, 2023, the director shall establish a process for hiring individuals seeking employment at the department as a social caseworker or child protective investigator. The department shall be provided with funding for one full-time employee, or the equivalent, to support the implementation of the hiring process. The process shall be in effect through September 30, 2024.

(1) Generally, the process shall include, but need not be limited to:

(i) Screening and reviewing candidates for eligibility criteria including education and experience;

(ii) Administering the requisite civil service examinations;

(iii) Conducting in-person interviews;

(iv) Determining which applicants will be offered employment; and

(v) Determining the order in which employment offers will be given.

(2) Specifically, the process shall include, but need not be limited to, the following elements:

(i) *Eligibility criteria.* Candidates must meet the minimum job requirements as defined in the specification with social caseworker IIs and child protective investigators as approved by the department of administration.

(ii) *Civil service examinations.*

(A) Examinations shall be offered by the department at least three (3) times per month to individuals who meet the eligibility criteria and at times that shall include a weekend, a weekday, and a weeknight option.

(B) The director shall determine the process and administration of the exam. The director is not obligated to schedule an examination if there are no current applicants for the position available by the deadline set by the director pursuant to this subsection.

(C) If an applicant does not pass the examination, the department shall notify the applicant as soon as is practicable. Applicants wishing to re-take the examination are not eligible to do so until sixty (60) days have passed from the date the notification was sent.

**(iii) In-person interviews.**

**(A)** Applicants who pass the civil service examination shall be invited to an in-person interview.

**(B)** The interview shall be conducted by at least two (2) current employees of the department.

**(I)** One of whom shall have a culturally or racially diverse background; and

**(II)** One of whom is currently in a supervisory role over social caseworkers or child protective investigators for at least three (3) years.

**(III)** Satisfying the requirements of subsections (f)(2)(iii)(B)(I) and (f)(2)(iii)(B)(II) of this section does not necessarily require two (2) individuals. One individual may satisfy both requirements.

**(C)** There shall be a good faith effort to accommodate the availability of the applicant and the individuals on the panel when scheduling the interview.

**(iv) Offering employment.**

**(A)** Prior to offering employment, an applicant shall pass both the civil service exam and the in-person interview. Nothing herein is a guarantee of employment to an applicant who meets these criteria.

**(B)** Determining whether an applicant successfully completes the in-person interview shall be based on criteria established by the director.

**(I)** The department of administration shall score the civil service exams and provide a pass/fail listing of all candidates to DCYF within five (5) business days of receipt of the exams from DCYF.

**(II)** The director may create a method of scoring interviews to provide objectivity and uniformity when assessing applicants.

**(g)** On or before March 15, 2024, the department shall provide an interim report to the senate president and the speaker of the house regarding the hiring process developed and implemented pursuant to subsection (f) of this section. The report shall include, but is not limited to, the following data concerning social caseworkers and child protective investigators at the department:

**(1)** The number of social caseworkers hired using the process developed pursuant to subsection (f) of this section;

**(2)** The number of child protective investigators hired using the process developed pursuant to subsection (f) of this section;

**(3)** The number of terminations or resignations since October 1, 2023;

**(4)** The number of vacancies that existed on October 1, 2023, and the number of vacancies that exist as of the date of the report; and

**(5)** Any identified barriers to hiring that exist in spite of, or because of, the process developed pursuant to subsection (f) of this section.

**History of Section.**

P.L. 1979, ch. 248, § 1; P.L. 1980, ch. 244, § 2; P.L. 1982, ch. 140, § 1; P.L. 1985, ch. 37, § 1; P.L. 1989, ch. 126, art. 25, § 1; P.L. 1989, ch. 126, art. 39, § 3; P.L. 1990, ch. 80, § 1; P.L. 1991, ch. 94, § 1; P.L. 1991, ch. 261, § 1;

