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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Alleged Victim(s):**  |       | **Date of Birth:**  |       | **DDS #:** |       |
| **Residential Address:**  |       |
| **Residential Agency:**  |  |
| **Residential Type:** **CLA** **CRS** **CCH** **IHS** **Campus** **IL** **Other**  |  |

|  |  |  |
| --- | --- | --- |
| **Reporter:**       | **Incident Date:**  |       |
| **Location:**  |       |
| **Allegation Type – check appropriate box below** |
|  **Abuse**  **Sexual Abuse**  **Verbal Abuse**  **Psychological Abuse**  |
|   **Neglect (Programmatic** **Neglect)**  **Financial Exploitation**  **Injury or injuries of unknown origin (IUO)**  **Other:**       |
|  |

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

|  |  |  |
| --- | --- | --- |
|  **Law enforcement referral** ( if applicable) | **Agency**       | **Case #**       |

|  |  |
| --- | --- |
| **Results of investigation:** | **Names of persons associated with findings:** |
|  **Abuse was substantiated:**  **Type of Abuse:**       |       |
|  **Neglect** (**Includes Programmatic Neglect) substantiated:** |       |
|  **Financial exploitation was substantiated:** |       |
|  **Abuse/Neglect/Financial was NOT substantiated:**  |       |

 **Exhibits Attached**

|  |
| --- |
| **(All exhibits are to be numbered)** |
| **Exhibit #** | **Description** | **Author** | **Source** | **Date Procured** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Please note here the name(s) of person(s) who could not be interviewed and why, as applicable:**

|  |
| --- |
|       |

|  |
| --- |
| ABUSE AND NEGLECT **PROCEDURE DEFINITIONS** |
| Abuse | “Abuse” means the willful infliction of physical pain or injury or the willful deprivation by a caregiver of services which are necessary to the person's health or safety. For the purposes of the DDS Abuse and Neglect procedures I.F.PR.001 through I.F.PR.005, inclusive, “abuse” also includes “financial exploitation,” “psychological abuse,” “sexual abuse,” or “verbal abuse”. |
| **Sexual Abuse** | “Sexual abuse” means any sexual contact between an individual, regardless of such individual’s ability to consent, and an employee, legal representative, family member or volunteer; or the encouragement of an individual to engage in sexual activity by an employee, legal representative, family member or volunteer.  |
| **Psychological Abuse** | “Psychological abuse” means an act that is likely to humiliate, intimidate, degrade or demean an individual, inflict emotional harm or invoke fear in such individual, or otherwise negatively impact the mental health of such individual.  |
| **Verbal Abuse** | “Verbal abuse” means the use of offensive or intimidating language that provokes or causes the distress of a person with intellectual disability or a person who receives services from the Department of Social Services' Division of Autism Spectrum Disorder Services. |
| **Neglect (Includes Programmatic Neglect)** | “Neglect” means the failure by a caregiver, including Department of Developmental Services staff, DDS qualified providers staff, and CCH licensees in cases of programmatic neglect, through action or inaction, to provide an individual with the services necessary to maintain such individual’s physical health, mental health and safety. Neglect also means a situation where an individual either is living alone and is not able to obtain the services which are necessary to maintain physical or mental health or is not receiving such necessary services from the caregiver. |
| **Financial Exploitation**  | “Financial exploitation” means theft, misappropriation or unauthorized or improper use of property, money or other resource that is intended to be used by or for an individual who receives funding or services from the department.  |

**Narrative**

|  |
| --- |
|  |

**Findings**

|  |
| --- |
|  |

**Investigator Recommendations**

|  |
| --- |
|                                           **(Check box if recommendation has been completed and indicate the date the recommendation was completed.)**  |

 **Date Investigator** *print name* **Investigator** *signature*

 **Date Investigator** *print name* **Investigator** *signature*

|  |
| --- |
| **This section to be completed by Private Sector Executive Director or Designee** I approve the investigation report.  I disagree 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,** the employee(s) involved were terminated/separated from employment for substantiated abuse and/or neglect. The agency is referring this case to the DDS Central Registry. Name(s) of employees terminated:                                 **Date Executive Director / Designee *print name* Executive Director / Designee *signature*** |
| **Division of Investigations****Reviewed/Approved**                   **Date DDS Investigator** *print name* **DDS Investigator** *signature*                   **Date DDS Lead Investigator** *print name* **DDS Lead Investigator** *signature*                   **Date DDS Director of Investigations** *print name* **DDS Director of Investigations** *signature* |
| **This section to be completed by Regional Director or Designee** I approved the investigation report.  I disagree with the investigator’s findings for the following reasons:The alleged perpetrator(s) placed off-duty  may return to duty  may NOT return to dutyThe recommendations in the report  should be implemented  should NOT be implemented             **Date Regional Director / Designee *print name* Regional Director / Designee *signature*** |

**Additional Recommendations / Comments**

**Regional Director or Designee**

|  |
| --- |
|  |

**Date** **Regional Director / Designee**  *print name*  **Regional Director / Designee** *Signature*

Abuse/Neglect Investigation Review

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Individual’s Name(s)**DDS Qualified Provider/Vendor | Report Date | **Allegation****Type** | **DDS Qualified Provider/Vendor Findings** | **DDS DOI Review** |
|       |       |       |       | **Agree****Disagree** |

|  |
| --- |
| **If applicable,** specific rationale for disagreement       |

**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:

**DDS Lead Investigator Signature or DDS Director of Investigations Signature Date**

|  |
| --- |
| **[ ]  I agree /** **[ ]  do not agree with the DDS Director of Investigations or Lead Investigator.**  |

 **DDS Regional Director/Designee Signature Date**