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DIVISION OF
DEVELOPMENTAL DISABILITIES

08-28-18;08:08PM; Achievement Unlimi;2177889821 # 5/ 9

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

Name of Service Provider: Achievement Unlimited Director: [redacted] OIG Case No. 1218-0376

I. For this case, was there a finding of substantiated allegations? x Yes ___ No
Were there Other Observations, requiring a Written Response? x 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. x Yes ___ No Date: August 29, 2018

III. SERVICE PROVIDER=S RESPONSE TO OIG FINDINGS/RECOMMENDATIONS.
DIRECTIONS FOR EACH COLUMN (Please use additional pages of this form if necessary to complete the report.)

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

FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION	DATES FOR COMPLETION
The allegation of neglect is substantiated against [redacted] **Recommendations** OIG recommends the agency address the late report of the allegation of abuse/neglect which is a violation of 20 ILCS 1305/1-17(k). Willful failure to comply with OIG's reporting requirements is a Class A misdemeanor.	[redacted] employment was terminated on 1/5/2018 due to incident/allegation.	[redacted]	1/5/2018	1/5/2018
	[redacted] has been re-trained on Rule 50, including the proper time frames for reporting Abuse and Neglect.	[redacted]	1/15/2018	1/15/2018

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.

SIG[redacted]	DATE: 9/26/18	DHS Review: [redacted]	DATE: 09.28.18