P.L. 1995, ch. 370, art. 40 § 142; P.L. 1997, ch. 73, § 1; P.L. 1997, ch. 107, § 1; P.L. 2004, ch. 304, § 1; P.L. 2004, ch. 415, § 1; P.L. 2006, ch. 216, § 45; P.L. 2007, ch. 73, art. 22, § 3; P.L. 2008, ch. 9, art. 16, § 2; P.L. 2008, ch. 475, § 12; P.L. 2015, ch. 118, § 3; P.L. 2015, ch. 130, § 3; P.L. 2016, ch. 147, § 4; P.L. 2016, ch. 154, § 4; P.L. 2017, ch. 127, § 2; P.L. 2017, ch. 147, § 2; P.L. 2019, ch. 88, art. 4, § 19; P.L. 2023, ch. 201, § 2, effective June 21, 2023; P.L. 2023, ch. 202, § 2, effective June 21, 2023.

# Title 42

## State Affairs and Government

### Chapter 72

#### Department of Children, Youth and Families

##### R.I. Gen. Laws § 42-72-8

###### § 42-72-8. Confidentiality of records.

(a) Any records of the department pertaining to children and their families in need of service pursuant to the provisions of this chapter; or for whom an application for services has been made, shall be confidential and only disclosed as provided by law.

(b) Records may be disclosed when necessary:

- (1) To individuals, or public or private agencies engaged in medical, psychological, or psychiatric diagnosis or treatment or education of the person under the supervision of the department;
- (2) To individuals or public or private agencies for the purposes of temporary or permanent placement of the person, and when the director determines that the disclosure is needed to accomplish that placement, including any and all healthcare information obtained by the department in accordance with the provisions of chapter 37.3 of title 5 of the general laws and applicable federal laws and regulations;
- (3) When the director determines that there is a risk of physical injury by the person to himself or herself or others, and that disclosure of the records is necessary to reduce that risk;
- (4) To the family court, including periodic reports regarding the care and treatment of children; provided, that if a child is represented by a guardian ad litem or attorney, a copy of the family court report will be made available to the guardian ad litem or attorney prior to its submission;
- (5) To inform any person who made a report of child abuse or neglect pursuant to § 40-11-3, whether services have been provided the child as a result of the report; provided, however, that no facts or information shall be released pursuant to this subsection other than the fact that services have been, or are being, provided;
- (6) To permit access to computer records relating to child-abuse and -neglect investigations by physicians who are examining a child when the physician believes that there is reasonable cause to suspect that a child may have been abused or neglected;
- (7) To the office of the department of attorney general, upon the request of the attorney general or assistant attorney general, when the office is engaged in the investigation of, or prosecution of, criminal conduct by another relating to the child or other children within the same family unit;
- (8) To the department of corrections in the case of an individual who has been transferred to the jurisdiction of that department pursuant to the provisions of §§ 14-1-7.3 or 14-1-7.1;
- (9) To the office of the department of the attorney general, upon the request of the attorney general or assistant attorney general, when the office is engaged in the investigation of, or prosecution of, criminal conduct as defined in § 40-11-3.2;

(10) To individuals employed by a state or county child-welfare agency outside of Rhode Island when the director determines that the information is needed to ensure the care, protection, and/or treatment of any child; provided, however, any records relating to allegations previously determined to be unfounded, unsubstantiated, or not indicated shall not be disclosed;

(11) Whenever a person previously under the supervision of the training school becomes subject to the jurisdiction of the department of corrections as an adult offender, the director of corrections, or his or her designee, shall receive, upon request, the portions of the person's training-school records limited to the escape history, disciplinary record, and juvenile classification history;

(12) In an administrative hearing held pursuant to § 42-35-9, the records, or exact copies of the records, shall be delivered to the administrative-hearing officer pursuant to a written request by one of the parties, and shall be delivered to the party making the request or shall be reviewed in camera by the administrative-hearing officer for purposes of making a determination of relevancy to the merits of the administrative matter pending before the hearing officer, as the hearing officer may direct. If the records or a portion are relevant to the matter, those records may be viewed and/or copied by counsel of record, at the expense of the party requesting the records. The records shall not be disseminated in any form beyond the parties, counsel of record and their agents, and any experts, except as otherwise specifically authorized by the hearing officer, and provided further that at the conclusion of the action, the records shall be sealed; and

