

WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: **Anixter Center**

Director: [REDACTED]

OIG Case No.: **1617-0651**

I. For this case, was there a finding of substantiated allegations? Yes No
 Were there Other Observations by OIG, 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: **April 2, 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.)

SERVICE PROVIDER=S RESPONSE. Summarize your action for each finding/recommendation.

PERSON RESPONSIBLE: Identify the person(s) responsible for each action, by name and/or job function.

DATES: Provide the date(s) when each action will be (1) initiated and (2) completed.

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DHS**

MAY 07 2018

**DIVISION OF
DEVELOPMENTAL DISABILITIES
DATES FOR**

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	IMPLEMENTATION/COMPLETION	
The allegation of neglect as defined by Title 59, Illinois Administrative Code, Part 50, Chapter 1, Section 50.10, against [REDACTED] is substantiated. The allegation of physical abuse is unsubstantiated.	[REDACTED] quit the day of the incident. He will not be rehired at Anixter Center.	[REDACTED]	5/23/17	5/23/17

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: Authorized Representative [REDACTED]	DATE: 5/4/18	DHS Review: [REDACTED]	Date: 5/7/18
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