ADMINISTRATIVE REVIEW PROCESS MANUAL

Reconciling Evidence and Concluding Investigations

PA Department of Human Services, Office of Developmental Programs
through Contract with Temple University Harrisburg

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Overview

The Office of Developmental Programs (ODP) supports Pennsylvanians with developmental disabilities to achieve greater independence, choice and opportunity in their lives. As part of this mission, ODP is committed to providing the necessary tools and resources to conduct quality investigations into incidents of abuse, neglect and other significant events that occur in the lives of individuals with developmental disabilities.

The purpose of the service system is to support people with intellectual disabilities and autism to have the same opportunities and experiences available to everyone in the community. People with disabilities want to be fully in control over everything about their lives; to have choice and control over things they do, to be healthy and safe, to fully participate in the life of the community, to have friends and family, to work, and to enjoy all the freedoms of citizenship.

With personal control, freedom, and opportunities for growth comes risk. The responsibility of those providing services is to listen, to respect each person’s autonomy, to honor their decisions and to help them manage risk. The Administrative Review process is one method for which an organization may help people negotiate choice and mitigate risk.

In addition to using the Administrative Review process to help individuals negotiate choice and mitigate risk, organizations providing services and supports to people with intellectual disabilities and autism are required to utilize the Administrative Review process to assist with the conclusion of an investigation and the creation of corrective action(s) that mitigate risk and help prevent future occurrence of incidents. For purposes of this manual, organizations refer to Providers, Supports Coordination Organizations and Administrative Entities.
Purpose

Organizations are responsible for developing and implementing sound, competent investigatory and incident management practices to assure compliance with standards set forth by ODP. This manual will address the following processes associated with investigations:

1. Assessing the investigation prior to conclusion for errors in managing evidence;
2. Evaluating the quality of the investigation for Speed, Objectivity and Thoroughness.
3. Applying rules used to reconcile conflicting evidence to determine the preponderance of evidence in investigations;
4. Understanding and applying the terms Confirmed, Inconclusive, and Not Confirmed when concluding a certified investigation;
5. Determining the necessary corrective actions (preventative and additional) as a result of the conclusions drawn from the certified investigation; and
6. Guidance for Point Persons about appropriate placement of information into the Enterprise Incident Management (EIM) system related to the investigation.

The purpose of the Administrative Review committee is critical to completing a quality investigation, meeting the needs of victims, reducing risk to all individuals and carrying out our unified mission to achieve greater independence, choice and opportunity in the lives of the individuals we serve.
Quality investigations are evaluated by the investigative rules of **Speed**, **Objectivity** and **Thoroughness**. The Administrative Review Process will assist organizations in evaluating these investigative rules and developing corrective actions for all incidents that have been investigated.

**Speed** refers to whether the timing of investigative steps affected the validity of the evidence collected.

**Objectivity** is whether the investigation was conducted in an unbiased manner.

**Thoroughness** is determined by evaluating how exhaustive the Certified Investigator was in investigating and collecting all relevant evidence.

For more information about the rules of investigation, please refer to the most current version of the ODP Certified Investigators manual available on www.MyODP.org.
Life Cycle of a Reportable Incident that Requires an Investigation

The Administrative Review is an important part of the lifecycle of an incident. It is from this process that the outcome of an investigation is determined and corrective action and risk mitigation plans are created. When an organization submits final section documents into the EIM system, they are attesting that they have completed the Administrative Review per policy.

It is important to note the sequence of events in the lifecycle of an incident. Organizations do not submit final section documents (investigation summary and final section information) in EIM until after the Administrative Review is complete.
The Investigative Process

Before discussing the Administrative Review process, it is important to review the four stages of activities occurring in any investigation. The following chart represents a consolidated view of these stages. Included in the chart are the activities associated with each stage, along with the responsible party.

