



Child Care Licensing Unit

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I. Program Information

STATEMENT OF FINDINGS

ISSUE DATE : 3/31/2026

VISIT DATE : 3/4/2026

VISIT TYPE : Licensed Complaint

CORRECTIVE ACTION PLAN DUE DATE : 4/21/2026

Name of the program : Pine Haven Boys Center

Program address : 133 River Road Allenstown New Hampshire 03275

License No. : CCRB-01073

Licensing Coordinator : Kathleen Morneau-Littlefield

In accordance with RSA 170-E, the department finds non-compliance with the following statutes and/or rules:

II. Non-Compliance List

Regulation number : He-C 4001.10(p)(2)

The applicant, licensee, or any child care staff shall not falsify any documents, other written information, or reports issued by or required by the department under He-C 4001.

Observation : The department's review of the DHHS Restraint & Seclusion Reporting forms for incidents that occurred on February 1, 2026, February 9, 2026, February 15, 2026, February 16, 2026, and February 22, 2026, revealed that the staff who completed the reports provided false information when the staff reported the use of an escort, which is not the action that the staff took, and none of the reports include that the staff also secluded Resident A. Additionally, the descriptions in the reports did not align with the images seen in the video footage.

Corrective Action Plan : The staff members involved were terminated on 3/5/2026. The program has addressed this violation by reviewing all documentation practices with staff to ensure accuracy, honesty, and compliance with He-C 4001 requirements. All staff were retrained on proper documentation and ethical reporting requirements on 3/11/2026. A review process has been implemented for supervisors to check for accuracy prior to submission. The program will maintain ongoing supervision and periodic record audits to ensure compliance.

Completion Date : 3/11/2026

Regulation number : He-C 4001.14(a)

Program staff shall provide care and supervision at all times to ensure that residents are safe and that their needs are met according to their developmental level, age, emotional or behavioral needs, and in accordance with their treatment plan.

Observation : The department's review of video footage of an incident on February 1, 2026, and of Pine Haven's incident report, revealed that three staff members secluded Resident A. According to the incident report, while in seclusion Resident A urinated in their pants, completely soaking themselves. One staff member required Resident A to first clean the seclusion room and mop the floor, which took approximately 10 minutes, before permitting Resident A to leave the room and clean themselves.

Corrective Action Plan : The staff members involved were terminated on 3/5/2026. The program immediately addressed this concern by reviewing the incident with all staff and ensuring proper supervision levels are maintained at all times. All staff in the program were retrained on active supervision, individual resident needs, and adherence to each resident's individual treatment plan and behavioral supports on 3/11/2026. The program has increased supervisory oversight, including random checks, documentation reviews and the addition of an Assistant Residential Director.

Completion Date : 3/11/2026

Regulation number : He-C 4001.22(b)(11)

Program staff shall not use rough handling on residents, including but not limited to, grabbing, pushing, pulling, and dragging.

Observation : The administrative staff of the program reported non-compliance to the department after completing a general administrative review of multiple incident reports regarding Resident A and determining that multiple holds were not being done in accordance with policy and that seclusion events did not meet the criteria for seclusion. The department's review of incident reports, video footage, and interviews with staff and Resident A revealed that on February 1, 2026, February 9, 2026, February 15, 2026, February 16, 2026, and February 22, 2026, three program staff roughly handled Resident A when they held Resident A's wrists above Resident A's head, at times carrying Resident A when their feet were not touching the floor, or dragged Resident A by their suspended arms when Resident A did not walk along with staff, dragged Resident A by their legs and one arm, carried Resident A by their right arm and right foot so that they were suspended entirely off the floor, dragged Resident A by one arm, and dragged Resident A by their arms down hallways and torso down the stairs. By rough handling Resident A as described, staff created a significant risk of injuring Resident A.

Corrective Action Plan : An internal investigation was conducted, and appropriate disciplinary action was taken based on findings. The staff members involved were terminated on 3/5/2026. All staff received retraining on 3/11/2026 & 3/18/2026 in the areas of appropriate physical interaction, de-escalation techniques, and maintaining resident dignity and safety at all times. The program will continue to encourage staff to report concerns immediately and promote a culture of accountability and safety.

