



Child Care Licensing Unit

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I. Program Information

STATEMENT OF FINDINGS

ISSUE DATE : 6/13/2025

VISIT DATE : 6/3/2025

VISIT TYPE : Complaint

CORRECTIVE ACTION PLAN DUE DATE : 7/4/2025

Name of the program : Seven Hills Foundation at Crotched Mountain

Program address : 1 Verney Drive Greenfield NH 03047

License No. : CCRB-07071

Licensing Coordinator : Darlene Avery

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 4001.14(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 : Program staff reported that on May 19, 2025, a staff member did not follow program policy to make visual checks to ensure Resident A's well-being every 15 minutes during awake time. Staff A stated that Staff B did not conduct visual checks per policy, resulting in Resident A suffering a seizure for an undetermined amount of time. Staff B stated that they arrived for their shift shortly after 4:00 p.m. on May 19, 2025, checked on Resident A, who was in their room on their bed, and then made dinner in the kitchen and attended to other tasks. When they later returned to check on Resident A, they found Resident A on the floor having a seizure. Staff B further stated that they believed the program policy required 30-minute checks of awake residents, but they now know that the policy is to check awake residents every 15 minutes. The "Staff Secure Environment: Requirements for Staff and Students" document, signed by Staff B on November 25, 2024, states, "Staff will visually monitor any student in his bedroom at no more than 15-minute intervals during awake hours." A review of video footage of the residence on the day of the incident confirmed that Staff B entered Resident A's room on May 19, 2025, at 4:08 p.m. and did not return to check on Resident A until 4:56 p.m. 48 minutes elapsed before Staff B checked on Resident A, which was contrary to Staff B's statement that they believed that they were required to check on awake residents every 30 minutes. Staff B's

failure to comply with the program policy constitutes a lack of supervision to ensure that the resident was safe and that their needs were met in accordance with their treatment plan.

Corrective Action Plan : The failure to follow critical supervision procedures placed Resident A at significant risk and demonstrated a disregard for resident safety and agency policy. As a result, Staff B was immediately terminated from employment due to noncompliance with staff protocols—protocols they were trained on and acknowledged in writing. The program has taken the following additional corrective actions: • All program staff will continue to re-trained on the visual check policy at residential weekly meetings. • Supervisors will monitor and verify compliance with 15-minute visual checks. • Spot checks by management will continue on all shifts to ensure adherence to protocols. The safety and well-being of students in our care remain our top priority. This response reflects the seriousness with which the program views noncompliance with supervision standards.

Completion Date : 5/23/2025