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<th>RESPONSIBILITY</th>
<th>KEY TASKS AND ACTIVITIES</th>
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<td><strong>Stage 1</strong></td>
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<tr>
<td>INTAKE</td>
<td>Agency Point Person</td>
<td>1. Assure safety and well-being of people; provide medical treatment as necessary.</td>
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<tr>
<td>PRESCRIBE EVIDENCE</td>
<td>Site Supervisors</td>
<td>2. Secure the scene.</td>
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<tr>
<td>(Incident Identified)</td>
<td>Agency Management</td>
<td>3. Identify, keep, separate witnesses.</td>
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<tr>
<td></td>
<td></td>
<td>4. Remove alleged target(s) from contact with individuals receiving services</td>
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<td></td>
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<td>5. Secure documentary evidence.</td>
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<td></td>
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<td>6. Assign Certified Investigator</td>
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<td><strong>Stage 2</strong></td>
<td>Certified Investigator</td>
<td>1. Check on the safety and well-being of the alleged victim.</td>
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<tr>
<td>IDENTIFY COLLECT</td>
<td></td>
<td>2. Review activities of intake and preservation with management.</td>
</tr>
<tr>
<td>(At scene)</td>
<td></td>
<td>3. Review incident with Reporter.</td>
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<td>4. Identify and collect physical and demonstrative evidence.</td>
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<td>5. Sort, classify, and interview witnesses.</td>
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<td>6. Obtain written statements.</td>
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<td>7. Identify &amp; collect other documentary evidence.</td>
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<tr>
<td><strong>Stage 3</strong></td>
<td>Certified Investigator (CI)</td>
<td>1. Review and assess evidence collected.</td>
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<td>ANALYSIS PRESENTATION</td>
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<td>2. Conduct background interviews.</td>
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<tr>
<td>(Review and Reconcile)</td>
<td></td>
<td>3. Conduct follow-up interviews.</td>
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<td>5. Prepare Certified Investigation Report (CIR), Sections I-IV.</td>
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<td><strong>Stage 4</strong></td>
<td>Agency Management</td>
<td>1. Review competency and quality of investigation.</td>
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<td>ADMINISTRATIVE REVIEW</td>
<td>Incident and/or Risk Management committee</td>
<td>2. Complete Section V of the CIR including:</td>
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<tr>
<td>(Conclusion of the investigation)</td>
<td></td>
<td>a. Determine finding: confirmed, not confirmed, or inconclusive.</td>
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<tr>
<td></td>
<td>Human Rights committee/team</td>
<td>b. Determine recommendations and action plans.</td>
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<tr>
<td></td>
<td>Agency Board of Directors</td>
<td>c. Implement recommendations and action plans.</td>
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Committee Membership

The Administrative Review process is best served utilizing a committee of individuals who will review the case, evaluate the quality of the investigation, and determine the final outcomes of the investigation. Committees can consist of various roles within the organization including:

1. Agency management and administration
2. Incident and/or risk management committee members
3. Human Rights committee/team members
4. Agency Board of Directors members
5. Certified Investigators not assigned to this case
6. Incident point persons
7. Quality improvement staff

It is recommended to have two (2) to five (5) members on the Administrative Review committee. One member should be selected as the committee’s final decision-maker when consensus cannot be reached.

The Certified Investigator who completed the investigation is not a member of the committee but serves as a consultant to answer questions about the investigation.

Committee Meeting Frequency

Meetings must be held at a frequency that allows for all cases to be completed within the necessary timeframes. It is very important that even committees with regularly scheduled meetings, also have the ability to meet on an ad hoc basis to adhere with investigative timeframes.

