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|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION**5-Day Investigation Report** | [ ]  Initial [ ]  Update [ ]  Final  |
| INVESTIGATION REPORT DATE | IR TODAY NUMBER (CENTRAL OFFICE) | FACILITY IR NUMBER | SIU ID NUMBER |
| ALLEGED VICTIM(S) | DDA NUMBER | DATE OF BIRTH | PAT / HOME |
| LOCATION OF INCIDENT | DATE OF DISCOVERY | TIME OF DISCOVERY |
| REPORTER(S) / POSITION OR TITLE | DATE REPORTED | TIME REPORTED |
| ACCUSED STAFF / PERSON(S) / POSITION OR TITLE |
| ALTERNATE ASSIGNMENT[ ]  Yes [ ]  No | ALTERNATE ASSIGNMENT LOCATION |
| PROTECTIVE MEASURES TAKEN BY FACILITY TO SAFEGUARD CLIENTS[ ]  Nursing Assessments [ ]  Alert Charting / APOC [ ]  Medical TX [ ]  Psychological Harm Assessment[ ]  Other:  |
| PERSON WHO NOTIFIED GUARDIANDATE GUARDIAN NOTIFIED | NOTIFIED CRU[ ]  Yes [ ]  NoDATE CRU NOTIFIEDCRU CONFIRMATION NUMBER | LAW ENFORCEMENT NOTIFIED[ ]  Yes [ ]  No [ ]  N/ALAW ENFORCMENT CASE NUMBER IF APPLICABLEJURISDICTION |
| INVESTIGATOR[ ]  SIU [ ]  RHC Staff | DATE INVESTIGATOR NOTIFIED |
| **Investigative Report** |
| DESCRIPTION OF INCIDENT (Enter an exact description of the incident or allegation. Include names with titles, dates, times, etc., that will answer who, what, where and when.) |

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| INVESTIGATIVE QUESTION (State the question(s)) |

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| SUMMARY OF TESTIMONIAL and documentary EVIDENCE (ENTER a SUMMARY of all evidence attached and reviewed for the investigation. INTERVIEWS CONDUCTED should Include the name and title of each person interviewed AS WELL AS THE DATE AND TIME INTERVIEWS WERE COnDUCTED)**Interviews are summaries and are not verbatim. Interviews completed were:**[ ]  **Telephonic** [ ]  **Video Conference** [ ]  **In-person unless otherwise specified.**Check box if applicable:[ ]  Because the allegations as described in the incident report may constitute a criminal act, the accused staff, , has (have) not been interviewed. This interview will be completed at the request of the Appointing Authority and/or when Law Enforcement complete their investigation(s).  |
| **Documentary Evidence** |
| **Incident Specific Documents (Check appropriate boxes for documents attached to report.)** |
| [ ]  Incident Report [ ]  Initial Inquiry [ ]  Director’s Review (Event Report Analysis)[ ]  CRU Online Report [ ]  Central Office Report (IR Today) [ ]  Guardian Notification[ ]  Nursing Assessment [ ]  Psych Assessment [ ]  Witness Statements[ ]  Alternate Assignment Letter [ ]  Staffing Sheets / Assignments [ ]  Communication log[ ]  Post Schedules / Assignments [ ]  24 Hour Activity Log [ ]  Restrictive Procedures Record |
| **Related Relevant Documentation (Check appropriate boxes for documents attached to report.)** |
| [ ]  Annual Healthcare Assessments [ ]  IHP / Care Plan [ ]  PBSP / BMP[ ]  Behavior Data / TBL [ ]  Incident History [ ]  Photographs / Diagrams[ ]  Correspondence [ ]  Daily Shift Exchange [ ]  Physician’s Orders[ ]  Dietary Orders / Guidelines [ ]  MAR / TAR [ ]  Progress Notes / RUR[ ]  Fall Reports [ ]  Med Stat / Behavior Stat [ ]  Quarterly Assessments / Reports[ ]  Health Service Orders [ ]  Medication List [ ]  Therapy Records (PT / OT / SLP)[ ]  Hospital records [ ]  Nursing Orders [ ]  X-ray / Laboratory Reports[ ]  Other (indicate below): |
| **Relevant Excerpts** |
| [ ]  Check box if no relevant excerpts are included. |

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| **Testimonial Evidence** |

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| ANALYSIS (ENTER AN ANALYSIS OF EVIDENCE GATHERED) |

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| FINDINGS (LIST THE INVESTIGATIVE QUESTIONS(S) and results of investigation. Note: superintendent will determine whether staff action, or inaction, rises to the level of meeting cFR defined abuse, neglect, or mistreatment.) |

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| INFORMATION FOR FACILITY REVIEW (INFORMATION FOUND DURING INVESTIGATION that may posE a threat to client rights and/or protections or that may require further review and/or action by the facility)[ ]  TBD [ ]  N/A |

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| INVESTIGATOR’S NAME | DATE COMPLETED |
| RECEIVED BY | DATE |
| **Conclusions: To be completed by Superintendent / Designee** |
| Did abuse, neglect, or mistreatment occur based on CFR rule and guidance? [ ]  Yes [ ]  NoIf yes above, please select one or more of the following types: [ ]  Abuse [ ]  Neglect [ ]  Mistreatment  |
| COMMENTS |
| SUPERINTENDENT’S / DESIGNEE’S NAME | DATE COMPLETED |