(13) In a criminal or civil action, the records, or exact copies of the records, shall be delivered to a court of proper jurisdiction pursuant to a subpoena duces tecum, properly issued by one of the parties, and shall be delivered to the party issuing the subpoena, or shall be reviewed in camera by the trial justice for purposes of making a determination of relevancy to the merits of the civil or criminal action pending before the court, as the court may direct. If the records or a portion are relevant to the civil or criminal action, those records may be viewed and/or copied by counsel of record, at the expense of the party requesting the records. The court shall issue a protective order preventing dissemination of the records in any form beyond the parties, counsel of record and their agents, and any experts, except as otherwise specifically authorized by the court, and provided, further, that at the conclusion of the action, all records shall be sealed.

**(c) Disclosure required.**

(1) The director shall notify the office of the child advocate verbally and electronically, in writing, within 48 hours of a confirmed fatality or near fatality of a child who is the subject of a DCYF case. The department shall provide the office of the child advocate with access to any written material about the case. For purposes of this chapter, "near fatality" shall mean a child in serious or critical condition as certified by a physician as a result of abuse, neglect, self-harm or other unnatural causes.

(2) The director shall make public disclosure of a confirmed fatality or near fatality of a child who is the subject of a DCYF case within 48 hours of confirmation, provided disclosure of such information is in general terms and does not jeopardize a pending criminal investigation.

(3) The director shall disclose to the office of the child advocate information, within five (5) days of completion of the department's investigation, when there is a substantiated finding of child abuse or neglect that resulted in a child fatality or near fatality. The department may disclose the same information to the office of the attorney general and other entities allowable under 42 U.S.C. § 5106a.

(4) The information that must be disclosed in accordance with subdivision (c)(3) includes:

(i) A summary of the report of abuse or neglect and a factual description of the contents of the report;

(ii) The date of birth and gender of the child;

(iii) The date that the child suffered the fatality or near fatality;

- (iv) The cause of the fatality or near fatality, if such information has been determined;
- (v) Whether the department of children, youth and families, or a court-appointed special advocate, had any contact with the child before the fatality or near fatality and, if so:
  - (A) The frequency of any contact or communication with the child or a member of the child's family or household before the fatality or near fatality and the date on which the last contact or communication occurred before the fatality or near fatality;
  - (B) Whether the department provided any child-welfare services to the child, or to a member of the child's family or household, before, or at the time of, the fatality or near fatality;
  - (C) Whether the department made any referrals for child-welfare services for the child, or for a member of the child's family or household, before or at the time of the fatality or near fatality;
  - (D) Whether the department took any other action concerning the welfare of the child before or at the time of the fatality or near fatality; and
  - (E) A summary of the status of the child's case at the time of the fatality or near fatality, including, without limitation, whether the child's case was closed by the department before the fatality or near fatality and if so, the reasons why the case was closed; and
- (vi) Whether the department, in response to the fatality or near fatality:
  - (A) Has provided, or intends to provide and/or make, a referral for child-welfare services to the child, or to a member of the child's family or household; and
  - (B) Has taken, or intends to take, any other action concerning the welfare and safety of the child, or any member of the child's family or household.

(d) If a public panel is convened or established by the department to evaluate the extent to which the department is discharging its child-protection responsibilities, the panel, or any of its members or staff, shall not disclose identifying information about a specific child-protection case, nor make public any identifying information provided by the department, except as may be authorized by law. Any person who violates this subsection shall be subject to civil sanctions as provided by law.

(e) If a public panel is convened or established by the department, this panel, in the course of its evaluation, may review, but shall not investigate, any child fatality that is under the jurisdiction of the child advocate in accordance with the provisions of § 42-73-7(2).

