

Notice of Termination or Separation for Abuse or Neglect

Prohibited

- No employer shall hire an individual whose name appears on the registry and no employer shall retain an individual after receiving notice that an individual's name so appears.

CGS Section 17a-247c (a)

Required

- Pre-Employment Inquiry
- Notice of Termination *or Separation* as a Result of Substantiated Abuse or Neglect
- Participation in Registry Administrative Hearings

Immunity From Liability

- No employer shall be liable in any civil action for damages brought by an employee or an applicant for employment whose name appears on the registry established by this section arising out of the conduct of the employer in
 - (1) making any report in good faith [referral to registry],
 - (2) testifying under oath in any administrative or judicial proceeding arising from such report,
 - (3) refusing to hire or retain any individual whose name appears on the registry, or
 - (4) taking any other action to conform to the [Registry law].

CGS Section 17a-247b (g)



DEPARTMENT OF DEVELOPMENTAL SERVICES
NOTICE OF

TERMINATION OR SEPARATION FOR ABUSE OR NEGLECT*

Employee Name: Last: _____ First: _____ MI: _____

Home Address: Street: _____

Town: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Date of Termination Separation: ____ / ____ / ____

Name(s) of DDS Consumer(s) involved in incident which led to separation or termination:

Date of Incident: _____

Separation/termination due to: Abuse Substantiated Neglect Substantiated
Describe: _____

Name of Employer (Agency Name): _____

Worksite Address: _____

Town: _____ State: _____ Zip Code: _____

Employer's Email Address: _____

Person Completing Form (please print or type):

Last Name: _____ First Name: _____ MI: _____

Title: _____

Mailing Address: Street: _____

Town: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Ext.: _____ Secure Fax: (____) _____

(Signature of Person Completing Form)

(Date)

***PLEASE FAX THIS FORM AND COPY OF THE TERMINATION/SEPARATION
LETTER TO THE ATTENTION OF THE
DDS CENTRAL OFFICE HUMAN RESOURCES DIVISION AT 860-706-5662**

Department of Developmental Services
Abuse/Neglect Investigation Review

Client Name Qualified Provider/Vendor	Report Date	Allegation Type	Qualified Provider/Vendor Findings	DDS DOI Review
				<input type="checkbox"/> Agree <input type="checkbox"/> 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.

If applicable, specific rationale for disagreement:

DDS Regional Director/Designee

Date

Department of Developmental Services
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 qualified provider/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