State of Connecticut
Department of Developmental Services
Investigation Report

Client Name: **Incident Date:**

Agency Name:		**Region/Training School:**	
Investigator(s) Assigned	**Title/Agency/Telephone Number**	**Date Assigned**	**Date Completed**
Investigation Report Completed By:			

Alleged Victim:		**Date of Birth:**		**DDS #:**	
Residential Address:					
Residential Agency:					
Residential Type: ☐ CLA ☐ CTH ☐ SL ☐ Campus ☐ IL ☐ Other					
Name of Guardian (if applicable):		**Type of Guardianship:**			
Contacted By:		**Date:**			

Date Reported:		**Reporter:**		**Incident Date:**	
Location:					
Allegation Type – check appropriate box below					
☐ Sexual Abuse	☐ Abuse	☐ Neglect	☐ Verbal Abuse		
☐ Financial Exploitation	☐ Psychological Abuse				
☐ Injury/unknown origin		☐ Other			

Alleged Perpetrator(s):	
Relationship of Perpetrators(s) to Alleged Victim:	

Results of investigation:	**Names of persons associated with findings:**
☐ **Abuse was substantiated:**	
☐ **Neglect was substantiated:**	
☐ **Financial exploitation was substantiated:**	
☐ **Abuse/Neglect/Financial was NOT substantiated:**	

Results of investigation narrative:

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Exhibits Attached

(All exhibits are to be numbered)

Exhibit #	Description	Author	Source	Date Procured

If an Alleged Victim/Reporter/Witness/Alleged Perpetrator could not be interviewed, please explain:

ABUSE AND NEGLECT POLICY AND PROCEDURE DEFINITIONS

Term	Definition
Abuse	The willful infliction by a caregiver of physical pain or injury, or the willful deprivation of services necessary to the physical safety of an individual.
Psychological Abuse	Acts that inflict emotional harm, invoke fear and/or humiliate, intimidate, degrade, demean or otherwise negatively impact the mental health or safety of an individual.
Verbal Abuse	The use of offensive and/or intimidating language that can provoke or upset an individual.
Neglect	The failure by a caregiver, through action or inaction, to provide an individual with the services necessary to maintain his or her physical and mental health and safety, including incidents of inappropriate or unwanted individual to individual sexual contact. Neglect also includes the failure of a caregiver to respond to incidents of inappropriate or unwanted sexual contact between individuals who receive services from the department. Neglect is also a situation in which an individual lives alone and is not able to provide for him/herself the services which are necessary to maintain his physical, mental health or safety.
Financial Exploitation	The theft or misappropriation of property and/or monetary resources which are intended to be used for or by an individual.
Sexual Abuse	Any sexual contact or encouragement of sexual activity between a family member, paid staff or a volunteer and an individual, regardless of consent.

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Client Name: **Incident Date:**

Narrative

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Findings

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Client Specific Recommendations

Programmatic/Administrative Recommendations

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Signature (s) of Investigator (s):

______________	______________________________
Date	**Investigator**
Date	**Investigator**

Division of Investigations

Date	**Reviewed/Approved by DDS Lead Investigator**
Date	**Reviewed/Approved by DDS Director of Investigations**

This section to be completed by Private Sector Executive Director or Designee

☐ I have reviewed and approved the investigation report

☐ I have reviewed the investigation report and I am NOT in agreement with the investigator's findings for the following reasons:

The alleged perpetrator(s) placed off-duty ☐ may return to duty ☐ may NOT return to duty

YES ☐ **NO** ☐ The employee(s) involved were terminated from employment for substantiated abuse and/or neglect and the agency will be referring this case to the DDS Central Registry

The recommendations in the report ☐ should be implemented ☐ should NOT be implemented

☐ Having reviewed the investigation report, I offer these additional recommendations:

Signature of Executive Director or Designee________________________________**Date:** ________

This section to be completed by Regional Director or Designee

☐ I have reviewed and approved the investigation report

☐ I have reviewed the investigation report and I am NOT in agreement with the investigator's findings for the following reasons:

The alleged perpetrator(s) placed off-duty ☐ may return to duty ☐ may NOT return to duty

The recommendations in the report ☐ should be implemented ☐ should NOT be implemented

☐ Having reviewed the investigation report, I offer these additional recommendations:

Signature of Regional Director or Designee___________________________________**Date:** ______________

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Client Name: **Incident Date:**

Abuse/Neglect Investigation Review

Client Name Qualified Provider/Vendor	Report Date	Allegation Type	Qualified Provider/Vendor Findings	DDS DOI Review
				☐ **Agree** ☐ **Disagree**

If applicable, please note the following:

☐ Specific nature and extent of assistance by the DDS DOI to the qualified provider/vendor in the completion of this investigation:

Explanation of modifications made to the components of the investigation submitted by the qualified provider/vendor:

- ☐ Page(s):
- ☐ Signature(s):
- ☐ Statement(s):
- ☐ Documentation to support findings:
- ☐ Findings/Summary:
- ☐ Other:

If applicable, specific rationale for disagreement with the findings of the qualified provider/vendor:

______________________________ ______________

DDS Lead Investigator Signature **Date**

I agree / do not agree [circle one] with the DDS Lead Investigator, and recommendations.

______________________________ ______________

DDS Regional Director/Designee **Date**

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DDS Abuse/Neglect Registry: Monitoring Form

Client Name:	**Incident Date:**

For purposes of the DDS Abuse/Neglect Registry, summary of DDS monitoring activities/procedures of a private agency/vendor investigation: {*(A) confirming the accuracy of witness statements, (B) confirming the sources, documentation and evidence relied upon in the investigation, and (C) conducting such supervision and review activities as may be sufficient, in the exercise of professional judgment by an investigator employed by the authorized agency and trained by the State of Connecticut, to confirm that the finding(s) are supported by a preponderance of evidence)*}

Abuse Substantiated **Neglect Substantiated**

Summary of basis for substantiation:

DDS is in agreement with investigation findings. **Yes** **No**
DDS confirms, on the basis of this investigation, that abuse/neglect is substantiated by a preponderance of evidence.

________________________ ____
Date **DDS Lead Investigator**