

WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL

RECEIVED
DHS

SEP 20 2018

DIVISION OF
DEVELOPMENTAL DISABILITIES

NAME OF SERVICE PROVIDER: Coleman Tri-County Services

OIG CASE NO. 1317-0362

I. For this case, was there a finding of substantiated allegations? Yes No (SUBSTANTIATED PHYSICAL ABUSE)
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 following was concluded: The allegation of physical abuse is substantiated against [REDACTED]	[REDACTED] was terminated after reviewing the video tape of incident.	[REDACTED]	09/24/18 OK

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: [REDACTED] Authorized Representative	DATE: 09/13/18	DHS Review: [REDACTED]	DATE: 09.20.18
--	----------------	------------------------	----------------

09-20-2018 01:53PM FROM-COLEMAN TRI CO SERVICES 618252389 T-333 P-002/002 F-429