Completion Date : 3/20/2026

Regulation number : He-C 4001.22(e)

Program staff shall use seclusion and restraint in accordance with RSA 126-U and He-C 901.

Observation : The department's review of incident reports, video footage, and treatment plans, and interviews with staff and Resident A revealed that on February 1, 2026, February 9, 2026, February 15, 2026, February 16, 2026, and February 22, 2026, program staff secluded Resident A in a manner that was not in accordance with the provisions of RSA 126-U. Specifically, staff held a door closed or sat outside the closed door, which

was not equipped with unbreakable observation windows or equivalent devices to allow the safe, direct, and uninterrupted observation of every part of the room, as required in RSA 126-U:5-b. In addition, as required in RSA 126-U:5-b, a co-regulator was not designated to monitor Resident A and a plan was not developed to help Resident A manage their state of regulation and their return to a less restrictive setting when Resident A was in seclusion, and on February 16, 2026, the seclusion lasted for more than 30 minutes without staff checking on Resident A. Additionally, at no point did any of the staff utilize the least restrictive strategies for which they were trained when interacting with Resident A, and there was no evidence in any of the incidents that Resident A's behavior posed a substantial and imminent risk of physical harm to themselves or others, which is contrary to the requirements in RSA 126-U:5-a.

Corrective Action Plan : The program immediately reviewed the incident involving the use of seclusion/restraint to ensure resident safety and well-being. Any improper use was addressed, and staff involved were terminated on 3/5/2026. All staff received retraining on 3/11/2026 & 3/18/2026 on proper procedures, including when such interventions are permitted and how they must be implemented. The program will continue to require all staff to complete training and certification in approved restraint and seclusion techniques in accordance with RSA 126-U and He-C 901. Quarterly, the program will provide refresher training on de-escalation strategies and alternatives to restraint/seclusion. The program will ensure all incidents are properly documented, reviewed, and signed off by supervisory staff.

Completion Date : 3/20/2026

Regulation number : He-C 4001.22(g)

Restraint techniques used shall be consistent with the curriculum required in (f) above and be reviewed at least annually with program staff to maintain competency.

Observation : The department's review of incident reports, video footage, and staff training documents revealed that the staff members involved in the rough handling and seclusion of Resident A as described herein did not use techniques consistent with CPI. At no point did any of the staff utilize the least restrictive strategies for which they were trained, and the manner with which they moved Resident A, as described under He-C 4001.22(b)(11) herein, did not constitute a restraint in any of the incidents. All four staff involved have completed initial and refresher training in Nonviolent Crisis Intervention with Advanced Physical Skills taught by a CPI certified instructor.

Corrective Action Plan : The staff involved were terminated on 3/5/2026. All program staff received retraining on 3/11/2026 & 3/18/2026 on proper procedures, including when such interventions are permitted and how they must be implemented. Quarterly, the program will provide refresher training on de-escalation strategies and alternatives to restraint/seclusion. At least annually, the program will continue to require all staff to complete training and certification in approved restraint and seclusion techniques in accordance with RSA 126-U and He-C 901.

Completion Date : 3/20/2026

Regulation number : He-C 4001.23(a)

Licensees shall ensure that program staff complete all reports and comply with reporting requirements for uses of restraint and seclusion, in accordance with RSA 126-U and He-C 901.

Observation : The department's review of the DHHS Restraint & Seclusion Reporting forms for incidents that occurred on February 1, 2026, February 9, 2026, February 15, 2026, February 16, 2026, and February 22, 2026, revealed that all the reports identified the use of an escort, which is not the action that the staff took, and none of the reports include that the staff also secluded Resident A.

Corrective Action Plan : The staff members involved were terminated on 3/5/2026. All program staff were retrained on 3/11/2026 & 3/18/2026 on approved restraint techniques to ensure proper and safe implementation as well as the reporting requirements. The program will continue to provide mandatory training biannually to all staff on reporting requirements for restraint and seclusion, including timelines and documentation standards as well as continue to ensure all staff are trained and certified in the approved restraint curriculum (CPI) prior to performing any restraint. The program will ensure all incidents are properly documented, reviewed, and signed off by supervisory staff.

Completion Date : 3/20/2026