All investigations must be completed within 30 days of being discovered unless there is an investigative reason causing a delay. The schedule of an Administrative Review committee is not an acceptable reason for an extension of this timeframe. In other words, Administrative Review committee meetings must be scheduled frequently enough that investigations are closed within 30 days.
Committee Responsibilities

The Administrative Review committee is responsible for the following outcomes:

1. Review competency and quality of investigation for Speed, Objectivity and Thoroughness;
2. Weigh evidence and determine investigation findings: Confirmed, Not Confirmed, or Inconclusive;
3. Determine preventative and additional corrective action plans;
4. Complete Section V of the Certified Investigation Report; and
5. Ensure implementation and monitoring of all types of corrective action plans.

The Certified Investigator is not responsible for any of the outcomes in the Administrative Review stage of the Certified Investigation process. Specifically, the Certified Investigator should not make finding in the case (Confirmed, Not Confirmed or Inconclusive) prior to the case reaching the Administrative Review committee. This is the sole responsibility of the Administrative Review committee.

If the Certified Investigator discusses an investigation determination of Confirmed, Not Confirmed or Inconclusive in section IV (or any other section of the CIR), the Administrative Review committee must ensure that the CIR is corrected and that objectivity was not compromised by this error. If objectivity was compromised, the organization must determine if the CIR should be returned to the Certified Investigator for further investigation (i.e. additional collection of evidence, additional witness interviews etc.) or if a new Certified Investigator needs to be assigned to the investigation.
**Committee Documentation**

Documentation of the meeting should be completed through Section V of the CIR. The final decision-maker will have the responsibility of completing Section V of the CIR. All Administrative Review committee members sign the Report.

The documentation should describe outcomes and not process. For example, the discussion regarding the finding is not recorded in terms of who stated what points but only what the finding is and the evidentiary support for it.

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**Certified Investigation Report**

<table>
<thead>
<tr>
<th>Case:</th>
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<tr>
<td>CI:</td>
<td>Date of Report:</td>
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<tr>
<td><strong>V. Administrative Review, Findings, Recommendations, and Implementation</strong></td>
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**IMPORTANT!**

Organizations must not submit final section documents (Investigation summary and final section information) into EIM until section V, The Administrative Review, Findings, Recommendations and Implementation has been completed.
The Administrative Review committee must review the entire investigation file to complete all elements of section V of the CIR. Each of those elements is reviewed here. It is important to note that the Administrative Review committee may need access to information and documentation that may or may not be found in the CIR. The Administrative Review committee should review sections I through IV of the CIR, the Incident Report, EIM and the Complete Investigative File.

This manual section guides you through each item in Section V. All items need to be completed by the Administrative Review Committee. As you read through this section, you will note a few icons.

While all information in this manual is important to completing the Administrative Review, this icon will note points of emphasis that needed to be remembered during the Administrative Review Process.

This icon notes items that could and often should trigger the development of a corrective action(s) to mitigate risk for individuals in the future.

A magnifying glass indicates a place to look for the information you need from EIM or the CIR to complete the Administrative Review Process and Section V.

The pointing finger indicates the place to document the Administrative Review findings in Section V of the CIR and EIM.

Helpful Tips are sections of the manual that provide information to support your decision during the Administrative Review Process. Some Helpful Tips are repeated in multiple sections so that you have needed information for all items.
An incident needs to be reported within 24 hours of being recognized/discovered. Compare the date and time of the incident versus when it was reported to a person that could begin the incident management process. If the incident was not reported within this timeframe, the Administrative Review committee should provide an explanation as to why this did not occur.

It is important to note that there are times when the date/time of an incident may be far in the past but that does not mean that a corrective action is required to mitigate this issue. There are times when victims delay the disclosure of information about an incident. This is a normal reaction to trauma and does not decrease the credibility of the report. If the Administrative Review committee discovers that an incident discovery/recognition was delayed due to this reason, evaluation of timeliness should be based on the date of disclosure (i.e. the date reported to facility personnel) not the alleged date/time of the incident.
Where to Look:

There are several places that the Administrative Review committee can find information that may help determine the timeliness of reporting. Section I. Introduction of the CIR is one place where information related to the timeliness of reporting can be found for the purpose of the Administrative Review.

