

OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

Official Audit Report – Issued April 24, 2026

Department of Youth Services

For the period July 1, 2022 through June 30, 2024



OFFICE OF THE STATE AUDITOR

DIANA DIZOGLIO

April 24, 2026

Cecely Reardon, Commissioner
Department of Youth Services
600 Washington Street, 4th Floor
Boston, MA 02111

Dear Commissioner Reardon:

I am pleased to provide to you the results of the enclosed performance audit of the Department of Youth Services. As is typically the case, this report details the audit objectives, scope, methodology, findings, and recommendations for the audit period, July 1, 2022 through June 30, 2024. As you know, my audit team discussed the contents of this report with agency managers. This report reflects those comments.

I appreciate you and all your efforts at the Department of Youth Services. The cooperation and assistance provided to my staff during the audit went a long way toward a smooth process. Thank you for encouraging and making available your team. I am available to discuss this audit if you or your team has any questions.

Best regards,



Diana DiZoglio
Auditor of the Commonwealth

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LIST OF ABBREVIATIONS

| | |
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| CMR | Code of Massachusetts Regulations |
| DCF | Department of Children and Families |
| DESE | Department of Elementary and Secondary Education |
| DYS | Department of Youth Services |
| MID | Master Identification Number |
| MMIS | Medicaid Management Information System |
| SIR | Serious Incident Report |

EXECUTIVE SUMMARY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of certain activities of the Department of Youth Services (DYS) for the period July 1, 2022 through June 30, 2024.

The purpose of this audit was to determine the following:

- Did DYS monitor its compliance with Sections 5(a) and 5(b) of Chapter 120 of the General Laws and its own policies (see the [Appendix](#) for these DYS policies) regarding the assessments of youths committed to its custody?
- Did DYS deliver timely, accurate, and complete educational programs, services, and support to youths committed to its custody as outlined in Sections 2 and 7 of Chapter 18A of the General Laws and Sections I–IV of its *Guidelines for Serving Youth with Disabilities Under Section 504*?

In addition, we examined whether DYS implemented recommendations from our prior audit (Audit No. 2019-0512-3S), issued on March 14, 2022. Specifically, we determined the following:

- Did DYS institute formal disciplinary guidelines for its 51B report resolution process regarding Section 4.35(2) of Title 110 of the Code of Massachusetts Regulations to address supported allegations of neglect and/or abuse of youths in its care or custody? In addition, did DYS’s mentor program assist with this process?

Below is a summary of our findings, the effects of those findings, and our recommendations, with hyperlinks to each page listed.

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| Finding 1 Page 16 | DYS was unable to demonstrate that it complied with Section 5 of Chapter 120 of the General Laws or its own internal policies regarding the assessments of youths committed to its custody. |
| Effect | If DYS does not comply with Section 5 of Chapter 120 of the General Laws and its own internal policies, then youths may not be placed in appropriate programs or receive the proper support necessary to address individual needs. Additionally, if DYS does not ensure that complete intake assessments are conducted, then caseworkers may lack the information needed to set realistic goals and track progress. Lastly, youths may feel neglected or misunderstood if a proper assessment is not completed, increasing the chance of recidivism and worsening their mental health. |
| Recommendation Page 20 | DYS should demonstrate compliance with Section 5 of Chapter 120 of the General Laws and its own internal policies regarding assessments and reassessments of youths. |
| Finding 2 Page 23 | DYS did not always follow its own guidelines regarding 504 plans for serving youths with disabilities. |

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| Effect | If DYS does not provide appropriate accommodations for youths in its custody who have disabilities, then these youths may not receive a proper education. |
| Recommendation Page <u>25</u> | DYS should ensure that its employees are aware of, understand, and follow DYS's own guidelines created for serving youths with disabilities, specifically regarding the 504 plan process, and DYS should update its guidelines to ensure that the 504 process is continued for youths if they reenter DYS's custody. |
| Finding 3 Page <u>27</u> | DYS did not have sufficient disciplinary guidelines instituted for its 51B report resolution process to address supported allegations of neglect and/or abuse of youths by DYS employees or contractors. |
| Effect | Without formal disciplinary guidelines, DYS may not be preventing the reoccurrence of similar incidents. Although terminating the employee involved in the 51B report may appear to resolve the issue, it does not prevent other employees from continuing the same or similar behavior. Additionally, without guidelines, DYS may be providing unfair treatment to employees, such as suspending some employees and terminating others or even not disciplining some at all for substantially similar policy violations. |
| Recommendation Page <u>28</u> | DYS should take additional measures, beyond just terminating and/or suspending employees upon supported allegations of neglect and/or abuse of youths. Such measures may include providing written guidelines for all staff members to follow when a supported 51B report is received, mentoring all employees beyond their first year of service to provide a supportive environment, and/or providing trainings on areas where there are frequently identified policy violations. |

In addition to the conclusions we reached regarding our audit objectives, we also identified issues not specifically addressed by our objectives regarding how DYS did not have policies and formalized procedures for general education services. See Other Matters for more information.

OVERVIEW OF AUDITED ENTITY

The Department of Youth Services (DYS) was established under Section 1 of Chapter 18A of the Massachusetts General Laws. It operates within the Executive Office of Health and Human Services and provides services to children ages 12 to 22 who have been detained or committed to DHS by the courts. According to DHS's website,

Detained youth are those who have been arrested and charged with an offense, and are temporarily placed with DHS until their next court date. Committed youth are those who have been found guilty of a crime, have received a sentence, and are ordered into the custody of DHS.

Additionally, according to an email DHS sent us on October 20, 2025, "recommitted youth are youth who have been committed to DHS as either a juvenile delinquent or Youthful Offender and have reoffended after being released on community supervision."

According to its website, DHS "fosters positive outcomes for youth, builds safer communities, and collaborates for an equitable and fair justice system." DHS maintains a central office in Boston, along with five regional offices, each overseen by a regional director responsible for the administration and oversight of all services and activities within their respective regions.

During the audit period, DHS provided support and services to approximately 2,186 youths between the ages of 12 and 22. DHS had an annual appropriation of approximately \$176 million for fiscal year 2023 and an annual appropriation of approximately \$183 million for fiscal year 2024.

Assessments and Reassessments of Committed Youths

According to Section 5(a) of Chapter 120 of the General Laws, DHS is required to examine, study, and investigate all relevant aspects of the lives and behaviors of the committed youths in its care. At DHS, every committed youth, regardless of the duration of their stay, undergoes a comprehensive intake process conducted by program staff members and clinicians. According to an email DHS sent to us on October 20, 2025,

Upon a youth's arrival at a DHS program, a youth undergoes an initial intake where preliminary data is collected about the youth from the youth. After the initial intake, a comprehensive assessment begins, where documentation about the youth is collected from a variety of sources – medical, clinical, education, psycho-social, and family background.

The objective of these assessments is to develop a tailored support plan that addresses each youth's needs, both throughout their time in the treatment facility and upon reintegration into their community.

A full assessment takes 45 days, but shorter, modified assessments are also available, depending on the individual youth's case. This process involves gathering various risk evaluations to determine the most beneficial services and programs for each youth. During the intake process, behavioral health screenings are conducted to identify mental health needs, including surveys used to assess trauma history, post-traumatic stress disorder, and related factors. Additionally, screenings for brain injuries and evaluations of substance abuse are performed. Information regarding each youth's caregiver background, hospitalization history, previous incidents of violence, suicide risk, and personal identity is also collected to ensure an appropriate response to each youth's challenges. Additionally, an evaluation is undertaken to assess the youth's likelihood of reoffending and to determine the appropriate level of supervision required to ensure seamless reintegration into the community. This risk assessment takes place at the time of commitment, 120 days before the youth is released back into the community, and every six months while they are in the community.

Once the assessment is completed, a report detailing the clinical evaluation and treatment recommendations is stored in DYS's online document management system and presented to the Regional Review Team. The Regional Review Team, which varies by region, consists of the regional director of operations, the regional director of community services, the regional residential service providers, and the regional clinical coordinator.

Recommitted youths must go through the intake process again but may receive a shortened assessment based on the time elapsed between their release and recommitment.

Section 5(b) of Chapter 120 of the General Laws mandates that DYS conduct periodic reassessments for all individuals under its supervision. While the department is authorized to perform these evaluations as frequently as deemed necessary, these evaluations are required to occur at least once annually for each youth. DYS characterizes assessments as a continuous process and maintains regular interactions with the youth.

