

**WRITTEN RESPONSE TO THE OFFICE OF THE INSPECTOR GENERAL**

**RECEIVED  
DHS**

DEC 05 2018

**DIVISION OF  
DEVELOPMENTAL DISABILITIES**

**NAME OF SERVICE PROVIDER:** Community Alternatives Illinois, Inc. **DIRECTOR:** [REDACTED] **OIG CASE NO.** 1318-0244

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: \_\_\_\_\_

**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 neglect is substantiated against [REDACTED]	[REDACTED] employment with CAIL was terminated as a result of this incident.	[REDACTED]	1.26.18	1.29.18

IV. APPROVAL BY AUTHORITY: [REDACTED] reviewed the above Written Response. I hereby approve it as the plan for correcting the Findings/Recommendations for this Case Number.

SIGNATURE:  Authorized [REDACTED]	DATE: 12.3.2018	DHS Review: [REDACTED]	DATE: 12.13.18
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