



**DEPARTMENT OF DEVELOPMENTAL SERVICES  
NOTICE OF TERMINATION OR SEPARATION FOR REGISTRY PURPOSES**

(Please Refer to the Attached Instructions)

**Former Employee:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**Home Address:**

Street: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Last Known Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Last Known Land Line #: (\_\_\_\_) \_\_\_\_\_

Date of Employee  Termination  Separation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Grievance or Arbitration Proceedings Pending, if known?  YES  NO

Date of Incident(s) Per Investigation Findings: \_\_\_\_\_ Date of Referral/Intake: \_\_\_\_\_

**Individual(s) supported by DDS involved in the Incident(s) that led to Employee's Termination or Separation:**

NAME: \_\_\_\_\_ DDS # \_\_\_\_\_

NAME: \_\_\_\_\_ DDS # \_\_\_\_\_

NAME: \_\_\_\_\_ DDS # \_\_\_\_\_

NAME: \_\_\_\_\_ DDS # \_\_\_\_\_

NAME: \_\_\_\_\_ DDS # \_\_\_\_\_

NAME: \_\_\_\_\_ DDS # \_\_\_\_\_

**Employee termination or separation due to Authorized Agency (DDS, DCF, or DSS) Substantiation of:**  
(Check only those substantiated by the Authorized Agency)

Physical Abuse  Sexual Abuse  Neglect  Verbal Abuse

Psychological Abuse  Abuse by way of Financial Exploitation

Describe Abuse or Neglect Substantiation in Brief: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name of Employer or Agency Reporting:** \_\_\_\_\_

**Person Completing Form:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Agency Administrator, if different: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Person Completing Form)

\_\_\_\_\_  
(Date)

**PLEASE SEND THIS FORM, TERMINATION or SEPARATION DOCUMENTATION, and WRITTEN NOTIFICATION OF SUBSTANTIATION BY AN AUTHORIZED AGENCY to:**

**[DDS.AbuseNeglectRegistry@ct.gov](mailto:DDS.AbuseNeglectRegistry@ct.gov)**



**DEPARTMENT OF DEVELOPMENTAL SERVICES**  
**NOTICE OF TERMINATION OR SEPARATION FOR REGISTRY PURPOSES**  
**INSTRUCTIONS FOR COMPLETING THE DDS NOTICE OF TERMINATION OR SEPARATION**  
**FOR REGISTRY PURPOSES FORM**

**Box 1:**

1. Fill in the former employee's name, birthdate, social security number, driver's license number and state and last known address.
2. Include last known phone number and cell phone number, if known.
3. Check the box indicating if the former employee was "terminated" or was "separated" as a result of the substantiated allegation. Include the date that the former employee was terminated or separated.
4. Check "yes" or "no" to indicate if the former employee was or is currently involved in a collective bargaining grievance or arbitration proceeding, if known.

**Box 2:**

1. Fill in the date(s) of the substantiated incident(s) which led to the termination or separation and the date of the Referral/Intake.
2. List the names and DDS numbers of all DDS supported individuals involved in the incident which led to the termination or separation.
3. Check all of the boxes related to the types of abuse and neglect that apply based on the substantiation by the Authorized Agency. **Note that private provider agencies are not Authorized Agencies per state statute. Authorized Agencies are DDS, DCF, and DSS.** Although the private provider agency may be assigned to complete the investigation, the findings are not considered substantiated for purposes of the registry until the Authorized Agency has substantiated the provider's findings.
4. Please briefly describe the incident which led to the substantiation.

**Box 3:**

1. Fill in name of the former employer reporting the termination or separation and the name, title and email address of the person completing the Notice on behalf of the agency.
2. If the agency Administrator is not the person completing the form, include the Administrator's name and email address.
3. Fill in the reporting agency's business mailing address and telephone number.

**General:**

1. The completed Registry Notice should be signed and dated by the person completing the form and emailed to DDS Legal and Government Affairs at [DDS.AbuseNeglectRegistry@ct.gov](mailto:DDS.AbuseNeglectRegistry@ct.gov). Documentation in the form of a termination or separation letter, or other agency Human Resources documentation indicating the termination or separation should be included with the Notice. Documentation of substantiation by an Authorized Agency should also be included with the notice.
2. Registry Notices should be sent only as follows, per regulations: *"Not later than five business days following receipt of written notification by an authorized agency of the substantiation of abuse or neglect by an employee who has been terminated or separated from employment for such abuse or neglect, an employer shall submit to the department the name of such employee and such other information as the department may request."*
3. Please refer to the following state statutes and regulations for further DDS Abuse and Neglect Registry information: Sections 17a-247a through 17a-247e of the Connecticut General Statutes; Section 17a-247e-1 through Sec. 17a-247e-9 of the Regulations of Connecticut State Agencies.

**Still Have Questions?**

1. Questions in regards to sending the Registry Notice: Contact DDS Legal and Government Affairs: [DDS.AbuseNeglectRegistry@ct.gov](mailto:DDS.AbuseNeglectRegistry@ct.gov)
2. Questions regarding investigation findings, Authorized Agency substantiation notifications: Contact your DDS Regional Abuse and Neglect Liaison.
3. Questions regarding DDS Registry Cases: Contact the DDS Legal and Government Affairs Litigation Coordinator or assigned Staff Attorney, DDS Central Office.