Educational Programs

According to Section 7 of Chapter 18A of the General Laws, the Bureau of Educational Services within DYS is responsible for establishing and managing educational programs and curricula for youths under DYS's jurisdiction. This includes overseeing the educational services provided to youths in custody at various stages of their involvement with the system. The bureau is responsible for the establishment and maintenance of both academic and vocational educational programs, the development of curricula, the implementation of teacher training initiatives, and the provision of library services at each institution managed by the department, as well as for every youth committed to the department's care.

According to DYS, the DYS education system is designed to mirror the services provided by public schools. Youths in high school follow studies aligned with the Massachusetts Curriculum Frameworks, led by instructional guides in core subjects such as English language arts, social studies, mathematics, and science. DYS provides small classroom settings, individualized attention, coaching, and a cognitive behavioral strategy, all of which contribute to a supportive process for youths involved with DYS. DYS organizes its academic year to consist of 180 days, with 5.5 hours of learning each day. Additionally, DYS offers a 30-day summer school program, providing 4.5 hours of structured learning each day.

DYS provides general educational services to youths in both state-operated and provider-operated residential programs. Special education services are managed by the Department of Elementary and Secondary Education (DESE) through its Special Educational Services in Institutional Settings program, alongside the Collaborative for Educational Services. While school districts are ultimately responsible for delivering special education services to their students, the Special Educational Services in Institutional Settings program was established to support and enhance these services for students in DYS's care or custody. DYS oversees youths who have 504 plans,¹ while DESE is responsible for those with Individualized Education Programs.² This collaboration is intended to ensure that youths receive tailored instruction that meets their academic needs.

Youths in DYS's custody represent a highly transitional population. After 14 to 21 days of detention, requests are made to each youth's former school to obtain their academic records. For youths in DYS care

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1. Section 504 of the Rehabilitation Act established 504 plans. These plans aim to prevent discrimination against individuals with disabilities. They require the development of a 504 plan to ensure that students with disabilities receive necessary accommodations, allowing them equal access to education and program services.
 2. An Individualized Education Program identifies a student's special education needs and describes the services a school district must provide to meet those needs.

for less than two weeks, only basic information is requested, given the absence of formal commitment by the courts.

According to an email DYS sent to us on October 20, 2025,

DYS conducts a twice weekly detained data match with the Department of Elementary and Secondary Education (DESE). This data match allows DYS to identify which youth have either an Individualized Education Program (IEP) or a 504 plan, so any special educational services can continue with limited interruption. The detained data match is pursuant to the DYS and DESE Agency Coordinated Plan.

DYS uses a student information management system to organize a variety of student details, which include schedules, academic records, grades, attendance, health records, 504 plans, and Individualized Education Programs. This system assists teachers and teaching coordinators in developing instructional plans that align with coursework while enhancing communication between caregivers³ and school staff members.

Each education program includes a designated classroom with assigned teachers. Each youth is paired with both a teacher and a teaching coordinator. Teaching coordinators are responsible for organizing the daily class schedule, which includes elective courses. After 30 days of schooling, career counselors are assigned to each youth to determine the necessary graduation requirements and help develop a graduation plan. DYS hosts annual graduation ceremonies, which are open to the youths' caregivers, to honor committed individuals who have earned diplomas from their respective school districts.

Committed youths are also assigned an education assessment coordinator. These coordinators are trained to work with students to create an education assessment packet and an individual learner profile. An academic growth report is generated each quarter for youths and shared during staff member meetings to assess performance and progress. In cases of new accommodations, the youth support team collects information, then youths are referred to special education services as needed.

Graduated youths are afforded the opportunity to pursue higher education. Additionally, the Skill Up vocational training program is available to committed youths, supporting job seekers in transitioning to new careers regardless of their educational background. This program offers specialized training in various

3. For the purposes of this audit report, we use the term caregiver to refer to an adult who cares for a child or children, including, but not limited to, parents, foster parents, stepparents, grandparents, and guardians (unless stated otherwise).

fields, such as electrical work, carpentry, and barbering, with the aim of equipping students with the skills necessary to transform their expertise into sustainable career prospects.

Internal Reviews and Investigations of Child Abuse and/or Neglect

Section 51A(a) of Chapter 119 of the General Laws requires mandated reporters⁴ to notify the Department of Children and Families (DCF) immediately if they believe a child under 18 has suffered emotional or physical harm due to abuse and/or neglect. These reports, known as 51A reports, help DCF evaluate allegations of abuse and assess child safety. DCF screens these reports to decide whether to investigate them (which DYS refers to as being screened in) or dismiss them (which DYS refers to as being screened out). Reports screened in undergo further investigation, known as a 51B investigation, while screened-out reports do not warrant additional action. DCF makes the determination to support or not support the allegation⁵ after completion of its 51B investigation.

For DYS to file a 51A report, DYS employees (whom DYS refers to as reporters in this situation) are required to complete and submit incident report forms for each incident that occurs by the end of their shift. These incident reports are then reviewed and summarized by a supervisor (whom DYS refers to as a submitter in this situation) before being entered into DYS's online document management system, which generates a Serious Incident Report (SIR).⁶ The DYS Investigations Unit is responsible for reviewing SIRs, and a paralegal is assigned the task of reviewing the individual SIR list each business day. Each individual SIR includes important details about the incident, such as the reporting program, the location, the incident date, the submission date, whether DCF was notified, and if so, who the 51A report is against (which means that it identifies whether it involves a DYS staff member, a caregiver, or a non-DYS individual). The report also contains information about the reporter, the submitter, the youth involved, everyone's roles in the incident, and an incident narrative. After retrieving and reviewing an SIR from DYS's online document management system, the paralegal distributes it to one of the investigators. The investigator then assesses potential policy violations and determines whether further inquiries are necessary.

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4. A mandated reporter is a person who is legally required to report suspected child abuse or neglect to the Department of Children and Families. These individuals include people who hold positions such as teacher, doctor, or police officer.
 5. A supported allegation means that DCF does have a reasonable cause to believe that the incident of abuse and/or neglect did occur, while an unsupported allegation means that DCF does not have a reasonable cause to believe that the incident of abuse and/or neglect did occur.
 6. It is DYS policy that employees report all serious incidents that take place at any DYS state or contracted location immediately to the DYS communication information center. These serious incidents include both youth- and nonyouth-related incidents. Any serious incident of alleged abuse or neglect of a youth is reported to DCF as a 51A report. DCF then determines whether the 51A report requires further investigation, which would then lead to a 51B report.

DYS is required to conduct internal investigations for all suspected cases of child abuse and neglect, as well as for serious incidents that may impact the health and safety of children in DHS care. Therefore, DHS must investigate every reported incident, regardless of whether it has been screened out by DCF. In cases involving DHS employees where a 51B investigation is initiated, DCF notifies DHS, then both agencies carry out simultaneous investigations. After DHS's investigation is completed, the investigator prepares an investigative report detailing the findings and any identified policy violations. This report is then reviewed by the DHS executive team.⁷ According to an email DHS sent to us on October 20, 2025,

The Deputy Commissioner for Operations, the Deputy Commissioner for Administration and Finance, and the General Counsel meet to review investigation reports and determine, along with the Regional Director of the region where the program is located, the DHS [Human Resources] liaison, and a Labor Manager from [the Executive Office of Health and Human Services] determines whether and what discipline may be warranted for any involved state employees.

These actions may include issuing formal warnings, suspensions, or terminations.

In our prior audit of DHS (Audit No. 2019-0512-3S), it was recommended that DHS take measures to more effectively manage its 51B report resolution process. To minimize the chances of future incidents and promote early intervention, DHS has integrated preventative programming into its operational framework. One initiative is the formalized mentorship program, which was piloted in 2021 and officially established in June 2023. While this program is not specifically aimed at employees involved in 51A reports or 51B investigations, it serves as a preventative measure against future incidents by improving communication between employees and youths. The mentorship program is a permanent part of the DHS onboarding process for all DHS employees. There are five mentors, one for each DHS region, who rotate their schedules to provide around-the-clock support.

Upon hire, each employee is assigned a mentor who guides them during their first year of service and offers field support to enhance collaboration and foster relationships with both youths and colleagues. All employees, including part-time employees, have access to mentoring services at their discretion. DHS officials informed us that, through this mentoring program, DHS has been able to identify behavioral trends and deliver training to help lessen the likelihood that employees become involved in situations that may result in the filing of 51A reports and 51B reports.

7. According to an email DHS sent us on October 20, 2025, "the DHS executive team is comprised of the Commissioner, the Deputy Commissioner for Operations, the Deputy Commissioner for Administration and Finance, the Chief Administrative Officer, the General Counsel, and the Assistant Commissioner for Program Services."

AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor has conducted a performance audit of certain activities of the Department of Youth Services (DYS) for the period July 1, 2022 through June 30, 2024.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Below is a list of our audit objectives, indicating each question we intended our audit to answer; the conclusion we reached regarding each objective; and, if applicable, where each objective is discussed in the audit findings.

| Objective | Conclusion |
|--|--|
| 1. Did DYS monitor its compliance with Sections 5(a) and 5(b) of Chapter 120 of the General Laws and its own policies (see the <u>Appendix</u> for these DYS policies) regarding the assessments of youths committed to its custody? | No; see Finding <u>1</u> |
| 2. Did DYS deliver timely, accurate, and complete educational programs, services, and support to youths committed to its custody as outlined in Sections 2 and 7 of Chapter 18A of the General Laws and Sections I–IV of its <i>Guidelines for Serving Youth with Disabilities Under Section 504</i> ? | No; see Finding <u>2</u> and <u>Other Matters</u> |
| 3. Did DYS institute formal disciplinary guidelines for its 51B report resolution process regarding Section 4.35(2) of Title 110 of the Code of Massachusetts Regulations (CMR) to address supported allegations of neglect and/or abuse of youths in its care or custody? In addition, did DYS’s mentor program assist with this process? | No; see Finding <u>3</u> |

To accomplish our audit objectives, we gained an understanding of the DYS internal control environment relevant to our objectives by reviewing applicable DYS policies and procedures and by interviewing DYS officials who are responsible for the oversight of DYS’s programs. In addition, to obtain sufficient, appropriate evidence to address our audit objectives, we performed the procedures described below.

Assessments

To determine whether DYS monitored its compliance with Sections 5(a) and 5(b) of Chapter 120 of the General Laws and its own policies (see the [Appendix](#) for these DYS policies) regarding the assessments of youths committed to its custody, we took the actions described below.

We interviewed DYS employees to determine how DYS conducts assessments and reassessments of youths committed to DYS. We conducted walk-throughs, which showed different examples of intake procedures, along with numerous policies and procedures that DYS employees follow. We reviewed these processes and procedures to conduct our testing.

We selected a random, nonstatistical⁸ sample of 60 youths out of a population of 421 of youths committed or recommitted to DYS during the audit period to ensure that intake procedures, treatment plans, suicide assessments, progress reports, and youth substance use disorder treatments were all completed and followed according to DYS policies. Specifically, we tested the following attributes from documentation provided by DYS:

- youths received a health and dental screening within seven days of arrival;
- admission records were completed upon arrival;
- offense information was recorded upon arrival;
- property inventory was taken;
- handbooks were provided to youths;
- risk/need assessments were completed;
- treatment plans were conducted;
- treatment plans were reviewed at least monthly;
- suicide assessments were completed as soon as possible;
- youths met with caseworkers at least monthly;
- substance use risk factors were assessed;

8. Auditors use nonstatistical sampling to select items for audit testing when a population is very small, the population items are not similar enough, or there are specific items in the population that the auditors believe require review.

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- clinical assessment recommendations were made based on the youths' monthly treatment plans; and
 - substance use disorder treatments were provided.

For this objective, we found certain issues during our testing; namely, that DYS did not always follow its own policies related to monitoring assessments of youths in its custody. See [Finding 1](#) for more information.

Review of Education Programs

To determine whether DYS delivered timely, accurate, and complete educational programs, services, and support to youths committed to its custody as outlined in Sections 2 and 7 of Chapter 18A of the General Laws and Sections I–IV of its *Guidelines for Serving Youth with Disabilities Under Section 504*, we first selected a random, nonstatistical sample of 40 youths out of a population of 421 youths committed and recommitted to DYS during the audit period.

In addition, we selected all 20 youths who had a 504 plan during the audit period. We then took the actions described below.

504 Plans

To determine whether DYS delivers timely, accurate, and complete 504 plans to youths committed or detained (as outlined in Sections 2 and 7 of Chapter 18A of the General Laws, and in accordance with DYS's own internal guidelines), we took the actions described below.

We inspected the list DYS provided to us of all 20 youths who were committed or detained during the audit period and had a 504 plan. The list of 20 youths was derived from DYS's online document management system. We reviewed each youth's placement and status history at DYS, the 504 plan obtained by DYS from the school districts, the education profile in DYS's online document management system, and consent forms to determine whether DYS provided services and support to youths in accordance with the 504 plans. We then inspected the list to determine whether DYS followed its own guidelines, which include the following:

- identifying whether each youth previously had a 504 plan either at DYS or in their independent school district;
- completing an evaluation for a 504 plan;

- determining the eligibility for each youth to obtain a 504 plan; and
- developing a 504 plan, if needed.

For this aspect of our objective, we found certain issues during our testing; namely, that DYS did not always deliver (1) timely, accurate, and complete educational services, specifically related to 504 plans, and (2) support to youths in its custody. See [Finding 2](#) for more information.

General Education

To determine whether DYS delivered timely, accurate, and complete general educational programs, services, and support to youths committed to DYS as outlined in Sections 2 and 7 of Chapter 18A of the General Laws, we took the actions described below.

Through several discussions with DYS personnel members, including DYS's general counsel and the director of education initiative, we were informed that DYS is responsible for the education of youths, with the coordination of the Department of Elementary and Secondary Education, public schools, and contracted companies. Additionally, DYS provided us with procedures that are followed by DYS and its contracted employees to ensure that youths committed to the department are provided with quality education.

Using each youth's Master Identification Number (MID), we requested and inspected each youth's history of assessments (specifically, to see completion of core classes and the Massachusetts Comprehensive Assessment System), the education journal from DYS's online document management system, the youth's enrollment status and academic outcome, and the youth's transcripts (showing completion of classes and attendance) for the 40 youths in our sample.

For this aspect of our objective, we concluded that, based on our testing, DYS met the relevant criteria. However, we found certain issues during our testing regarding DYS's lack of written policies and procedures regarding general education. See [Other Matters](#) for more information.

51B Reports

To determine whether DYS instituted formal disciplinary guidelines for its 51B report resolution process regarding 110 CMR 4.35(2) to address supported allegations of neglect and/or abuse of youths in its care or custody, and to determine whether DYS's mentor program assisted with this process, we took the actions described below.

We interviewed DYS employees to determine how DYS communicates with the Department of Children and Families (DCF), conducts its own internal investigation into misconduct, and takes disciplinary action against employees involved in supported 51B reports. DCF provided us with 30 supported 51B reports against DYS employees from the audit period. DYS then provided us with its internal investigation report for the same 30 supported 51B reports.

To ensure that DYS instituted formal disciplinary action against employees with supported 51B reports, we reviewed the DCF report to identify DCF's findings, the corresponding internal investigation completed by DYS, the Serious Incident Report (SIR), and proof of any disciplinary action taken against the employee(s). In reviewing the disciplinary action taken, we inspected the evidence to determine whether DYS took further action, aside from termination, such as offering trainings or involvement in the mentorship program. Additionally, we reviewed the hire date of the employee involved in the incident to determine whether the employee involved in the 51B report was a part of the mentorship program, and if so, whether the mentorship program provided assistance or training to the employee.

For this objective, we found certain issues during our testing; namely, that DYS did not institute sufficient disciplinary guidelines for its 51B report resolution process. See [Finding 3](#) for more information.

We used nonstatistical sampling methods for testing and therefore did not project the results of our testing to the corresponding populations.

Data Reliability Assessment

Population of Committed and Recommitted Youth

DYS provided us with a list of all youths committed and recommitted to DYS during the audit period, which consisted of 421 youths. To determine the reliability of the list of all committed and recommitted youths in DYS custody, we interviewed DYS employees who were knowledgeable about DYS's online document management system, including DYS's senior director of systems operations. We performed validity and integrity tests on the list to ensure that it did not contain certain dataset issues (i.e., blank fields, duplicate records, missing values in the MIDs, and data corresponding to dates outside the audit period). Further, to determine the accuracy of the list, we randomly selected a sample of 20 youths from the list and traced the information to the Medicaid Management Information System (MMIS) to determine whether the information matched. To determine the

completeness of the list, we randomly selected a sample of 20 youths from the MMIS and traced the information to the list of committed and recommitted youths.

To determine the reliability of the data from MMIS, we relied on the work performed by the Office of the State Auditor in a separate project completed in 2023 that tested certain information system controls in MMIS. As part of this work, the Office of the State Auditor reviewed existing information, tested selected system controls, and interviewed agency officials knowledgeable about the data. Additionally, we performed validity and integrity tests on all data relevant to that audit to ensure that it did not contain certain dataset issues (i.e., blank fields, duplicate records, and data corresponding to dates outside the audit period).

