

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

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AUG 13 2018

DIVISION OF  
DEVELOPMENTAL DISABILITIES

NAME OF SERVICE PROVIDER: CILA Corporation

DIRECTOR: [REDACTED]

OIG CASE NO. 1316-0209

I. For this case, was there a finding of substantiated allegations?  Yes  No (SUBSTANTIATED NON-EGREGIOUS NEGLECT)  
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: \_\_\_\_\_

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 | IMPLEMENTATION/COMPLETION |        |
|--|---|-----------------------|---------------------------|--------|
| Based on the facts in this case, the allegation of sexual abuse is unsubstantiated against any staff of the agency or CILA Corporation itself. The allegation of neglect is substantiated against [REDACTED] and [REDACTED]. | [REDACTED] is no longer employed by CILA Corporation. Her last day of employment was 2/29/18.<br><br>[REDACTED] hasn't worked for this agency since 6/9/2016. | [REDACTED]            | 8/8/18                    | 8/8/18 |

*Employment terminations unrelated to this investigation.*

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.

|            |                 |            |                  |
|------------|-----------------|------------|------------------|
| [REDACTED] | DATE:<br>8/8/18 | [REDACTED] | DATE:<br>8/13/18 |
|------------|-----------------|------------|------------------|