|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 GUARDIAN    DATE GUARDIAN NOTIFIED | | | NOTIFIED CRU  Yes  No  DATE CRU NOTIFIED    CRU CONFIRMATION NUMBER | | LAW ENFORCEMENT NOTIFIED  Yes  No  N/A  LAW ENFORCMENT CASE NUMBER IF APPLICABLE    JURISDICTION | | |
| 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.) | | | | | | | |

|  |
| --- |
|  |

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

|  |
| --- |
|  |

|  |
| --- |
| 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. |

|  |
| --- |
|  |

|  |
| --- |
| **Testimonial Evidence** |

|  |
| --- |
|  |

|  |
| --- |
| ANALYSIS (ENTER AN ANALYSIS OF EVIDENCE GATHERED) |

|  |
| --- |
|  |

|  |
| --- |
| 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.) |

1

|  |
| --- |
|  |

|  |
| --- |
| 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 |

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 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  No  If yes above, please select one or more of the following types:  Abuse  Neglect  Mistreatment | |
| COMMENTS | |
| SUPERINTENDENT’S / DESIGNEE’S NAME | DATE COMPLETED |