### Certified Investigation Report

#### I. Introduction

1. Indicate the date and time the incident allegedly occurred, if known.

   [Blank field]

2. Indicate time the incident was reported to facility personnel.

   [Blank field]

### Corrective Actions for Timeliness of Report

If it is determined that there was a delay in reporting (unrelated to a victim’s delay in disclosure), corrective action(s) item for making sure future incidents are reported within the required timeframe must be provided in the Corrective Action Plan Table for item #12.

Common situations that require a corrective action include:

- Incident is recognized and initial reporter fails to inform appropriate personnel to begin the incident management process.
- Incident occurs but is not recognized as something that requires reporting/investigation.
Item #2

What actions were taken immediately to protect the health and safety of the individual?

Certified Investigation Report

V. Administrative Review, Findings, Recommendations, and Implementation

2. What actions were taken immediately to protect the health and safety of the individual?

List actions here. If none were taken, please explain here. (AND enter your corrective action plan in implementation section below.)

Of utmost concern are the actions taken to protect the immediate health and safety of an individual after an incident is discovered. Organizations must demonstrate that prompt, adequate actions to protect health, safety and rights are documented within the EIM incident report. While there is no defined timeframe for immediate, actions must be taken (or planned) no later than 24 hours after discovery/ recognition of an incident. Organizations must be careful when “planning” actions to protect health, safety and rights. In general, things such as emergency medical care, separation of targets etc. are not considered things that can be planned for a future date/time. However, formal counseling, appointments at rape crisis centers etc. are actions that can be taken after 24 hours have passed from incident discovery/recognition but the documentation that these are being planned must be present in the EIM incident report.

The Administrative Review committee needs to document the immediate actions taken to protect the health, safety and rights of an individual and evaluate if the actions were prompt, adequate and documented (in EIM). Please see the Helpful Tips at the end of this section to assess Actions taken based on these criteria.
Where to Look:

There are several places where actions taken by staff to protect the immediate health and safety of an individual may be documented. Section II, III and IV of the CIR should have documentation of evidence related to the health and safety of the individual that was collected, reviewed and reconciled as part of the investigation process. It is important to note the connection between these sections of the CIR. First the Certified Investigator must document what and how evidence was collected (section II), then they must describe the relevance of the evidence (section III) and then they must discuss how the evidence fits into the final analysis of the incident (section IV). If a piece of evidence does not appear in section II of the report, it cannot be discussed in section III or IV of the report.

Certified Investigation Report

II. Investigative Methodology

Certified Investigation Report

III. Evidence Summary

Certified Investigation Report

IV. Certified Investigator’s Initial Analysis of Evidence
The Administrative Review committee must also evaluate the actions taken to protect health, safety, and rights using the same methodology as those individual’s completing initial management reviews of incidents.
Corrective Actions for Protecting Health and Safety

The Administrative Review committee must review the CIR and the Initial Regional and County Management Reviews in EIM to determine if there are items that need to be addressed related to actions taken to protect health and safety. If the review indicates issues with the prompt, adequate or documented actions taken to protect health, safety and rights, corrective action(s) for assuring this occurs for future incidents must be provided in the Corrective Action Plan Table for item #12.

If the Administrative Review committee determines there are actions that are still needed to address health and safety, a plan should be immediately implemented to address the concern(s). For example, if someone did not get necessary treatment for their injury, the Administrative Review committee must immediately take action to have the person examined by a physician or other appropriate medical personnel. An additional corrective action(s) for assuring all steps to address health and safety for future incidents should be provided in the Corrective Action Plan Table for item #12.

Helpful Tips for Assessing Prompt Actions, Adequate Actions and Documentation

What are prompt actions?

In general, actions to protect health, safety and rights are completed immediately upon discovery/ recognition of the incident.

