Disabled Persons Protection Commission

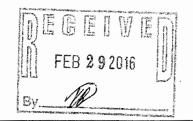
M.G.L. c. 19C / 118 CMR Investigation Report

Alleged Victim:

DPPC Case Number: 142378

DDS Case Number: 02-MNSN-16-0081

Investigation Agency: DDS



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Date of Incident: 02/03/2016

<u>Allegation Investigated</u>: ALV and the OI were briefly left unattended at school today 2/3/16. ALAB1 walked out of room for 2 to 3 minutes standing outside classroom.

ALV was heard yelling out that the OI touched her breasts.

They reviewed video camera and observed that incident did occurred.

► Category of abuse committed by the Alleged Abuser: Omission

Injury sustained by the Alleged Victim:

Physical Injuries:

First: None Second:

Emotional Injuries:

First: None Second:

Abuse Per Se: Un-assented to sexual activity

If "other" or more than two types of injury explain:

▶ Description of the act and/or omission of the Alleged Abuser that caused the injury sustained by the Alleged Victim: ALAB1 left ALV and OI unsupervised in a classroom. This omission for failure to provide adequate supervisoin created an opportunity for OI to touch ALV in an inappropriate manner.

- ▶ Facts pertinent to the allegation(s) investigated: -There is no dispute that ALAB1 left ALV and OI unsupervised for a period of time in a classroom at the League School.
- -ALAB1 acknowledged she left the classroom and left ALV, OI, and other students without supervision.
- -Review of video images show OI's actions toward ALV. OI touched ALV in a manner that was without ALV's permission.
- -ALV reported the incident to I1 who took steps to minimize contact between ALV and Ol.
- -R1 investigated the matter and no criminal charges against OI are forthcoming.

M.G.L. c. 19C / 118 CMR Conclusion

Based on information gathered by the Investigator there is sufficient evidence to conclude that ALV is victim of abuse, as it is defined by M.G.L. c. 19C and/or 118 CMR, by ALAB1. Therefore, DPPC case #142378 is substantiated. This is based on:

- -There is no dispute that ALAB1 left ALV and OI unsupervised for a period of time in a classroom at the League School.
- -ALAB1 acknowledged she left the classroom and left ALV, OI, and other students without supervision.
- -Review of video images show OI's actions toward ALV. OI touched ALV in a manner that was without ALV's permission.
- -ALV reported the incident to I1 who took steps to minimize contact between ALV and OI.
- -R1 investigated the matter and no criminal charges against OI are forthcoming.

EOHHS Agency Regulatory Conclusion Section

Has a regulatory investigation been completed? There is no DDS 115 investigation being conducted **Regulatory Conclusions:** -This complaint falls outside the scope and authority of 115 CMR 9.00.

Provide facts to support the conclusion:

► Individuals Interviewed or Contacted by Investigator:

Provide redaction code, name, title or relationship to Alleged Victim, method of contact and date for each person interviewed:

Name and		Redaction	Redacted		Telephone
Position	Agency	Code	Number	Date	Interview?
		ALV	1	02/10/2016	No
	League School of	ALAB	1	02/10/2016	No
	Boston	I	1	02/09/2016	Yes
	League School of	I	2	02/09/2016	Yes
	Boston League School of Boston	I	3	02/10/2016	No
Richard Kelleher/	Walpole Police	R	1		No
Detective	Department				

Redaction Code Key

ALV - Alleged Victim (required)

ALAB - Alleged Abuser

- OI Other Individual
- I Denotes person interviewed during this investigation
- C Denotes person contacted for collateral or expert/professional opinion.
- R Denotes person referred to in the report that was not questioned.
- * Denotes telephone interview
- **- Email contact

▶ It does not appear that the abuse report constitutes a malicious "False Report."

118 CMR Definition: False Report - a report of abuse which at the time it is made is known by the reporter not to be true and is maliciously made for: the purpose of harassing, embarrassing or harming another person; the personal financial gain of the reporter; acquiring custody of the person with a disability; or the personal benefit of the reporter in any other private dispute involving a person with a disability. The term False Report does not include a report of abuse of a person with a disability that is made in good faith to the Commission and subsequently is unsubstantiated or screened out for lack of jurisdiction under M.G.L. c. 19C.

▶ <u>Protective Service Actions Taken and/or Recommended</u> (required when abuse is substantiated): Actions taken by the League School: ALAB1 was suspended for 2 days; ALV and OI's schedules were adjusted to minimize any contact; all staff were retrained on supervision protocols for OI.