Population of 51A Reports

To determine the reliability of the SIRs, which include 51A reports, maintained by DYS, we interviewed DYS employees who were knowledgeable about the data. DYS provided us with a list of all serious incidents, from DYS's online document management system, that occurred during the audit period, which consisted of 3,201 serious incidents, including 269 51A reports filed. We performed validity and integrity tests on all serious incidents that occurred during the audit period to ensure that the data did not contain certain dataset issues (i.e., duplicate identification numbers, gaps in the identification numbers, and data corresponding to dates outside the audit period).

Additionally, we obtained a list of all 51A reports from DCF during the audit period. To determine the accuracy of the list of 269 51A reports filed, we selected a judgmental sample⁹ of 20. For each 51A report in our sample, using the submission date and case number, we ensured that each 51A report was also listed in the DCF list. We determined whether the date and description of the incident in DYS's online document management system matched the data in DCF's list.

To determine the completeness of the 269 51A reports filed, we selected a separate judgmental sample of 20 from the DCF list. For each 51A report in our sample, using the submission date and case number, we ensured that the 51A report was also listed in DYS's online document management

9. Auditors use judgmental sampling to select items for audit testing when a population is very small, the population items are not similar enough, or there are specific items in the population that the auditors determine are appropriate to review. Auditors use their knowledge and judgment to select the most appropriate sample. For example, an auditor might select items from areas of high risk. The results of testing using judgmental sampling cannot be used to make conclusions or projections about entire populations; however, they can be used to identify specific issues, risks, or weaknesses.

system. We determined whether the date and description of the incident in DCF's list matched the data in DYS's online document management system.

Based on the results of the data reliability assessment procedures described above, we determined that the information we obtained during the course of our audit was sufficiently reliable for the purposes of our audit.

DETAILED AUDIT FINDINGS WITH AUDITEE’S RESPONSE

1. The Department of Youth Services was unable to demonstrate that it complied with Section 5 of Chapter 120 of the Massachusetts General Laws or its own internal policies regarding the assessments of youths committed to its custody.

The Department of Youth Services (DYS) did not demonstrate that it complied with its own policies and Section 5 of Chapter 120 of the Massachusetts General Laws regarding assessments of youths committed to its custody. The table below summarizes the issues we noted, from our sample of 60 youths, related to committed youths’ assessments.

| Issue | Number of Committed Youths from Our Sample Affected by the Issue | Percentage of Committed Youths from Our Sample Affected by the Issue |
|---|--|--|
| Youths who did not have health and dental screenings within seven days of their arrival at DYS | 5 | 8% |
| Youths who did not have names, aliases, ages, sexes, races, or dates of birth completed in their admission records | 1 | 2% |
| Youths who did not have their schools and grade levels completed in their admissions records | 1 | 2% |
| Youths who did not have identifying marks, scars, and tattoos (the body map) completed in their admissions records | 7 | 12% |
| Youths’ articles upon intake were not recorded in the client’s admission files | 4 | 7% |
| Youths where there was no record of the handbook being provided to the youths upon intake | 1 | 2% |
| Youths’ treatment plans were not provided to us | 1 | 2% |
| Youths’ treatment plans were not signed or dated by the youths’ caregivers or the people responsible for the intervention | 7 | 12% |
| Youths’ treatment plans were not reviewed at least monthly | 8 | 13% |
| Evidence that youths were meeting with caseworkers at least on a monthly meeting was not provided to us by DYS | 3 | 5% |
| Monthly progress notes were not provided to us | 3 | 5% |

| Issue | Number of Committed Youths from Our Sample Affected by the Issue | Percentage of Committed Youths from Our Sample Affected by the Issue |
|--|--|--|
| Evidence that assessment tools were used to determine whether substance use was a risk for youths was not provided to us by DYS | 1 | 2% |
| Evidence that youths were placed on either a treatment track or prevention track based on their substance use assessment was not provided to us by DYS | 1 | 2% |
| Evidence that recommendations were made at the initial staffing level for development of the youths’ monthly treatment plans was not provided to us by DYS | 2 | 3% |
| Evidence that staff members addressed youths’ substance abuse issues was not provided to us by DYS | 6 | 10% |

If DYS does not comply with Section 5 of Chapter 120 of the General Laws and its own internal policies, then youths may not be placed in appropriate programs or receive the proper support necessary to address individual needs. Additionally, if DYS does not ensure that complete intake assessments are conducted, then caseworkers may lack the information needed to set realistic goals and track progress. Lastly, youths may feel neglected or misunderstood if a proper assessment is not completed, increasing the chance of recidivism and worsening their mental health.

Authoritative Guidance

According to Section 5 of Chapter 120 of the General Laws,

- (a) *When a person has been committed to the department of youth services, it shall, under rules established by it, forthwith examine and study him and investigate all pertinent circumstances of his life and behavior.*
- (b) *The department of youth services shall make periodic reexamination of all persons within its control. These examinations may be made as frequently as the department considers desirable, and shall be made with respect to every person at intervals not exceeding one year.*
- (c) *The department of youth services shall keep written records of all examinations and of the conclusions based thereon, and of all orders concerning the disposition or treatment of every person subject to its control.*

According to the "Admission/Intake" section of DYS's "02.01.01(c): Intake Procedures" policy,

All new clients shall receive a health and dental screening within seven days of their arrival at a Location. . . .

Location personnel shall complete an admissions record for all new clients including the following:

- a. name, alias, age, sex, race, and date of birth;*
- b. height, weight, and hair and eye color;*
- c. place of birth;*
- d. telephone number if applicable;*
- e. school and grade level;*
- f. parent's/guardian's names, address, home and work numbers;*
- g. any medical and mental health problems;*
- h. documentation of screening for suicide ideation;*
- i. all identifying marks, scars, and tattoos; and*
- j. 2 photographs taken during admission (see photograph policy).*

Location personnel shall record the following offense information:

- a. admission date and time;*
- b. client's number;*
- c. juvenile court of placement;*
- d. name of admitting personnel; and*
- e. summary of offenses including charges on police records, petitions, court orders, and bench warrant. . . .*

Location personnel shall record all articles provided to the client in the client's admission file.

Location personnel shall provide written orientation materials and/or translations into the client's native language. Location personnel shall assist clients in understanding the orientation manual. Completion of this orientation process is documented by a statement signed and dated by the client.

According to the "Clinical" section of DYS's "02.02.01(b): Treatment Plans" policy,

- *All clients, upon commitment to DYS, shall be assessed for the level of risk they present to re-offend and the type of services they need to reduce their risk level. . . .*
- *The Risk/Need Assessment shall become part of the client's record, both in the Area Office and at the Location where services are provided. . . .*
- *Treatment plans are to be developed within the first week of a client's intake to a program.*
- *The Treatment Plan shall contain a brief assessment of the problem area to be addressed, measurable short and long term goals, and specific interventions.*
- *Treatment Plans shall be signed and dated by both the clients, the client's parent/guardian, and the person responsible for the intervention. . . .*
- *Documentation of a client's progress on all active treatment plans shall occur weekly.*

According to DYS's "02.02.06(a): Suicide Assessment in Residential Facilities" policy,

The Intake Clinician or designee shall complete a suicide assessment as soon as possible upon a new client's arrival, but in no case longer than six hours from the client's arrival on the unit. The time that the suicide assessment has been completed shall be documented in the Unit Log. The completed Intake Screening assessment shall include:

- a. Obtaining a history of prior suicide attempts, gestures, or ideation;*
- b. Reviewing written material on the client, including family history of suicide;*
- c. Recording verbal communication from transportation staff and prior placements;*
- d. Completing the approved intake screening forms;*
- e. Requesting information on a history of mental health problems, self-destructive behavior, or suicide attempts, gestures, or ideation from parents or guardians;*
- f. Administering the MAYSI-II test.*

According to the "Clinical" section of DYS's "02.02.04(b): Progress Reports" policy,

Treatment meetings or caseworker visits shall be held at a minimum on a monthly basis at the site where the client is placed. . . .

Progress reports shall serve as the documentation of treatment meetings and shall be completed within ten working days of the meeting. . . .

The monthly progress report form shall be filed in the client's record at both the Program and Area Office.

According to DYS's "02.03.06(c): Youth Substance Use Assessment, Prevention and Treatment" policy,

During the assessment period for all newly committed youth, clinical staff shall administer an assessment tool as approved by Director of Substance Use Services to determine if substance use is a risk factor for the individual youth.

