THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF CHILDREN AND FAMILIES
CENTRAL ADMINISTRATIVE OFFICE
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Commissioner

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IN THE MATTER OF	)	
	)	
	)	**FAIR HEARING DECISION**
LH	)	
FH #2017-1386	)	
	)	

The Appellant in this Fair Hearing was LH (hereinafter "LH" or "Appellant") The Appellant appealed the Department of Children and Families' (hereinafter "DCF" or "the Department") decision to support the allegation of neglect pursuant to M.G.L. c. 119, §§51A and B.

Procedural History

On September 15, 2017, the Department received three (3) 51A reports alleging neglect of A (hereinafter "A" or "the child") by the Appellant. On October 2, 2017, the Department received a fourth (4th) 51A report. The Department conducted a response and, on October 13, 2017, the Department made the decision to support the allegation of neglect by the Appellant. The Department notified the Appellant of its decision and her right to appeal.

The Appellant made a timely request for a Fair Hearing under 110 CMR 10.06. The Hearing was held on January 9, 2018, at the DCF Brockton Area Office. All witnesses were sworn in to testify under oath. The record closed at the conclusion of the Hearing.

The following persons appeared at the Fair Hearing:

Carmen Temme	Fair Hearing Officer
LH	Appellant
KD	Department Response Social Worker (hereinafter "KD")
IR	Department Supervisor (hereinafter "IR")

In accordance with 110 CMR 10.03, the Hearing Officer attests to impartiality in this matter, having no direct or indirect interest, personal involvement, or bias in this case.

The Fair Hearing was recorded pursuant to DCF regulations. 110 CMR 10.26

The following documentary evidence was entered into the record for this Fair Hearing:

For the Department:
Exhibit A: DCF Intake Report/51A Report, dated 9/15/2017 @1:04pm
Exhibit B: DCF Intake Report/51A Report, dated 9/15/2017@3:41pm
Exhibit C: DCF Intake Report/51A Report, dated 9/15/2017@5:00pm
Exhibit D: DCF Intake Report/51A Report, dated 10/2/2017
Exhibit E: DCF Child Abuse/Neglect Non-Emergency Response, completed 10/13/2017

For the Appellant:
None

The Hearing Officer need not strictly follow the rules of evidence....Only evidence which is relevant and material may be admitted and form the basis of the decision. 110 CMR 10.21

Issue to be Decided

The issue presented in this Hearing is whether, based upon the evidence and the Hearing record as a whole, and on the information available at the time of and subsequent to the response, the Department's decision or procedural action, in supporting the 51A report, violated applicable statutory or regulatory requirements, or the Department's policies or procedures, and resulted in substantial prejudice to the Appellant. If there is no applicable statute, policy, regulation or procedure, the issue is whether the Department failed to act with a reasonable basis or in a reasonable manner, which resulted in substantial prejudice to the Appellant. For a decision to support a report of abuse or neglect, giving due weight to the clinical judgments of the Department social workers, the issue is whether there was reasonable cause to believe that a child had been abused or neglected and the actions or inactions by the parent(s)/caregiver(s) placed the child(ren) in danger or posed substantial risk to the child(ren)'s safety or well-being; or the person was responsible for the child(ren) being a victim of sexual exploitation or human trafficking. 110 CMR 10.05; DCF Protective Intake Policy #86-015, rev. 2/28/2016

Findings of Fact

1. The subject child of this Fair Hearing was A; at the time of the subject 51A report, A was fourteen (14) years old. (Exhibits A-E, p.1)

2. The Appellant is the child's mother and primary caregiver; therefore, she was deemed a caregiver pursuant to Departmental regulation 110 CMR 2.00 and DCF Protective Intake Policy #86-016, rev. 2/28/2016. (Fair Hearing Record)

3. The Department's initial involvement with A and the Appellant occurred immediately following A's birth in 2003 due to issues regarding the Appellant's alcohol and marijuana use and

domestic violence between the Appellant and the child's father. Between January 2014 through August 9, 2017, the Department became re-involved on twelve (12) different occasions with the Appellant and A for varying periods of time following 51A reports filed on behalf of A; six (6) of those 51A reports were unsupported. The Appellant's substance abuse was a re-occurring issue. In 2004, A's maternal grandmother obtained guardianship of A from 2004 to 2007 while the Appellant was incarcerated for OUI charges. Sometime after 2010, A returned to the Appellant's care. (Exhibit A, pp.3-9; Exhibit B, pp.3-7; Exhibit C, pp.3-7; Exhibit D, pp.4-10; Exhibit E, pp.1-3) According to A's pediatrician's office, the maternal grandmother returned A to the Appellant's care due to her out of control behaviors. (Exhibit E, p.11)

