

## WRITTEN RESPONSE TO THE OFFICE OF INSPECTOR GENERAL

Name of Service Provider: **Anixter Center, Lester and Rosalie**

Director: [REDACTED]

OIG Case No.: **1618-0034**

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: \_\_\_\_\_

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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DIVISION OF  
DEVELOPMENTAL DISABILITIES

OIG FINDINGS/RECOMMENDATIONS	SERVICE PROVIDER RESPONSE	PERSON(S) RESPONSIBLE	DATES FOR IMPLEMENTATION/COMPLETION	
<p>The allegation of neglect, as defined by Title 59, Illinois Administrative Code, Part 50, Section 50.10, against [REDACTED] is substantiated.</p> <p>The Office of the Inspector General recommends that Anixter Center address [REDACTED] failure to report an allegation of abuse/neglect which is a violation of 20 ILCS 1305/1-17(k). Willful failure to comply with OIG's reporting requirements is a Class A misdemeanor.</p>	<p>[REDACTED] was terminated due to sexually harassing another employee. [REDACTED] was retrained on the 4 hr. window for reporting suspected abuse/neglect.</p>	<p>[REDACTED]</p> <p>[REDACTED]</p>	<p>7/14/17</p> <p>8/15/18</p>	<p>7/14/17</p> <p>8/20/18</p>

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.

<p><i>SIGNATURE:</i> Authorized Representative</p> <p>[REDACTED]</p>	<p><i>DATE:</i></p> <p>8/15/18</p>	<p><i>DHS Review:</i></p> <p>[REDACTED]</p>	<p><i>Date:</i></p> <p>09.28.18</p>
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