Youth who are identified as having substance use disorders or at high risk for developing substance use disorders will be recommended to receive substance use treatment services and placed on the Treatment Track. Those who are assessed and found not to have potential substance use disorders will be recommended to receive prevention services upon placement and placed on the Prevention Track.

These recommendations should be made at the initial staffing for development of the youth's monthly treatment plan. . . .

During monthly treatment review meetings, the caseworker, the program representative and clinical staff will, as part of the treatment plan review, specifically address the issue of substance use and insure that services are consistent with the youth's assessments, as well as revise or update the monthly treatment plan based on treatment progress and needs of the youth.

Reasons for Issue

In a memorandum sent to us, dated July 30, 2025, DYS stated,

In response to missing body maps, incomplete entries related to inventory or issuance of handbooks, or missing health summaries, could be a result of human error or a faxing error. As you may recall, items are entered into [DYS's online document management system] via fax machine. If a fax machine is not working or a fax line is busy, the items may not get in the same day.

Additionally, information related to dental health is self-reported by youth and may not have been available at the time of intake and is therefore missing from the intake file.

Recommendation

DYS should demonstrate compliance with Section 5 of Chapter 120 of the General Laws and its own internal policies regarding assessments and reassessments of youths.

Auditee's Response

While DYS agrees with [the Office of the State Auditor's (OSA's)] recommendation and shares the auditor's concern about missing information, it disagrees with this finding in part and disagrees with the impact as described.

DYS disagrees that it was not in compliance with the assessment and reassessment of youth described in [Section 5 of Chapter 120 of the Massachusetts General Laws]. DYS complies with its

statutory obligation when it completes its 45-day comprehensive evaluation of each committed youth. [Section 4.0 of Title 109 of the Code of Massachusetts Regulations.] During the assessment process, DYS collects hundreds of documents about the youth, their medical history, their psychosocial history, their educational history, and their family history, and conducts testing and evaluations to determine the best treatment for the youth. This 45-day assessment forms the basis for a youth's treatment plan and is the foundation for the youth's rehabilitation at DYS. The reassessment process is an ongoing daily and weekly process for every committed youth. Clinicians meet regularly with youth and record their clinical notes, advocates meet daily with youth and record their interactions, and teachers see youth daily and record educational progress. Monthly treatment meetings occur with a youth, their parents/guardians, clinicians, and caseworkers as well as other program staff.

The statutory assessment and reassessment process is distinct from an "intake", which occurs each time a youth enters a residential facility and is governed by DYS policy. There is an initial intake the first time a youth comes to DYS, and each time a youth returns from court, a doctor's visit, or moves from one program to another. The initial intake may not be the intake done at the time the youth is first committed, since most youth spend some amount of time in detention prior to commitment. A detained youth will have their initial intake at the time they are first detained.

The first time an intake is conducted for a youth, the initial information collected is from the youth themselves or retrieved from court documents. Information like last dental visit, last doctor's visit, and last grade completed, is all obtained—or in some cases, not obtained from a youth—either because they do not know the information or refuse to provide it. While these fields are important, they are not mandatory to complete the intake and the initial intake is not the sole source of information for any of these fields. There are many opportunities to obtain this information from the youth's parent/guardian or other collaterals including during the statutorily required assessment.

The intake reviewed by the audit team was the intake at the time of the youth's first commitment, which for most of the youth in the test group was not the initial intake, as most of the youth had been detained previously by DYS. The majority of data identified as missing in the audit report are items missing from a single youth intake, information which is frequently duplicated elsewhere in the database, often multiple times, and often in another intake. While DYS acknowledges that the instances of missing data identified by the OSA may not have been in compliance with its internal policies, DYS notes that the missing data items—in multiple cases only one data field—does not mean that the information is not present in other locations within a youth's file.

DYS always strives to have complete information about a youth at each intake. [DYS's online document management system], the DYS database which went online in 2012, allows all DYS locations access to detained and committed youth information—for each time a youth enters a DYS program. [DYS's online document management system] contains over 7,000 fields of data entry. In addition to the data entry fields, there are dozens and sometimes hundreds of documents faxed into each youth's file. DYS also notes that [DYS's online document management system] was designed to have redundancy. The failure to enter a youth's grade level on initial intake does not mean that the educational process for collecting a youth's records is not followed, as that process is enshrined in an agreement with the Department of Elementary and Secondary Education (DESE) and designated to an Education and Career Coach. Similarly, a Treatment Plan with 5 signatures

instead of six is still implemented; the youth whose age was not entered on a particular day's intake does not mean that information is not in the youth's file, typically multiple times, collected in the myriads of other data fields and documents DYS receives with the youth on arrival and that are collected during the assessment process.

DYS agrees with the importance of maintaining policies and processes to ensure the caseworkers have all appropriate information to support individuals' needs. Data entry by employees is subject to human error as well as unforeseen circumstances. DYS understands that human error can occur, and because of that understanding, DYS strives to meet the goal of ensuring that every data field is completed. To that end, since 2014, DYS has had a daily Quality Assurance report that identifies any critical data points missing. This Quality Assurance report is emailed daily to Regional Directors who are responsible for ensuring any missing data fields are completed. DYS also has dedicated [online document management system] Regional Administrators . . . in each region to assist and train DYS staff with entering information in [DYS's online document management system] as well as provide written job aids to staff about entering information into [DYS's online document management system].

Auditor's Reply

While we acknowledge DYS's clarification concerning missing intake and assessment information, we uphold our recommendations. Although DYS complied with its statutory obligation of completing its 45-day assessment process for each committed youth, incomplete entries related to youth holistic history may prevent appropriate support of individual needs. DYS responded that the initial intake is not the only source of information for all data points and that data can be in multiple locations within its online document management system; however, we informed DYS of the specific missing information listed in the table on [page 16](#) (in August 2025) and provided adequate time for DYS to locate and provide us with the missing information, but DYS did not provide evidence to address our concerns. We accept that DYS collects an extensive number of documents necessary for youth evaluations; however, mandatory youth information should be readily accessible to all staff members, including those less proficient in navigating multiple, isolated case folders. Partial or absent mandatory data fields—such as omitted entries related to inventory, the issuance of handbooks, or health summaries—may cause unforeseen concerns. DYS works with youth through a multidisciplinary team, and given the number of staff members involved, it is essential that all personnel members are aligned regarding each youth's needs, goals, and progress. Essential information stored in disparate locations within a youth's file may cause staff members to spend additional time trying to locate that information, potentially leading to gaps in understanding, oversight, or decision-making.

We recognize DYS's dedication and ongoing efforts to ensure that quality assurance reports capture critical data points to effectively serve youths through interdisciplinary collaboration.

2. The Department of Youth Services did not always follow its own guidelines regarding 504 plans for serving youths with disabilities.

During our testing, we identified the following instances where DYS did not always follow its own guidelines regarding 504 plans serving youths with disabilities. Out of all 20 youths tested, we found the following:

- For 2 youths, the 504 plan processes did not begin until after 30 days of the youths' being at DYS.
- For 2 youths, DYS did not confirm that written consents were obtained from the youths' caregivers regarding the eligibility evaluations.
- For 3 youths, DYS did not complete eligibility evaluations in less than 30 business days.
- For 1 youth, the 504 plan was not completed within 10 days of the meeting with the 504 team.
- For 1 youth, before the implementation of the 504 plan, the caregivers were not provided with copies of the proposed plans or copies of the Notification of Parental Rights.
- For 1 youth, the caregivers did not consent to the initial implementation of the 504 plans.

If DYS does not provide appropriate accommodations for youths in its custody who have disabilities, then these youths may not receive a proper education.

Authoritative Guidance

According to DYS's *Guidelines for Serving Youth with Disabilities Under Section 504*,

Section I: Identification and Referral for a 504 Evaluation. . . .

The 504 Process for detained youth, youth whose grants of conditional liberty have been revoked, Youth Engaged in Services (YES), and court referral youth without an existing plan, occurs after 30 days in a DYS residential setting unless an immediate accommodation is needed to respond to an emergency. . . .

The DYS Regional 504 Coordinator shall oversee this process and confirm the required referral forms and consents are received and copies given to a youth's Parent/Guardian/[the Department of Children and Families (DCF)] Educational Surrogate or [Guardians Ad Litem (GAL)]. . . .

Section II: Evaluation for a 504 Plan. . . .

Prior to the initiation of an eligibility evaluation, written consent must be obtained from the youth's Parent/Guardian/DCF Educational Surrogate or GAL. . . .

Once the written consent is received, the eligibility evaluation and development of a Section 504 Plan deemed necessary should take no more than 30 business days. . . .

