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DIVISION OF
DEVELOPMENTAL DISABILITIES

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

Name of Service Provider: Achievement Unlimited Director: [REDACTED] OIG Case No. 1218-0390

I. For this case, was there a finding of substantiated allegations? Yes No
Were there Other Observations, 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: June 6, 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/COMPLETION	
The allegations of physical abuse and neglect against <u>[REDACTED]</u> substantiated.	<u>[REDACTED]</u> was immediately suspended pending the investigation of this allegation	<u>[REDACTED]</u>	1/15/2018	1/15/2018
	<u>[REDACTED]</u> employment was terminated due to finding of abuse during the OIG investigation.	<u>[REDACTED]</u>	3/12/2018	3/12/2018

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.

SIGN: <u>[REDACTED]</u>	DATE: <u>7/12/18</u>	DHS Review: <u>[REDACTED]</u>	DATE: <u>7/12/18</u>
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