4. On February 16, 2016 and December 14, 2016, the Department unsupported allegations of neglect of A by the Appellant due to concerns that the Appellant and child were smoking marijuana; the Appellant reportedly supplied A with marijuana. Collaterals made to A's father, maternal grandmother and the Appellant's Suboxone provider at [redacted] Health Center were positive with no concerns for substance use/abuse. During the December 2016, 51A response, A required a crisis evaluation. (Exhibit E, p.2)

5. On June 9, 2017, the Department unsupported allegations of neglect following the Appellant contacting the police due to a verbal altercation with A. The Department noted the Appellant was not intoxicated during the altercation; the Department noted the Appellant "speaks with a mumble and has a lazy eye which gives the appearance of being under the influence." The Appellant was actively engaged in treatment services. The Appellant admittedly used marijuana; however not in the child's presence. The Department noted the Appellant "appeared to be following through with services for her daughter" who had mental health issues. (Exhibit E, p. 3)

6. On August 10, 2017, following a DCF Hotline response, the Department unsupported allegations of physical abuse of A by the Appellant. The Department noted that, "the child has been acting out and has mental health issues." (Exhibit E, p.3)

7. On August 14, 2017, the Appellant requested services on behalf of A from the Department due to A's "out of control behaviors." (Exhibit A, p. 3, p.6; Exhibit B, p.3; Exhibit C, p.3; Exhibit D, p.4; Exhibit E, p.3 Testimony IR; Testimony KD) The week prior, the Appellant filed a CRA petition (Child Requiring Assistance) with the Juvenile Court. (Exhibit B, p.2; Exhibit C, p.2; Exhibit E, p.3; Testimony KD)

8. At the time of the subject 51A report GE (hereinafter "GE") was the assigned DCF social worker. (Exhibit A, p.7; Testimony KD; Testimony Appellant)

9. On September 15, 2017, the Department received three (3) reports from mandated reporters pursuant to M.G. L. c. 119, §51A, alleging neglect of A by the Appellant. On this date, A made suicidal statements while at school. A was taken to the hospital for a crisis/mental health evaluation. A reported she had been drinking alcohol for a year and she would likely test positive for fentanyl. A reported the Appellant recently overdosed on fentanyl. A reported she smoked marijuana with the Appellant, which may have been laced with fentanyl; A tested positive for marijuana. Reportedly A had an eighteen (18) year old boyfriend and A missed one hundred

(100) days of school the year prior. Concerns were noted regarding the Appellant's ability to address A's "risky" behaviors; the Appellant was reportedly "afraid" of A. One reporter noted the Appellant sounded "under the influence of something." A also reported that the Appellant had mental health issues including "anxiety, depression and some psychosis."(Exhibit A, Exhibit B, Exhibit C; Testimony IR)

10. The 51A report was assigned for a response, pursuant to M.G.L. c. 119, § 51A to KD, Social Worker from the DCF Brockton Area office. (Exhibit E; Testimony KD)

11. On September 16, 2017, the child was admitted to Hospital following her crisis evaluation. (Exhibit E, p.4)

12. On September 28, 2017, A was discharged from Hospital; A returned home with the Appellant. (Exhibit D, p.2) Hospital discharged A with Seroquel, Zyprexa, Vistaril and Trazadone medications. (Exhibit E, p.10)

13. On September 29, 2017, the Appellant and A did not attend the scheduled re-entry meeting at A's school. (Exhibit D, p.2) According to the Appellant, A wanted to remain home for one (1) day following her discharge from the hospital. (Testimony Appellant) When A did not arrive at school, school staff contacted the Appellant. A was heard in the background telling the Appellant to hang up the phone. (Exhibit E, p.13)