A determination of Section 504 eligibility must be based on a multi-source evaluation. . . .

Section III: Eligibility Determination. . . .

After receipt of relevant documents and other information collected from persons knowledgeable about the youth and their impairment(s), the 504 Team will hold an eligibility determination meeting to review the information elicited through the evaluation process. . . .

If the 504 Team determines that a youth is eligible, they shall notify any parent/legal guardian/DCF Educational Surrogate/GAL or the youth. . . .

If after careful review of all existing information about the youth, the 504 Team determines that the youth does not require accommodations for a disability, the DYS Regional 504 Coordinator shall notify the DYS Statewide 504 Coordinator. . . .

If it is the final determination that the youth does not require an accommodation, the DYS Regional 504 Coordinator will send the Notice of Section 504 Eligibility form to the parent/legal guardian/DCF Educational Surrogate/GAL, along with a copy of the Section 504 Notice of Parent/Student Rights in Identification, Evaluation, and Placement. . . .

Section IV: Development of a Section 504 Plan. . . .

The 504 Plan for the youth will be completed in [DYS's online document management system], either at the meeting or, if not possible, within 10 days of the 504 Team meeting.

Prior to implementation of the 504 Plan, the parent/guardian shall be provided with a copy of the proposed Plan and a copy of the Notification of Parental Rights.

The parent/guardian must consent to the initial implementation of the 504 Plan.

Reasons for Issue

In a memorandum sent to us, dated July 22, 2025, DYS stated,

DYS Section 504 Guidelines were new and evolving during the audit period. DYS 504 Coordinators were directed to make reasonable attempts to contact parents or guardians to obtain consent for evaluation. Each attempt was to be documented with the date, type of contact (phone, letter, DYS staff who may be in contact with parents) and outcome of contact.

Because the 504 Guidelines were new and evolving, some outreach may not have been documented in [DYS's online document management system] e-file, but the status of obtaining consent for evaluation was discussed amongst staff and attempts to problem solve made (i.e. the consent form may have been left with clinicians prior to a scheduled visit and/or the consent form may have been given to caseworkers if assigned and meeting with family). In addition, staff and parents/guardians were informed that a youth can be evaluated for a 504 plan at any time. . . .

Once DYS obtained the prior 504 the process began, unless there was immediate need. Also of note, the fact that there might not have been a 504 plan does not mean the youth was ineligible,

but rather that parents/guardians/youth felt DYS provided the accommodations already and the 504 was not needed.

Recommendation

DYS should ensure that its employees are aware of, understand, and follow DYS's own guidelines created for serving youths with disabilities, specifically regarding the 504 plan process, and DYS should update its guidelines to ensure that the 504 process is continued for youths if they reenter DYS's care or custody.

Auditee's Response

While DYS agrees with the recommendation that its employees should follow DYS's guidelines regarding the 504 process and shares the concern of the auditor that the 504 accommodations should be provided to any youth who is eligible, DYS disputes this finding. DYS did comply with its Guidelines for each of the youth reviewed by the audit team. There were a total of three youths out of 20 sampled with missing data identified by the audit team. DYS provided the relevant information to the audit team during the audit, and the information reflects DYS' compliance with its Guidelines as detailed below. Accordingly, DYS respectfully requests the removal of this finding.

First, the audit team identified that for two youths, the 504 process did not begin within 30 days of the youths' arriving at DYS. However, the 504 process only begins for a youth without an existing 504 if said youth is identified as needing a 504 (DYS Guidelines, section IA(1)(3)). If a youth is not identified as needing a 504, such an evaluation "occurs only after 30 days in a DYS residential setting unless an immediate accommodation is needed to respond to an emergency." Accordingly, Guidelines' reference for "after 30 days" should not be interpreted as "within 30 days." DYS intentionally chose the "only after 30 days" language to account for the necessary adjustment process most youth experience at DYS where a youth's difficulties in adjustment to a new setting could be misinterpreted as a disability—especially in the realm of behavioral irregularities or emotional dysregulation. Moreover, DYS was made aware after the 30 days specified in the Guidelines that both of the youths the audit team identified had previous 504s. As soon as DYS was made aware of the prior 504 and the plan was made available, DYS initiated a new 504 process. For both youths, the prior plan was made available on 7/5/2022 and the 504 process was initiated on 7/29/22, well within the requisite timeframe. Further, in these two cases, the 504 process could not be completed because both youths were bailed and left DYS: one on 8/1/22 and the other on 8/9/22. Accordingly, DYS disagrees that it did not follow its guidelines for 2 youths related to the timeline for beginning the 504 process.

Next, for all 3 youths cited by OSA, the audit team identified that DYS did not complete the eligibility evaluations in less than 30 business days; however, in one case this issue was the result of the youths' parents' failure to consent to the 504 process and without consent, DYS cannot proceed with the 504 process. In the other two cases, the youth were bailed by the court 19 business days after the process was initiated. Therefore, DYS disagrees that it did not follow its guidelines for 3 youths related to completed eligibility evaluations in less than 30 business days.

In addition, with regard to the one youth identified by OSA in the sample as having multiple incomplete fields (1—lack of caregiver consent; 2—504 plan not completed within 10 days of

meeting with the 504 team; and 3—caregivers not provided with copies of the proposed plans or copied of the Notification of Parental Rights), this youth had transitioned to the community and as such, the 504 process was discontinued as it was not relevant to [their] new placement. This youth's parent did consent to the 504 process and a meeting was scheduled on 9/9/22. The 504 plan for this youth could not be completed within 10 days because the youth was moved from a DYS placement before the 10 days elapsed. Because no meeting could be held for this youth, the caregivers could not be provided with copies of the proposed plan or the Notification of Parental Rights. Accordingly, DYS disagrees that it did not follow its guidelines for the one youth related to the aforementioned three requirements.

Finally, DYS disagrees that it did not follow its guidelines for the two youths related to confirming that written consents were obtained from the youths' caregivers regarding eligibility evaluations. For one youth consent was obtained and the other youth was released from DYS before consent was sent out.

Auditor's Reply

We recognize DYS's clarification on its *Guidelines for Serving Youth with Disabilities Under Section 504*, noting that the guidelines state that 504 plan evaluations "occur after 30 days," as opposed to *within 30 days*, of a youth's arrival at DYS. However, the two youths we identified had extensive histories with DYS and the opportunity to conduct a 504 evaluation could have occurred during any of the detainments or commitments, especially since these two youths had prior 504 plans at their respective public schools. Specifically, one of the two youths identified was detained for over 90 days before DYS learned that the youth had a 504 plan. That same youth was bailed out on August 9, 2022, but detained again on January 27, 2023 for approximately five months, but the 504 plan process never resumed or started anew. Additionally, for the second youth we identified, while they were released on August 1, 2022, after the 504 process had started, they returned on September 20, 2022, but the 504 plan process was never resumed or started anew.

Regarding the three youths who did not have eligibility evaluations completed in less than 30 business days, DYS stated that one youth's parents did not consent to the 504 plan, and therefore, DYS did not proceed with the process. However, according to DYS's *Guidelines for Serving Youth with Disabilities Under Section 504*, in the case of a parent's nonconsent to a 504 plan, the youth in question must be considered for an Individual Support Plan. No evidence was provided to us that indicated that this was considered. In addition, DYS stated that the other two youths were bailed out before 30 days within DYS's custody. We agree that the youths were released soon after the Consent for Evaluation field in DYS's online document management system indicated that the caregiver gave their consent; however, the two youths were detained again shortly after with no new 504 plan process started. As noted above, we recommend that

DYS follows its *Guidelines for Serving Youth with Disabilities Under Section 504* regarding 504 plans, and reexamines a youth's 504 plan eligibility during each detainment or commitment to DHS, given the highly transitional population.

Regarding one of the sampled youth's caregiver's consent to the 504 plan and a meeting being scheduled for the evaluation, we can confirm that DHS did inform us of this and that the youth was transitioned to the community before the 10-day due date that DHS originally gave to us during our audit work. However, it is important to note that DHS did not provide adequate evidence of the caregiver's consent or of the date given for the scheduled meeting, but rather provided us with testimonial evidence, which we could not verify. We reiterate that we understand the highly transitional population that exists at DHS, but do not believe that this should interfere with a youth's ability to be evaluated (or reevaluated) for a 504 plan. We understand that some youths may have been released or bailed out before the completion of the 504 plan; however, we identified these instances and recognized that these youths may have been detained or committed to DHS again. Thus, the process should begin again.