► Additional Findings of Risk: N/A

► <u>Additional Recommendations and/or Actions Already Completed</u> (required when additional risk is identified): N/A

Alleged Victim (Alv) Name:
Address:
Date of Birth:
Social Security Number: XXX-XX-
Is the Alleged Victim a "Disabled Person" as defined by M.G.L. Chapter 19C &/or 118
CMR?: Yes
If no, please list the facts that support this determination:
118 CMR Definition: a person between the ages of eighteen and fifty-nine, inclusive, who is mentally retarded, as used in M.G.L. c. 123B, § 1, or who is otherwise mentally or physically disabled, and, such mental or physical disability prevents or restricts the individual's ability to provide for his own daily living needs; provided, however, that a person who is temporarily dependent upon a medically prescribed device or procedure to solely treat a transitory physical ailment or injury shall not be considered a disabled person for the purposes of M.G.L. c. 19C unless that person otherwise meets the definition of a disabled person. The term "person with a disability" may be used in place of the term "disabled person" without changing the meaning of either.
Pertinent information regarding the Alleged Victim:
► Was the Alleged Victim interviewed? Yes
If no, explain why not.
Does the Alleged Victim have a Guardian? No
Guardian Information: Name:
Address:
Telephone Number:
Type of Guardianship:

Other Individual (OI) Name:					
Address:					
Date of Birth:					
Social Security Number: XXX-XX-					
Is the OI a person with a disability as defined by M.G.L. c. 19C? Yes					
Disability:					
Does the OI have a Guardian? No					
Guardian Information:					
Name:					
Address:					
Telephone Number:					
Positional information regarding the OI					
Pertinent information regarding the OI:					
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Alleged Abuser (Alab) Name:					
Home Address:					
Telephone Number:					
Date of Birth					
Social Security Number:					
Relationship to Alleged Victim:					
Employer: League School of Greater Boston, 300 Boston Providence Highway, Walpole, MA,					
02032, 508-850-3900					
Does the Alleged Abuser meet the definition of a "caretaker" as defined by M.G.L. Chapter					
19C &/or 118 CMR? Yes					
If Alab does meet the definition, provide at least one example of care provided. If Alab does					
not meet the definition, list facts that support this determination:					
118 CMR Definition: any state agency or any individual responsible for the health and welfare of					
person with a disability by providing for or directly providing assistance in meeting a daily living					
need regardless of the location within which such assistance occurs. Minor children and adults					
adjudicated incompetent by a court of law shall not be deemed to be caretakers.					
Pertinent information regarding the Alleged Abuser:					
► Was the Alleged Abuser interviewed? Yes Date: 02/11/2016					
If no, explain why not. 13 was present during the interview.					
► Was the Reporter interviewed? Yes					
If no, explain why not.					
► Was an agency representative interviewed? Yes If no, explain why not.					

► Site of Abuse:	Walpole, MA 02032				
Name of Vendor if Site of Abuse is a vendor: League School					
▶ Pertinent Information regarding the Site of Abuse: The site of the alleged abuse was a					
classroom at the League School. The school is an expansive building of newer construction that has					
the appearance of a typical school building. There were no obstacles noted during the site visit.					
► Photographs /Physical /Other Evidence: A video clip dated 02/03/2016 which has images of					
ALAB1 leaving the classroom and OI's actions of touching ALV.					
Documents Reviewed:	Date(s):				
	Date(s).				
☐ Accident Report ☐ Activity Report	·				
Admission Report					
Ambulance Log/ Trip Sheet					
Audio Recording	·				
Communication Book					
☐ Death Report					
☐ Discharge Summary					
☐ Doctor's Orders/ Note					
☐ Facility Security Log					
Hospital Record					
Human Rights Complaint					
☐ Human Rights Report ☐ Incident Report					
☐ Individual Day Program Agency Record					
☐ Individual Education Plan					
☐ Individual Residential Agency Record					
☐ Individual Service Agency Record					
Individual Service Plan					
Individual Treatment Plan					
☐ Injury Report ☐ Level of Supervision Form					
☐ Medical Examiner's Report					
☐ Medical Record					
☐ Medication Error Report/ Form					
On-Call Record/ Schedule					
Personnel File					
Policies and Procedures	Y				
☐ Previous Abuse Investigation Report ☐ Previous Hotline Report					
Previous Hotline Report Progress Notes					
Police Report					
Psychiatric Evaluation/ Report					
☐ Psychological Evaluation/ Report					
Psychosocial Evaluation Report					
☐ Quality Assurance Report/ Evaluation ☐ Restraint/ Seclusion Form					
☐ Restraint/ Seclusion Form ☐ Staff Assignment Schedule					
☐ Staff Communication Log					
☐ Video Recording					
Additional Documents Reviewed: ALV and OI's electronic file via the Meditech Health Care					
Information System.					

Criminal Investigation and Prosecution Status:

Was a criminal investigation conducted? Yes

Were criminal charges filed? No

Type of charge filed:

If other explain: The criminal investgation was intiated due to OI's actions.

Prosecution result: If other explain:

The assigned investigator and their supervisor certify that to the best of their knowledge the information contained in this M.G.L. c. 19C investigation report for DPPC case number 142378 is accurate.

RAINES, SANDRA

02/17/2016

Investigator Name (print or type)

Date Report Submitted to Supervisor

AUGER, JANET

02/29/2016

Supervisor Name (print or type)

Date Report Approved by Supervisor

This report was submitted by RAINES, SANDRA on 02/17/2016.

This report was approved by <u>AUGER, JANET</u> on <u>02/29/2016</u>.

This report was finalized by AUGER, JANET on 02/29/2016.