14. On October 2, 2017, the Department received a fourth 51A report alleging neglect of A by the Appellant. On this date, the Appellant and A attended a school re-entry meeting. The Appellant refused to provide details or sign releases of information regarding A's treatment during her recent hospitalization or referrals made for community-based treatment; the Appellant provided the dates of A's hospitalization. During the meeting, A "became visibly more lethargic and her head was bobbing as if she was nodding off;" it was difficult getting her blood pressure and pulse. The Appellant reportedly stated that she did not know if A had taken her prescribed medication; she directed the reporter to ask A. The Appellant informed the reporter that A took her own medication. Additionally, the mandated reporter smelled marijuana on A. The reporter called 911 emergency; A was transported to the hospital. The reporter noted concerns with the Appellant's ability to ensure A's safety. The Appellant reported she cancelled a counseling appointment the week prior as A refused to attend. The mandated reporter felt "confident that if {A} was not present at the school for the meeting and she was home this morning, she would have overdosed which could have been fatal. (Exhibit D, p.2; Testimony KD)

15. On October 2, 2017, Hospital discharged A home to the Appellant. The drug screen performed tested positive for marijuana only. Hospital staff was unclear why A became unresponsive on this date; the hospital recommended that A return for a cardiac work-up. (Exhibit E, p.10)

16. At the end of its response, the Department supported the aforementioned 51A report for neglect of A by the Appellant. The Department based this determination on the following:

- The Appellant did not follow through with recommendations made to address A's acting out behaviors after she obtained a CRA. (Exhibit E, p.5, p.13, p.14, Testimony KD)

- A's report that she drank alcohol and smoked marijuana. (Exhibit E, pp.6-7, p.14; Testimony KD)
- The Appellant's report that she smoked marijuana; however, she denied smoking marijuana in the home, with A or providing A with marijuana. (Exhibit E, p.8, p.14; Testimony KD)
- The Appellant's initial statement that she was aware that A smoked marijuana, she then retracted this statement. (Exhibit E, p.8, p.14; Testimony KD)
- The Appellant's report that A bullied her and that she was afraid of A. (Exhibit E, p.4, p.5, p.9, p.14; Testimony KD)
- After services commenced with the Appellant signing releases of information, A refused to participate; the Appellant cancelled the services. The Appellant refused to sign subsequent releases of information. (Exhibit E, p.9, pp.13-14; Testimony KD)
- On October 2, 2017, A smelled of marijuana when attending a school meeting with the Appellant. (Exhibit D, p.2; Exhibit E, pp.12-14)
- During said meeting, A "passed out"; she was transported to the emergency room. The Appellant was unable to report what medication the child had taken as she "gave the child her medication and told her to administer it herself." (Exhibit E, pp. 12-14; Testimony KD)

17. The Department wrote that, the Appellant, "compromised the child's basic needs and safety by not addressing her mental health needs and her acting out behaviors." The Department concluded that the aforementioned constituted neglect as defined by its regulations and policies. (Exhibit E, pp.13-15; Testimony KD)

18. Due to the aforementioned concerns, on October 4, 2017, the Department filed a Care and Protection petition on behalf of A; the Juvenile Court granted the Department temporary custody of A. (Exhibit E, p.11, pp.13-15)

19. The Department deemed several of the reported allegations to be unfounded and/or did not factor into the Department's decision to support the allegation of neglect. Additionally, the child's credibility had been an ongoing issues throughout the in time and previous 51A responses. (Exhibit A; Exhibit B; Exhibit C; Exhibit D; Exhibit E) For example, there was insufficient evidence to support A's initial claims that the Appellant used, overdosed or provided her with fentanyl. Initial concerns regarding the Appellant's presentation and possibly being under the influence did not factor into the Department's decision making. (Testimony KD) The Appellant denied being under the influence of any substance and noted her frustration with repeated questions and assumptions thereof. While denying that she had a medical issue, the Appellant explained that she has a "lazy eye" and that she mumbles when speaking; this was exaggerated when she becomes nervous. (Testimony Appellant) The Hearing Officer notes the Department's prior documentation thereof. (See: Finding #5) Additionally, the Department was unable to obtain information regarding the Appellant's in time mental health issues as reported by A.[1]

[1] The Appellant's therapist did not return the Department's two (2) telephone calls on October 10 and October 13, 2017. (Exhibit E, p.11, p.13)