DYS should update its *Guidelines for Serving Youth with Disabilities Under Section 504* to accommodate youth who repeatedly enter and leave DHS's care and that DHS should ensure that the 504 plan process either restarts or picks back up where the process stopped.

3. The Department of Youth Services did not have sufficient disciplinary guidelines instituted for its 51B report resolution process to address supported allegations of neglect and/or abuse of youths by Department of Youth Services employees or contractors.

During the audit period, DHS did not institute formal disciplinary guidelines for its employees or contractors for its 51B report resolution process. During the audit period, there were a total of 30 supported 51B reports against either DHS employees or employees contracted to work with DHS. Of these 30 51B reports, there were 28 reports for which DHS did not ensure that adequate steps were taken to prevent reoccurrence of incidents of abuse and/or neglect of children in its custody in accordance with Section 4.35(2) of Title 110 of the Code of Massachusetts Regulations (CMR). For example, when an employee was found with contraband at a DHS facility or found using unnecessary force or restraints on a youth, DHS would terminate the employee, but take no further action, such as additional training for other employees.

Without formal disciplinary guidelines, DYS may not be preventing the reoccurrence of similar incidents. Although terminating the employee involved in the 51B report may appear to resolve the issue, it does not prevent other employees from continuing the same or similar behavior. Additionally, without guidelines, DYS may be providing unfair treatment to employees, such as suspending some employees and terminating others or even not disciplining some at all for substantially similar policy violations.

Authoritative Guidance

According to 110 CMR 4.35(2),

After the Department [DCF] provides a copy of the 51A report and 51B response to any agency pursuant to 110 CMR 4.34, the agency in question is responsible for any further action to ensure that adequate steps have been or will be taken to prevent re-occurrence of incidents of abuse or neglect of children in the institution in question.

Reasons for the Issue

In a memorandum sent to us, dated July 30, 2025, DYS stated that contracted employees involved in a 51B report “are not DYS employees and as such, DYS cannot independently take action against them.”

This memorandum went on to state,

The DYS Investigations Unit has always identified programmatic concerns in their reports where they are present. Beginning in late 2024, any time an investigation reveals programmatic concerns, a separate memorandum is generated and shared with the Regional Director so they can create a corrective action plan. When programmatic concerns are found in a provider program, the Regional Director also receives an administrative memorandum with those concerns for follow up in their regularly scheduled provider meetings.

Recommendation

DYS should take additional measures, beyond just terminating and/or suspending employees upon supported allegations of neglect and/or abuse of youths. Such measures may include providing written guidelines for all staff members to follow when a supported 51B report is received, mentoring all employees beyond their first year of service to provide a supportive environment, and/or providing trainings on areas where there are frequently identified policy violations.

Auditee's Response

DYS generally agrees with the recommendation and has implemented processes to identify programmatic concerns and increase trainings related to supported 51Bs. However, DYS does not

agree with the finding that it did not have "sufficient disciplinary guidelines instituted for its 51B report resolution process."

DYS shares the auditor's concern about supported 51Bs in DHS programs. DHS is committed to ensuring the safety of the youth in its care and custody and to identifying and investigating allegations of abuse and/or neglect. In accordance with DHS Advisory on 51As and 51Bs, all state staff who have a 51A filed against them are placed on paid administrative leave. In this case, each of the state and provider employees identified with supported 51Bs by the Audit Team had their employment terminated.⁷

All DHS employees receive 80 hours of Basic Training, a two-week course of study that includes hands-on training in defensive disengagement, de-escalation, and boundary training. In addition, all DHS residential staff attend an annual review program to recertify and reinforce their training in critical areas—including defensive disengagement—each year. New DHS staff are enrolled in the Mentor Program, where they are coached by a Mentor out of the DHS Training Academy through their first year, with additional support provided to their supervisors to aid their onboarding.

Beginning in January 2024, DHS implemented a new investigative process to identify programmatic concerns during investigations. If a DHS investigator identifies programmatic concerns during an investigation, those concerns are written up in an additional report and given to the Regional Director to address. The Regional Director is required to respond to the programmatic concerns with a corrective action plan filed with the Investigations Unit.

At the same time, DHS recognizes that even where programmatic concerns are not identified as a part of an investigation, additional refreshers in DHS policies can buttress the robust training DHS employees receive. To this end, DHS recently implemented a new process for any supported 51B. Moving forward, the Investigative Report for all supported 51Bs will include a separate programmatic concerns report, regardless of whether the involved employees were terminated. That report will identify policies that should be reviewed with staff and whether additional training of staff is necessary. The applicable Regional Director will receive the Investigative Report and will be required to confirm for the Investigations Unit within 30 days that the policies have been reviewed by staff and that any recommended retraining has occurred. These new processes are in addition to the long-standing process of DHS program monitoring by three DHS program monitors who conduct onsite monitoring visits of every DHS residential program twice a year and evaluate every aspect of the program and its staff.

Finally, based on the training DHS provides, staff understand that when DCF supports a 51B, DHS imposes discipline in accordance with DHS Policies, Advisories, and procedures.

[Footnote:]

7. In accordance with regulation, an individual with a supported 51B cannot work in a DHS or provider program without a waiver.

Auditor's Reply

We acknowledge DYS's response and commend its efforts to strengthen oversight, training, and investigative follow-up procedures for supported 51B reports since our last audit (Audit No. 2019-0512-3S). Specifically, during the audit period, DYS implemented a new investigation process to identify programmatic concerns during investigations. However, DYS was unable to provide proof that it addressed these identified programmatic concerns. For example, during our review of supported 51B reports, we noted instances in which contraband was brought into DYS facilities. In addition, during the audit period, DYS did not have written disciplinary guidelines outlining consistent procedures for addressing supported 51B report findings, beyond termination. The absence of such documentation limits accountability and increases the risk of inconsistent disciplinary response across DYS's programs.

Based on its response, DYS is continuing to take measures to address our concerns regarding this matter. As part of our post-audit review process, we will follow up on this matter in approximately six months.

OTHER MATTERS

The Department of Youth Services did not have policies or formalized procedures regarding its roles and responsibilities on delivering timely, accurate, and complete general educational programs, services, and support to youths committed to its custody.

Based upon our testing, we determined that the Department of Youth Services (DYS) did comply with providing timely, accurate, and complete general educational programs, services, and support to youths committed to its custody. Throughout our planning phase of the audit, we found that DHS had procedures that were followed by both DHS employees and contracted employees. However, DHS did not have formalized policies outlining its duties and responsibilities regarding the general education of youths committed to its custody.

While it is useful that DHS relies on the Department of Elementary and Secondary Education (DESE), public school districts, contractors, and other agencies, DHS should acknowledge its responsibility regarding youths' general educational programming. Collaboration with other educational entities is essential for youths to receive quality education; however, it is more effective when there is a clear understanding of each organization's roles and expectations. Without policies or formalized procedures, there is a risk of misunderstanding between DHS, DESE, public school districts, contractors, and other agencies on their roles and responsibilities. These misunderstandings could result in youths not receiving quality education while in the custody of DHS. Additionally, there is always the risk and possibility of staff turnover at DHS. Without policies or formalized procedures in place, employee turnover can cause a disrupted transition between staff members, which could have negative consequences on the education of youths in DHS care.

Section 2 of Chapter 18A of the Massachusetts General Laws states the following:

The department shall provide a comprehensive and coordinated program of delinquency prevention and services to delinquent children and youth referred or committed to the department by the courts . . . through . . . education. . . . The department shall cooperate with other state and local agencies, both public and private, serving children and youth.

Section 7 of Chapter 18A of the General Laws states the following:

The bureau of educational serves [within DHS] shall establish and maintain programs and curricula for the educational service functions of each institution of the department and for coordinating educational services for individual youths at each stage of departmental jurisdiction. Said bureau shall establish and maintain academic and vocational educational programs, curriculum

development plants, teacher training programs and library services for each of the institutions of the department and each of the youth committed to the department.

Due to this, we recommend that DYS should create policies and formalized procedures regarding the general education of youths committed to its custody.

Auditee's Response

DYS is proud that the auditor recognized that "DYS had procedures that were followed by DYS employees and contracted employees." DYS is proud that it has a robust educational system in each of its residential programs. Last year 83 DYS youths successfully completed high school while in a DYS program—54 youths were awarded a high school diploma and 29 youths received a high school equivalency (via [High School Equivalency Test, or HiSET] attainment). One hundred DYS students also received certifications [for/from the Occupational Safety and Health Administration, or OSHA], ServSafe and [cardiopulmonary resuscitation, or CPR], and 150 students enrolled in postsecondary courses.