(f) In the event records and information contained within DCYF records are shared with individuals or public or private agencies as specified in subsection (b) above, any such individual, and/or public or private agency, shall be advised that the shared information cannot be further disclosed, except as specifically provided for under applicable federal and/or state law and regulation. Any individual and/or public or private agency who or that violates this subsection shall be subject to civil sanctions as provided in chapter 37.3 of title 5, and any other federal or state law pertinent thereto.

#### History of Section.

P.L. 1979, ch. 248, § 1; P.L. 1984, ch. 203, § 1; P.L. 1985, ch. 255, § 1; P.L. 1992, ch. 432, § 1; P.L. 1994, ch. 97, § 1; P.L. 1996, ch. 142, § 1; P.L. 1996, ch. 156, § 2; P.L. 1997, ch. 49, § 1; P.L. 1997, ch. 64, § 1; P.L. 1998, ch. 67, § 1; P.L. 1998, ch. 302, § 1; P.L. 1998, ch. 322, § 1; P.L. 1998, ch. 374, § 1; P.L. 1999, ch. 54, § 1; P.L. 1999, ch. 122, § 1; P.L. 2004, ch. 136, § 1; P.L. 2004, ch. 139, § 1; P.L. 2016, ch. 342, § 2; P.L. 2016, ch. 368, § 2.

# **Title 42**

## **State Affairs and Government**

### **Chapter 72**

#### **Department of Children, Youth and Families**

##### **R.I. Gen. Laws § 42-72-11**

###### **§ 42-72-11. Protective services.**

In furtherance of the purposes and duties imposed by this chapter, and in order to implement the procedures of the Rhode Island Child Abuse and Neglect Act contained in chapter 11 of title 40, the department shall provide protective services for children. The department shall:

- (1)** In cases in which reasonable efforts are required pursuant to § 15-7-7 or § 40-11-12.2, mobilize the services available in cases of child abuse and neglect which may assist the child and the child's family including, but not limited to, day care, homemaking services, medical attention, social, psychological, and psychiatric evaluation and treatment, emergency shelters, transportation, individual or group counseling, and information and referral;
- (2)** Establish procedures for administering purchase of service agreements from community and private agencies;
- (3)** Develop a policy and procedure manual to be available to all staff workers; and
- (4)** Require that the service plan developed for every child under protective care be geared to finding a permanent plan for the child within a time frame of one year, and require a review and evaluation program for all children for whom a plan has been developed.

History of Section.

P.L. 1979, ch. 248, § 1; P.L. 1998, ch. 87, § 4.

# **Title 42**

## **State Affairs and Government**

### **Chapter 72**

#### **Department of Children, Youth and Families**

##### **R.I. Gen. Laws § 42-72-15**

###### **§ 42-72-15. Children's bill of rights.**

- (a) No child placed or treated under the supervision of the department in any public or private facility shall be deprived of any personal property or civil rights, except in accordance with due process.
- (b) Each child placed or treated under the supervision of the department in any public or private facility shall receive humane and dignified treatment at all times, with full respect for the child's personal dignity and right to privacy, consistent with the child's treatment plan.
- (c) Each child placed in a secure facility under the supervision of the department shall be permitted to communicate with any individual, group, or agency consistent with the child's treatment objectives; shall be provided writing materials and postage; and shall be permitted to make or receive telephone calls to or from his or her attorneys, guardians ad litem, special advocates, or child advocate at any reasonable time.
- (d) The department shall adopt rules and regulations pursuant to the Administrative Procedures Act, chapter 35 of this title, regarding children placed in secure facilities to specify the following:
- (1) When a child may be placed in restraint or seclusion or when force may be used upon a child;
  - (2) When the head of a facility may limit the use or receipt of mail by any child and a procedure for return of unopened mail; and
  - (3) When the head of a facility may restrict the use of a telephone by any child.
- (e) A copy of any order placing a child at a secure facility under the supervision of the department in restraint or seclusion shall be made a part of the child's permanent clinical record. In addition, any special restriction on the use or receipt of mail or telephone calls shall be noted in writing; signed by the head of the facility or the facility head's designee; and made a part of the child's permanent clinical record.
- (f) Each child placed or treated in a secure facility under the supervision of the department shall be permitted to receive visitors subject to reasonable restriction consistent with the child's treatment plan. The head of each facility shall establish visiting hours and inform all children and their families and other visitors of these hours. Any special restrictions shall be noted in writing; signed by the head of the facility or his or her designee; and made a part of the child's permanent clinical record.
- (g) Each child may receive his or her clergyman, attorney, guardian ad litem, special advocate, or child advocate at any reasonable time.
- (h) No person shall be denied employment, housing, civil service rank, any license or permit, including a professional license, or any other civil or legal right, solely because of a present or past placement with the department except as otherwise provided by statute.

