

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: Center for Disability Services

Director: [REDACTED]

OIG Case No.: 1117-0403

- I. For this case, was there a finding of substantiated allegations? Yes No
 Were there Other Observations by OIG, requiring a Written Response? Yes No
- II. NOTICE TO INDIVIDUAL AND LEGAL GUARDIAN (for substantiated cases). The individual and guardian (if a guardian exists) have been notified that the reported allegation was substantiated. Yes No Date: _____
- III. SERVICE PROVIDER'S RESPONSE TO OIG FINDINGS/RECOMMENDATIONS.

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DIRECTIONS FOR EACH COLUMN (Please use additional pages of this form if necessary to complete the report.)

- SERVICE PROVIDER'S RESPONSE. Summarize your action for each finding/recommendation.
- PERSON RESPONSIBLE. Identify the person(s) responsible for each action, by name and/or job function.
- DATES. Provide the date(s) when each action will be (1) initiated and (2) completed.

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION
<p>Based on the facts in this case, the following was concluded: The allegation of neglect against Center for Disability Services, pursuant to Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10, is substantiated.</p> <p>However, the allegation of sexual abuse against the staff of Center for Disability Services, pursuant to Title 59, Illinois Administrative Code, Chapter I, Part 50, Section 50.10, is unsubstantiated.</p> <p>In addition, the Office of the Inspector General recommends the following: The agency ensures all agency staff persons working with [REDACTED] are trained on the formal plan developed and implemented, as of March 31, 2017, to ensure [REDACTED] s properly supervised, to prevent her from injuring herself, because of her maladaptive behaviors.</p>	<p><i>Staff member was terminated. ([REDACTED] terminated related to lack of supervision associated with this allegation.)</i></p> <p><i>All staff have been trained on her formal plan</i></p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p style="text-align: center; color: blue; font-weight: bold;">DIVISION OF DEVELOPMENTAL DISABILITIES</p> <p>4-26-17</p> <p>1-8-2018</p>

IV. APPROVAL BY AUTHORIZED REPRESENTATIVE. I have reviewed the above Written Response. I hereby approve it as the plan for correcting the Findings/Recommendations identified in the OIG investigation for this Case Number.

SIGNATURE: Authorized Representative [REDACTED]	DATE: 4/18/18	DHS Review: [REDACTED]	Date: 4/23/18
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