DYS also appreciates the audit team's recommendations related to DYS's general education policies. DYS has taken affirmative steps to address the noted lack of formalized education policies. After two years without a Policy and Regulatory Counsel, DYS filled that role in May 2025. With this role finally filled, DYS has undertaken a complete review of existing policies as well as a review of new policies under consideration for promulgation. DYS has prioritized the promulgation of education policies to address the gap identified by the auditor.

Auditor's Reply

Based on its response, DYS is taking measures to address our concerns regarding this matter. As part of our post-audit review process, we will follow up on this matter in approximately six months.

APPENDIX

The following excerpts come from the Department of Youth Services' (DYS's) various internal policies.

From **DYS's "02.01.01(c): Intake Procedures" Policy**

The purpose of this policy is to identify the procedures for the intake of clients at any Location.

The goal of this policy is to properly and thoroughly document, assess, and orient all new clients to a location and provide them with the necessary clothing and toiletry articles.

Policy

All clients new to a Location shall undergo a thorough screening and assessment during admission to the location and receive a thorough orientation in the location's procedures, rules, programs, and services.

Location Managers shall ensure that all personnel are trained in intake procedures.

Location personnel shall notify the Location Manager as soon as possible if abuse or mistreatment of a client being admitted for intake is apparent or suspected.

All new clients shall receive a health and dental screening within seven days of their arrival at a Location.

All clients new to the Location shall receive a program tour after intake procedures are completed.

Procedures

A. Admission

1. *Location personnel shall review authorizing documents for name, age, adjudication, and offense prior to accepting clients for admission. Location personnel shall not allow the transporting personnel to leave until all about authorizing documents are resolved.*
2. *Location personnel shall complete an admissions record for all new clients including the following:*
 - a. *name, alias, age, sex, race, and date of birth;*
 - b. *height, weight, and hair and eye color;*
 - c. *place of birth;*
 - d. *telephone number if applicable;*
 - e. *school and grade level;*

- f. parent's/guardian's names, address, home and work numbers;*
 - g. any medical and mental health problems;*
 - h. documentation of screening for suicide ideation;*
 - i. all identifying marks, scars, and tattoos; and*
 - j. 2 photographs taken during admission (see photograph policy).*
- 3. Location personnel shall record the following offense information:*
- a. admission date and time;*
 - b. client's number;*
 - c. juvenile court of placement;*
 - d. name of admitting personnel; and*
 - e. summary of offenses including charges on police records, petitions, court orders, and bench warrant.*

B. Orientation

- 1. Location personnel shall explain each step of the admissions procedure in a pleasant and courteous manner.*
- 2. Location personnel of the same sex as the client shall complete the following showering procedures with the client.*
 - a. ask the client to disrobe and label and record all personal clothing and property, its condition, and the presence of any contraband. (See personal funds and property policy)*
 - b. look for and record any disorientation problems, substance inclusion, cuts, bruises, tattoos, and any other remarkable physical characteristics.*
 - c. arrange any medical treatment if it appears necessary.*
 - d. ensure that clients thoroughly wash themselves.*
- 3. Location personnel shall provide the following toiletry articles:*
 - a. wash cloth*
 - b. bar of soap*
 - c. clean towel*
 - d. comb*

- *Toiletry and clothing articles required by clients are provided and documented.*
- *All clients receive a program manual, a program tour, and orientation.*

From DYS's "02.02.01(b): Treatment Plans" Policy

The purpose of this policy is to define the methods and processes used in the development of clinical treatment plans for youth receiving treatment services in residential and community programs.

The goal of this policy is to facilitate the delivery of effective treatment services for committed youth throughout a continuum of DYS programs.

Policy

The assessment of treatment needs shall be determined by a review of those risk factors that are strongly associated with re-offending behavior as they relate to the needs of each client.

Treatment plans shall coincide with needs identified in both the Service Plan and through the risk/need assessment.

The treatment plan shall be documented on a standardized treatment plan form.

Treatment plans shall contain both short and long term objectives that are measurable, and shall be reviewed monthly, and revised as often as needed.

Weekly progress notes in the client's program record shall relate largely to those identified treatment needs as documented in the treatment plans.

Procedures

A. Definitions

1. *Treatment plan: A standardized form that contains a brief assessment of the need area, measurable short and long term objectives, and the methods to be used in order to reach the stated objectives within the program.*
2. *Service Plan: A standardized form that contains an outline of service needs based on an assessment of risk factors associated with offending behavior.*
3. *Risk/Need Assessment: A standardized method of assessing and documenting the level of risk to re-offend that a client presents and the kinds of services needed to reduce the risk level.*
4. *Short-Term Objectives: Benchmarks that represent positive incremental achievement towards accomplishing the long term objective.*
5. *Long-Term Objectives: The goals to be achieved in this need area by the end of the client's involvement with this program.*

B. Administration

- 1. All clients, upon commitment to DYS, shall be assessed for the level of risk they present to re-offend and the type of services they need to reduce their risk level.*
- 2. Only staff who have been trained to complete the Risk/Need Assessment shall perform these assessments.*
- 3. The Risk/Need Assessment shall become part of the client's record, both in the Area Office and at the Location where services are provided.*
- 4. The findings from the Risk/Need Assessment shall be central to the development of the client's Service Plan.*
- 5. All need areas identified in the Risk/Need Assessment shall have a corresponding component in the treatment plan.*
- 6. The Location Manager/designee shall be responsible for the development and implementation of the client's treatment plan.*
- 7. Treatment plans are to be developed within the first week of a client's intake to a program.*
- 8. The Treatment Plan shall contain a brief assessment of the problem area to be addressed, measurable short and long term goals, and specific interventions.*
- 9. Treatment Plans shall be signed and dated by both the clients, the client's parent/guardian, and the person responsible for the intervention.*

C. Documentation

- 1. Documentation of a client's progress on all active treatment plans shall occur weekly.*
- 2. Treatment Plans shall be reviewed at least monthly.*
- 3. Treatment Plans shall be revised whenever a client attains a treatment goal or a change in interventions occurs.*
- 4. Attainment of a long term goal by a client that signifies substantial progress in a need area shall be noted on the treatment plan.*

Outcome Measures/ Performance Indicators

- All Treatment Plans are documented on the standardized form.*
- All risk areas that are reported to have needs have corresponding Treatment Plans.*
- Weekly progress notes comment on at least one of the identified need areas.*
- Treatment goals are measurable.*
- Treatment Plans are reviewed monthly.*

From DYS's "02.02.05(c): Suicide Assessment in Secure Facilities" Policy

It is the policy of the Department of Youth Services to identify clients in secure facilities at risk for harming themselves, and to give staff direction in providing the correct level of supervision based on the client's level of risk. It is the Department's expectation that the majority of clients on a suicide watch be on an Elevated Suicide Watch or on Suicide Alert Status, and that only clients at a very high risk of attempting suicide be put on a Full Suicide Watch.

From DYS's "02.02.07(a): Suicide Assessment at Community Placements" Policy

It is the policy of the Department of Youth Services to identify clients in Community Placements who are at risk of harming themselves, and to give staff direction in providing the correct level of supervision based on the client's level of risk. It is the Department's expectation that the majority of clients on a suicide watch be on an Elevated Suicide Watch or on Suicide Alert Status, and that only clients at a very high risk of attempting suicide be put on a Full Suicide Watch.

From DYS's "02.02.06(a): Suicide Assessment in Residential Facilities" Policy

It is the policy of the Department of Youth Services to identify clients in residential facilities at risk for harming themselves, and to give staff direction in providing the correct level of supervision based on the client's level of risk. It is the Department's expectation that the majority of clients on a suicide watch be on an Elevated Suicide Watch or on Suicide Alert Status, and that only clients at a very high risk of attempting suicide be put on a Full Suicide Watch.

From DYS's "02.02.04(b): Progress Reports" Policy

Progress reports shall be completed on a monthly basis to review and report on the progress of all clients who have been classified and placed in a secure treatment program.

Progress reports shall be used to ensure that client's clinical, educational, medical, behavioral, and aftercare needs are being met.

Progress reports shall become part of a client's record at both the location and area level.

Programs shall complete form items that concern themselves with program services and treatment progress.

From DYS's "02.03.06(c): Youth Substance Use Assessment, Prevention and Treatment" Policy

It is the policy of DYS to enhance public safety and the health and welfare of its youth by educating all youth concerning the impact of substance use, identifying youth with substance use disorder treatment needs, ensuring youth committed to its custody receive appropriate substance use disorder treatment, and monitoring treatment plan compliance.

This policy establishes standards for the identification of and response to drug and/or alcohol use by DYS youth.