- (i)** Each child under the supervision of the department shall have the right to counsel and the right to receive visits from physicians and mental health professionals.
- (j)** Each child shall have a right to a hearing, pursuant to rules and regulations promulgated by the department, if the child is involuntarily transferred by the department to any facility outside of the state in accordance with the procedure set forth in § 42-72-14.
- (k)** The children's bill of rights shall be posted in a conspicuous place within any secure facility for the residential housing of children.
- (l)** Every deliverer of services with whom the department enters into a purchased services agreement shall agree, in writing, to observe and post in a conspicuous place, the children's bill of rights.
- (m)** Any child aggrieved by a violation of the children's bill of rights may petition the family court for appropriate equitable relief. The family court shall have exclusive original jurisdiction, notwithstanding any remedy contained in chapter 35 of this title.
- (n)** A child victim or witness shall be afforded the protections of § 12-28-9 under the direction of the department of children, youth and families, and the department shall advise the court and the police and the prosecutor on the capacity of the child victim to understand and participate in the investigation and in the court proceedings and of the potential effect of the proceedings on the child.
- (o)** Every child placed in the care of the department of children, youth and families shall be entitled to a free appropriate education, in accordance with state and federal law. Immediately upon the assumption of that care, the department shall provide for the enrollment of each child in a school program. During the time that the child shall remain in that care, the department and appropriate state and local education agencies shall coordinate their efforts in order to provide for the timely initiation and continuation of educational services.
- (p)** No person shall be denied access to available treatment for an alcohol- or drug-related condition solely because of a present or past placement with the department.
- (q)** No child shall be discriminated against on the basis of race, color, religion, ancestry, national origin, gender, sexual orientation, gender identity or expression, socioeconomic status or mental, physical, developmental, or sensory disability, or by association with an individual or group who has, or is perceived to have one, or more of such characteristics.

History of Section.

P.L. 1979, ch. 248, § 1; P.L. 1985, ch. 380, § 1; P.L. 1986, ch. 241, § 1; P.L. 1991, ch. 245, § 1; P.L. 2015, ch. 162, § 1; P.L. 2015, ch. 178, § 1.

# Title 40

## Human Services

### Chapter 11

#### Abused and Neglected Children

##### R.I. Gen. Laws § 40-11-2

###### § 40-11-2. Definitions.

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

**(1)** “Abused 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 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 referrals of child abuse and neglect and institutional child abuse and neglect.
- (4) "Children's advocacy center (CAC)" means a community-based organization that is a member of the Rhode Island chapter of children advocacy centers and an accredited member (or working toward accreditation) of the National Children's Alliance.
- (5) "Department" means department of children, youth and families.
- (6) "Educational program" means any public or private school, including boarding schools, or any home-schooling program.
- (7) "Healthcare provider" means any provider of healthcare services involved in the delivery or care of infants or care of children.
- (8) "Institution" means any private or public hospital or other facility providing medical or psychiatric diagnosis, treatment, and care.
- (9) "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 childcare 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.
- (10) "Law enforcement agency" means the police department in any city or town or the state police.
- (11) "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.
- (12) "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.
- (13) "Physician" means any licensed doctor of medicine, licensed osteopathic physician, and any physician, intern, or resident of an institution as defined in subsection (8).
- (14) "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.
- (15) "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 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; P.L. 2018, ch. 189, § 1; P.L. 2018, ch. 262, § 1.