20. While not documented in its Conclusion/Disposition Comment, the Department noted an additional issue regarding A missing one hundred (100) days of school the year prior. (Testimony IR) I find that there was insufficient evidence to support this particular allegation. The Department did not inquire of the school system regarding this specific allegation. The Department did not receive a 51A report from the school department. (Testimony KD; Testimony IR) While acknowledging that A did miss some days of school, A did well academically and was promoted to the next grade. (Testimony Appellant; Exhibit E, p.9) The reported concern of A's association with an eighteen (18) year old male also was not reflected in the Department's Conclusion/Disposition Comment. These issues did not factor into the decision making of the instant case. (Exhibit E, pp.13-14)

21. In August 2017, the Appellant approached the Department and Juvenile Court requesting assistance with managing A's behaviors and getting her to school; the Department acknowledged that the Appellant initiated this step. (Testimony Appellant; Testimony KD) Thereafter, the Department determined that the Appellant failed to follow through with the recommendations that A required counseling services. (Testimony KD) According to the Appellant, the in-home therapist assigned to work with A "was not a good match;" the Appellant and A felt that the counselor "bullied" A. According to the Appellant, the first therapy appointment, the Appellant contacted her DCF social worker GE and requested a new counselor. (Testimony Appellant) Absent refuting information from the Department, (Exhibit E) I find the Appellant's contention to be reasonable.

22. The Department and involved professionals, cited concerns with A 'bullying" the Appellant and causing the Appellant to be afraid of A. (Exhibit E, p.4, p.5, p.9, p.14; Testimony KD) By the Appellant's own admission, A "bullied" her and was angry that she had signed the initial releases of information. On September 27, 2017, during KD's home visit, the Appellant refused to sign additional releases of information. I find that the Department's noted concern regarding this issue and the extent that it impacted the Appellant's judgement and decision making to be reasonable. 110 CMR 4.32 (Exhibit E, p.8)

23. I find the issues regarding A's medications and the dispensing thereof to be significant factors in the decision making of the instant case. On September 20, 2017, the Department received information that the Appellant last filled A's prescription for Seroquel in February 2017. (Exhibit E, p.4) On September 27, 2017, the Appellant informed KD that she was unaware that A had not been taking her medication prior to her hospitalization. According to the Appellant, she told A she should take her medication and "she just assumes that she takes it." (Exhibit E, p.9)

23. According to the Appellant, prior to A's discharge on September 29, 2107, Arbour Fuller Hospital dispensed A's medications to her. The Appellant maintained that following A's hospitalization, she dispensed A's new medications to her and kept A's medication in her room. According to the Appellant, on October 2, 2017, she and A were running late for the school meeting; the Appellant told A to go into the Appellant's bedroom and take her medication. (Testimony Appellant) This testimony however was incongruent with the Appellant's documented statements to KD that following A's discharge from the hospital, "she picked up the medication and gave it to {A}. She said that she told {A} that she needs to take her medication. She said that she did not watch her take her medication which is why she could not say if she

took them or not."{The Appellant} said that maybe {A} just took her two medication together and that is what happened to her." [Sic] {KD} asked {the Appellant} what the medications were and she said that she didn't know because after she filled them she just gave them to {A}." (Exhibit E, p.12) I credit the Appellant's in time statement to KD.

24. During the 51A response and Fair Hearing, the Appellant denied that A smelled of marijuana/smoked marijuana prior to the October 2, 2017 school re-entry meeting. (Exhibit E, p.12; Testimony Appellant) Despite the Appellant's denial thereof, I find that A did use marijuana prior to the school meeting based on the statement made by the school nurse of a "very noticeable" odor of marijuana on A when she arrived at school and her positive drug test for marijuana at Good Samaritan Hospital. (Exhibit E, p.10, p.12)

25. The Department's decision to support the allegation of neglect was made in conformity with its regulations, policies and with a reasonable basis. (110 CMR 2.00, 4.32; DCF Protective Intake Policy #86-015, rev. 2/28/2016) No new information detracted from the Department's original decision. (Fair Hearing Record)

Applicable Standards

Caregiver is defined as:
(1) A child's parent, stepparent or guardian, or any household member entrusted with responsibility for a child's health or welfare; or
(2) Any other person entrusted with responsibility for a child's health or welfare, whether in the child's home, a relative's home, a school setting, a child care setting (including babysitting), a foster home, a group care facility, or any other comparable setting.