The supports and services that are needed should be determined by the individual, guardian and team. Individuals do have the right to refuse supports, but documentation should be present of efforts to encourage acceptance of supports. If the individual is unwilling or unable to advocate on his/her own behalf, then the report should indicate this and show that the actions that are taken in response to the incident are in the best interest of the individual. If needed the Provider, SCO or AE should obtain an outside advocate to help the individual with the decision.
What are adequate actions?

Adequate actions vary depending on the nature of the incident. Common initial section actions include:

- Medical interventions for injuries or evidence
- Counseling (formal and informal)
- Separation from target
- Protection of property
- Contact with protective service agencies
- Contact with law enforcement if it’s suspected a crime has occurred
- Victim’s assistance
- Alternate housing arrangements

How to address refusal of supports?

If the individual is unwilling or unable to indicate a desire for additional supports or alternate housing, there should be evidence in the incident report that the team did not allow the target of the incident to decide this on behalf of the individual. When there is a refusal of supports indicated in the incident report, the Administrative Review committee should determine if the refusal is based on a choice expressed by the individual. If this choice may put the individual at imminent risk of harm, there should be evidence in the report that this was recognized and that additional actions were explored to mitigate the situation.

What is documentation?

Documentation means that the information is present within the incident report and is not being supplemented by outside sources. The Administrative Review committee needs to determine if all actions taken to protect health and safety were documented in the incident report. If not, as part of the corrective action plan, the committee must ensure that the actions are documented in the final section of the incident report and implement a plan to ensure that future documentation meets quality standards. An incident report needs to be complete enough so that anyone with a reasonable knowledge of the intellectual disability service system is able to read the report and get an accurate account of the situation. In other words, any reviewing entity should be able to read through the incident report and have a clear understanding of the situation.
#2a - Was victim assistance offered when appropriate?

Victim Assistance programs are resources available to assist victims physically, emotionally, financially and legally when you are abused or neglected and/or a victim of a crime. Victims may access many of the resources within the Commonwealth regardless of the intent to file criminal charges or proceed within the criminal justice system.

Victims have the right to access these services at any time. Support team members should offer victims assistance directly to the person. Directly means that the victim is present when options are discussed and offered.

Victimization should not be taken lightly as any type of incident can cause emotional, psychological, physical, financial and behavioral consequences for individuals. Signs of trauma from an incident may or may not be present immediately after an event. Victim’s assistance should be offered more than once to ensure that individuals have the opportunity to process an event and decide the support(s) they wish to access. Please see Helpful Tips at the end of this section for a partial listing of types of Victims Services.
Where to Look:

The Administrative Review committee may find evidence that Victim’s Assistance was offered in the CIR (Sections I-IV) or in the initial incident report document in EIM. Most often evidence of Victim’s Assistance is on the Actions Taken To Protect Health, Safety and Rights page of the incident report. It is important to note that this will only capture actions taken at the beginning of the lifecycle of an incident. The Administrative Review committee may need to examine additional documents to determine the status of any Victim’s Assistance programs for the individual.
Corrective Actions for Timely and Adequate Victim Assistance

If timely and adequate assistance was not offered, corrective actions to deliver these services as well as to make sure that services are offered for future incidents must be provided in the Corrective Action Plan Table for item #12.

If at the time of the Administrative Review the committee determines there are victim services that are still needed to address the needs of the victim, a plan should be immediately implemented to address these need(s). For example, if someone was not offered the opportunity to speak with a Victim’s Advocate, the Administrative Review committee must immediately take action to offer this choice. An additional corrective action(s) for assuring all steps to address victim services should be provided in the Corrective Action Plan Table for item #12.

Helpful Tips for Types of Victims Services

There are a variety of locally available resources across the Commonwealth. The most common sources of Victim’s assistance are local Rape Crisis Centers, Domestic Violence Centers and the Office of Victim’s Services.