# Title 40

## Human Services

### Chapter 11

#### Abused and Neglected Children

##### R.I. Gen. Laws § 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, which 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, healthcare centers, emergency rooms, and other appropriate healthcare 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.

# **Title 40**

## **Human Services**

### **Chapter 11**

#### **Abused and Neglected Children**

##### **R.I. Gen. Laws § 40-11-7**

###### **§ 40-11-7. Investigation of reports — Petition for removal from custody — Report to child advocate — Attorney general — Court-appointed special advocate — Children's advocacy center.**

- (a) The department shall investigate reports of child abuse and neglect made under this chapter in accordance with the rules the department has promulgated and in order to determine the circumstances surrounding the alleged abuse or neglect and the cause thereof. The investigation shall include personal contact with the child named in the report and any other children in the same household. Any person required to investigate reports of child abuse and/or neglect may question the subjects of those reports with or without the consent of the parent or other person responsible for the child's welfare. The interviewing of the child or children, if they are of the mental capacity to be interviewed, shall take place in the absence of the person or persons responsible for the alleged neglect or abuse. In the event that any person required to investigate child abuse and/or neglect is denied reasonable access to a child by the parents or other person, and that person required to investigate deems that the best interests of the child so require, they may request the intervention of a local law enforcement agency, or seek an appropriate court order to examine and interview the child. The department shall provide such social services and other services as are necessary to protect the child and preserve the family.
- (b) In the event that after investigation it is determined by the department that the child is being or has been abused or neglected but that the circumstances of the child's family or otherwise do not require the removal of the child for his or her protection, the department may allow the child to remain at home and provide the family and child with access to preventative support and services. In addition, the department is authorized to petition the family court for an order for the provision of treatment of the family and child. Provided, further, the department shall notify the children's advocacy center of all suspected cases of child sexual abuse.
- (c) The department shall have the duty to petition the family court for removal of the child from the care and custody of the parents, or any other person having custody or care of the child, if there is a determination that a child has been abused or neglected; which results in a child death, serious physical or emotional harm, sexual abuse or exploitation, or an act or failure to act that represents an imminent risk of serious harm. In addition, in cases of alleged abuse and/or neglect, the department may petition the family court for the removal of the alleged perpetrator of that abuse and/or neglect from the household of the child or children when the child or children are eleven (11) years of age or older. It shall be the responsibility of the department to make the parent or other person responsible for the child's welfare aware of the court action, the possible consequences of the court action, and to explain the rights of the parent relative to the court action.
- (d) The department shall forward immediately any reports of institutional child abuse and neglect to the child advocate who shall investigate the report in accordance with chapter 73 of title 42, and also to any guardian ad litem and/or attorney of record for the child.
- (e) In the event that after investigation the department takes any action regarding placement of the child, the department shall immediately notify the child advocate of such action.
- (f) In the event that after investigation the department has reasonable cause to know or suspect that a child has been subjected to criminal abuse or neglect, the department shall forward immediately any information as it relates to that knowledge or suspicion to the law enforcement agency.

(g) If a report is accepted as a valid allegation of abuse or neglect, the department shall collect information concerning the military status of the parent or guardian of the child who is the subject of the report and shall share information about the allegation with the appropriate military authorities.

History of Section.

P.L. 1976, ch. 91, § 2; P.L. 1979, ch. 248, § 9; P.L. 1981, ch. 336, § 1; P.L. 1984, ch. 257, § 1; P.L. 1985, ch. 125, § 1; P.L. 1988, ch. 391, § 1; P.L. 1989, ch. 80, § 1; P.L. 1990, ch. 420, § 1; P.L. 2011, ch. 151, art. 17, § 1; P.L. 2012, ch. 241, art. 3, § 1; P.L. 2021, ch. 117, § 1, effective July 2, 2021; P.L. 2021, ch. 118, § 1, effective July 2, 2021; P.L. 2022, ch. 47, § 1, effective June 7, 2022; P.L. 2022, ch. 48, § 1, effective June 7, 2022.