As such, the term "caregiver" includes, but is not limited to school teachers, babysitters, school bus drivers and camp counselors. The "caregiver" definition should be construed broadly and inclusively to encompass any person who at the time in question is entrusted with a degree of responsibility for the child. This specifically includes a caregiver who is a child such as a babysitter under age 18. 110 CMR 2.00; DCF Protective Intake Policy #86-015, rev. 2/28/2016

Neglect is the failure by a caregiver, either deliberately or through negligence or inability, to take those actions necessary to provide a child with minimally adequate food, clothing, shelter, medical care, supervision, emotional stability and growth, or other essential care; malnutrition; or failure to thrive. Neglect cannot result solely from inadequate economic resources or be due solely to the existence of a handicapping condition. 110 CMR 2.00; DCF Protective Intake Policy #86-015, rev. 2/28/2016

"[A] presentation of facts which create a suspicion of child abuse is sufficient to trigger the requirements of s. 51A." Care and Protection of Robert, 408 Mass. 52, 63 (1990) This same reasonable cause standard of proof applies to decisions to support allegations under s. 51B. Id. at 64; M.G.L. c. 119, s. 51B "Reasonable cause" implies a relatively low standard of proof which, in the context of 51B, serves a threshold function in determining whether there is a need for further assessment and/or intervention. Id. at 64

“Reasonable cause to believe” means a collection of facts, knowledge or observations which tend to support or are consistent with the allegations, and when viewed in light of the surrounding circumstances and credibility of persons providing information, would lead one to conclude that a child has been abused or neglected. 110 CMR 4.32(2) Factors to consider include, but are not limited to, the following: direct disclosure by the child(ren) or caretaker; physical evidence of injury or harm; observable behavioral indicators; corroboration by collaterals (e.g. professionals, credible family members); and the social worker’s and supervisor’s clinical base of knowledge. 110 CMR 4.32(2)

A finding of support requires that there be: reasonable cause to believe that a child(ren) was abused and/or neglected; *and* the actions or inactions by the parent(s)/caregiver(s) place the child(ren) in danger or pose substantial risk to the child(ren)’s safety or well-being; or the person was responsible for the child(ren) being a victim of sexual exploitation or human trafficking. DCF Protective Intake Policy #86-015, rev. 2/28/2016

“Danger” is defined as a condition in which a caregiver’s actions or behaviors have resulted in harm to a child or may result in harm to a child in the immediate future. DCF Protective Intake Policy #86-015, rev. 2/28/2016

“Risk” is defined as the potential for future harm to a child. DCF Protective Intake Policy #86-015, rev. 2/28/2016

To prevail, an Appellant must show based upon all of the evidence presented at the hearing, by a preponderance of the evidence that: (a) the Department’s or Provider’s decision was not in conformity with the Department’s policies and/or regulations and/or statutes and/or case law and resulted in substantial prejudice to the Appellant, (b) the Department’s or Provider’s procedural actions were not in conformity with the Department’s policies and/or regulations, and resulted in substantial prejudice to the aggrieved party, (c) if there is no applicable policy, regulation or procedure, that the Department or Provider acted without a reasonable basis or in an unreasonable manner which resulted in substantial prejudice to the aggrieved party; or (d) if the challenged decision is a supported report of abuse or neglect, that the Department has not demonstrated there is reasonable cause to believe that a child was abused or neglected and the actions or inactions by the parent(s)/caregiver(s) placed the child(ren) in danger or posed substantial risk to the child(ren)’s safety or well-being; or the person was responsible for the child(ren) being a victim of sexual exploitation or human trafficking.110 CMR 10.23; DCF Protective Intake Policy #86-015, rev. 2/28/2016

Analysis

It is undisputed that the Appellant was a caregiver for A pursuant to Departmental regulations and policy. 110 CMR 2.00; DCF Protective Intake Policy #86-015, rev. 2/28/2016

The issue for resolution is whether the Appellant’s actions constituted neglect per the Department’s regulations and policies. The undisputed fact in the instant case are A’s concerning behaviors; these concerning behaviors preceded the subject 51A response. According to Departmental history, since at least February 2016, concerns regarding the Appellant and A’s

substance use were reported and assessed by the Department. While the Department did not find the Appellant to be neglectful, A was in need of counseling intervention, which the Appellant accessed for A at the time. Following an August 9, 2017, DCF Hotline response wherein the Department unsupported the reported allegations of physical abuse of A by the Appellant, the Appellant approached the Department and the Juvenile Court for assistance with dealing with A's behaviors. These behaviors included A's use of substances, failure to attend school, bully/threatening behaviors towards the Appellant and suicidal statement. Following A's suicidal statements made on August 14, 2017, and her subsequent crisis evaluation, three (3) 51A reports were filed alleging neglect of A by the Appellant.