Many of the supports available involve an advocate. Victims assistance programs employ specialized advocates to carry out the functions related to their organization. It should be noted that a person seeking supports may find themselves working with multiple advocates depending on identified needs. The most common supports/resources that are available include:

- **Accompaniment**: An advocate accompanies the victim to any and all court proceedings, meetings and interviews with law enforcement, meetings with prosecutors etc.

- **Advocacy**: Advocates help victims have their voice heard on issues that are important to them; defend and safeguard their rights and have the victim’s views and wishes genuinely considered when decisions are being made about their lives.
**Assistance with Victim Impact Statements:**
Victims have the right to tell the judge who will be sentencing the offender how the crime changed their life. The victim can explain any concerns or fears that may exist about safety. The victim impact statement will also help the judge decide how to best hold the offender accountable for the harm they have caused.

**Case Status Update:** Victims receive updates of every action that occurs during a case using the victims chosen support and communication method.

**Communication Support:** Victims have the right to effective communication, including access to communication supports such as: Interpreter Service, Language Line, Sign Language Interpreters, agencies with TTY Capabilities, Augmentative and Alternative communication.

**Courtroom Orientation:** An advocate can give information about the courtroom experience and what to expect when participating in that process.

**Crisis Intervention:** Hotlines are available in most areas for victims to call in times of crisis.

**Child Care:** In some areas across the Commonwealth, there are groups to assist with childcare needs during your time at court when you are unable to find alternative means.

**Economic Support:** Information and help navigating the support systems available across the Commonwealth that are related to assistance, job placement and training.

**Information & Referral:** Many groups across the Commonwealth can provide basic information and referral to help you understand and find supports.

**Medical Advocacy and Accompaniment:** An advocate will explain to a victim what to expect from medical exams and will stay with a victim during exams if requested.

**Shelter:** A variety of shelter options exist depending on the needs of the victim.

**Supportive Counseling:** Counseling specific to a victims’ needs. This can include individual and group counseling.

**Victims Compensation:** Helps victims and their families through the emotional and physical aftermath of a crime by easing the financial impact placed upon them by the crime.
**Victim’s Rights Information:** Many groups across the Commonwealth can provide information about your rights as a victim.

**Victim Witness Intimidation Supports:** If a person is being intimidated because of involvement in the criminal justice system there are supports to help keep them safe.

**Understanding Post Sentencing-Dispositions:** After a case concludes there may be questions or concerns about appeals, restitution, victim’s compensation, probation or parole or other matters related to the conclusion of the case.

The Administrative Review committee should be clear about the specifics of the type of assistance offered. For example, just listing “Informal Counseling” says very little about the type of assistance someone received. The Administrative Review committee should be specific about what and how assistance was offered. For example, “Staff on duty the night of the incident asked Joe if he wanted to talk with them or someone else about the incident. Program Specialist met with Joe the next day and let him know that if he ever feels like talking about what happened that staff will take the time to listen to him or request a professional therapist.”
ODP – Administrative Review Process

Item #3

If the incident involved a target, was the alleged target(s) removed from potential contact with all individuals receiving services until the incident investigation is completed?

Certified Investigation Report

V. Administrative Review, Findings, Recommendations, and Implementation

3. If the incident involved a target, was the alleged target(s) removed from potential contact with all individuals receiving services until the incident investigation is completed?

Yes   No   NA   (Circle One)

If yes, enter date and time personnel action occurred:

If no, explain here. (AND enter your corrective action plan in implementation section below.)

ODP requires separation of the target when the individual’s health and safety are jeopardized. This separation shall continue until an investigation is completed. In addition, the target shall not be permitted to work directly with any other service recipient during the investigation process. When the target is another individual receiving supports or services, and complete separation is not possible, the provider shall institute additional protections.

