



**State of Connecticut**  
**Office of Protection and Advocacy For**  
**Persons with Disabilities**  
**60B Weston Street, Hartford, Connecticut 06120-1551**

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 THIS REPORT MAY NOT BE  
 RELEASED WITHOUT THE EXPRESS  
 WRITTEN PERMISSION OF THE  
 OFFICE OF PROTECTION AND  
 ADVOCACY FOR PERSONS WITH  
 DISABILITIES

**Case: Sample Intake**

**Referral Date: November 16, 2004**

**Date Printed: August 26, 2009**

**Case Status:** Monitor

**Case Type:** Physical Abuse

**Intake Investigator:** Pellissier, Bradley

**OPA Investigator:** Pellissier, Bradley

**Victims**

**Victim:** Ms. Jane Sample

**Address:** 123 Pine Street  
 North Canton, CT 06059

**Home Telephone:** (860) 555-1212

**Other Telephone:**

**Birth Date:** 11/11/1973

**Age:** 31

**Location:** CLA/Group Home

**Gender:** Female

**Ethnicity:** Caucasian

**Language:** English

**Impairment Level:** Profound

**Communication Ability:** Nonverbal

**Mental Retardation:** Yes

**Disabilities:** Circulatory/Respiratory Conditions, Physical/Orthopedic Impairment

**Perpetrators:** Cares, Derrick

<u>Immediate Protective Services</u>				
<u>Protective Service</u>	<u>Order Date</u>	<u>Response Date</u>	<u>Comment</u>	<u>Complete?</u>
Administrative Action	11/16/2004	11/17/2004	AP should be placed on leave pending completion of the investigation.	<input checked="" type="checkbox"/>
Police	11/16/2004	11/17/2004	C should be offered an opportunity to make a police report.	<input checked="" type="checkbox"/>
Medical 1	11/16/2004	11/17/2004	C should be checked for injuries.	<input checked="" type="checkbox"/>

**Reporters**

**Name:** Anonymous

**Report Address Type:**

**Agency:**

**Address:**

**Home Telephone:**

**Other Telephone:**

**EMail Address:**

**Mandatory Reporter?**  **Anonymous Reporter?**  **Eye Witness Reporter?**

**Witnesses**

**Name:** Mr. Daryl Threeshift

**Agency:** DDS/North

**Address:** 155 Founders Plaza  
 255 Pitkin St  
 East Hartford, CT 06108

## Case: Sample Intake

Referral Date: November 16, 2004

Date Printed: August 26, 2009

Home Telephone:

Other Telephone: (860) 263-2447

E-Mail Address:

Relationship to Victim: Residential Staff

Relationship to Perpetrator: Residential Staff

### Alleged Perpetrators

Perpetrator Type: Individual

Agency: DDS/North

Mr. Derrick Cares  
155 Founders Plaza  
255 Pitkin St  
East Hartford, CT 06108

Home Telephone:

Other Telephone: (860) 263-2447

Relationship to Victim: Residential Staff

Checked if  
Substantiated

#### Incident Allegations

Physical Abuse

### Incidents

Incident Description Key: hit by staff

Incident Date: 11/16/2006

Incident Time:

Incident Date Period: Unknown

Incident Time Period: Evening

Incident Location: CLA/Group Home  
123 Pine St

North Canton, CT 06059

Investigation Type: Monitor - Residential Provider

Allegation: Physical Abuse

Reported to Police?

Police Department:

Officer:

Case #:

**Substantiated**

Investigator Agency

By Agency? By OPA? Comment

DDS/South

### Interviews/Statements

New Allegation: Reporter - Anonymous Taken on November 16, 2004 at 03:23 PM

**Associated Incident Allegation:** Physical Abuse

**Activity Description:** According to the reporter, Ms. Sample stated that Mr. Cares hit her in the middle of her back with a tennis racket. The reporter stated that Ms. Sample did not recall the exact date but remembered that it was not a work day. (c works Monday through Friday.) Ms. Sample also stated that a staff person named " Daryl" was present.

The reporter was not sure if the alleged perpetrator had been placed off duty. The reporter also stated that the only "Daryl" at the residential program id Daryl Threshift.

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Regions: North