As discussed in Findings #19-21, this Hearing Officer did not find these issues to be supported by sufficient evidence and/or documented in the Department's Conclusion/Disposition Comment; therefore these issues did not factor into the decision making to affirm the Department's support decision for neglect. The compelling factors in the decision making of the instant case was the influence that A had on the Appellant's decision making coupled with the Appellant's failure to secure/dispense A's prescribed medication.

By the Appellant's own admission, A "bullied" her resulting in the Appellant being afraid of A; involved professionals corroborated this information. This influenced the Appellant's decision-making and ability to supervise and ensure that A took her medication as prescribed. While acknowledging that a parent may be unable to force an adolescent to take their prescribed medication, the Appellant had a responsibility to make efforts in this regard. The Appellant's failure to fill A's prescription for Seroquel for approximately six (6) months was indicative of a failure to provide "...minimally adequate...essential care" for A. (110 CMR 2.00) Additionally, the Appellant was aware of A's mental health concern prior to the subject 51A report and following her September 15, 2017 suicidal statement which resulted in an inpatient hospitalization. Despite this knowledge, the Appellant (minimally) allowed A to access her medication on October 2, 2017. The Appellant did not supervise A's taking of the medication nor did she know what medication A was prescribed. At its most extreme, after filling A's prescriptions, the Appellant gave the child her medication and told her to take it. In either scenario, the Appellant's actions "pose{d} a substantial risk to the child's safety or well-being" DCF Protective Intake Policy #86-015, rev. 2/28/2016

During A's October 2, 2017 re-entry meeting, A passed out; she was transported to the emergency room where she tested positive for marijuana. "The purpose of the mandatory reporting regime under G.L.c. 119,§ 51A is to provide the Department with information necessary to protect a child's health, safety, and development before actual harm is done." B.K. v. Department of Children & Families, 79 Mass. App. Ct. 777, 782 (2011) "If children are to be protected from neglect, it makes no sense for the department to wait until neglect has already run its course to the point of producing a physical or emotional injury." Lindsay v. Department of Social Servs., 439 Mass. 789, 795 (2003). "A caretaker's actions that fail adequately to protect a child's well-being can constitute neglect, even in the absence of actual harm." B.K., 79 Mass. App. Ct. at 783. The Department need not wait for the actual harm to occur before intervening. Custody of Vaughn, 422 Mass. 590, 599 (1996) In the instant case, the hospital discharged A home to the Appellant following evaluation; it was unclear what caused A to pass out. The hospital recommended subsequent cardiac workups. Based on the historical and in time concerns

regarding the Appellant's ability to ensure A's safety and well-being, the Department petitioned and was awarded temporary custody of the child.

"Reasonable cause" implies a relatively low standard of proof which, in the context of 51A, "serves a threshold function" in determining whether there is a need for further assessment and/or intervention. "[A] presentation of facts which create a suspicion of child abuse is sufficient to trigger the requirements of Section 51A." This same reasonable cause standard of proof applies to decisions to support allegations under 51B. Care and Protection of Robert, 408 Mass. 52, 63 (1990). As set forth in the Findings, and above, the evidence presented was sufficient to support the Department's findings.

The Appellant did not present persuasive evidence in this matter to allow for a reversal of the Department's support decision for neglect. The undersigned will not pass clinical judgment on the Department's broad discretion as delineated in the regulations.

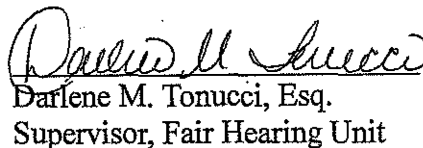
Conclusion and Order

The Department's decision to support the 51A report for neglect of A by the Appellant is **AFFIRMED.**

This is the final administrative decision of the Department. If the Appellant wishes to appeal this decision, she may do so by filing a complaint in the Superior Court in Suffolk County, or in the county in which she resides, within thirty (30) days of the receipt of this decision. (See, M.G.L. c. 30A, §14.) In the event of an appeal, the Hearing Officer reserves the right to supplement the findings.

Carmen Temme
Administrative Hearing Officer

4/25/18
Date



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