Organizations must be diligent to separate a target from all individual’s receiving services. It is nearly impossible to determine that health and safety are NOT at risk from contact with a target at the onset of an investigation.
Where to Look:

If the alleged target is known at the time the incident is reported, then there must be a notation in EIM related to the status of the target. This notation can be found on the Actions Taken to Protect Health, Safety and Rights page of the incident report.
The Administrative Review committee must review the Initial Regional and County Management Reviews in EIM to determine if there are items that need to be addressed related to the target(s) of an incident.
If an alleged target(s) was discovered or the identity of an alleged target changes during the course of an investigation, organizations are to take immediate actions to separate the individual(s) from the target. In addition to completing the Target Information page of the incident report to document demographics of a target(s), an explanation of the discovery/change of target(s) must be provided. This information should be provided on the Additional Information page of the EIM incident report. The explanation must include the action(s) taken upon the discovery/change of target.

Corrective Actions for Removal of Target

If it is determined that the target was not removed, corrective action(s) item for making sure targets are removed immediately in future incidents must be provided in the Corrective Action Plan Table for item #12.

Common situations that require corrective actions related to removing a target:

- Incident is recognized and alleged target(s) is known at the onset of the incident and the organization either failed to complete this activity or failed to document this separation in the initial incident report.
- Initial management review indicates issues related to the target of an incident.
- A target(s) was discovered or the identity of an alleged target changes during the course of an investigation and the organization either failed to complete this activity or failed to document this separation.
Item #4

Were there injuries, wounds or illness to the individual that required medical attention?

Certified Investigation Report

V. Administrative Review, Findings, Recommendations, and Implementation

4. Were there injuries, wounds or illness to the individual that required medical attention?

[ ] Yes    [ ] No    [ ] NA   (Circle One)

Enter date and time injury discovered:

The documentation for this section should indicate if there is any injury to the individual. This includes any physical injury, wounds, or illness requiring medical attention regardless of severity. This can be due to abuse or neglect. The date and time the injury was discovered must be recorded.

For more information instructions for Certified Investigators to identify and document the presence and/or absence of wounds and other injuries, please refer to the most current version of the ODP Certified Investigators manual available on www.MyODP.org.
Where to Look:

The Administrative Review committee should find documentation of any injury (or absence of injury) in the CIR under section II. Investigative Methodology B. Collecting Physical, Demonstrative, and Digital Evidence. If an injury exists (or does not exist but could, based on the nature of the allegation), the CI must note the area(s) of the body as physical evidence. Since such evidence is unable to be collected, the CI should then photograph the area(s) in order to meet quality standards for the investigation. If the CI was unable to document an injury (or absence of an injury), the reason for the inability to secure the documentation must be present within the report.

Certified Investigation Report

II. Investigative Methodology

B. Collecting Physical and Demonstrative Evidence

1. Describe how the incident scene was secured (if it wasn’t secured explain why).

2. List each piece of physical evidence identified and logged.

3. List each piece of physical evidence collected.

4. Chronologically list (by date, time, description and name of person taking photo) any photographs or video taken.
Item #4a

If yes, was prompt medical attention provided?

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<tr>
<td>V. Administrative Review, Findings, Recommendations, and Implementation</td>
</tr>
<tr>
<td>4a. If yes, was prompt medical attention provided? Yes  No  NA  (Circle One)</td>
</tr>
<tr>
<td>*If no, a neglect incident may have to be filed and corrective action in response to the delay in treatment needs to be present in the report.</td>
</tr>
<tr>
<td>If no, please explain. (And enter your corrective action plan in the implementation section below.)</td>
</tr>
</tbody>
</table>

Medical attention refers to examination and/or treatment by a qualified medical professional and/or basic first aid. Depending on the nature of the incident, staff implementing immediate first aid alone may not satisfy this requirement.

When reviewing evidence related to medical care the Administrative Review committee needs to address the following:

- Did the staff person(s), caregiver(s) or other responsible person(s) recognize symptoms of illness or injury and seek treatment promptly?
  - Evidence that improvement may be needed in this area can include:
    - Unnecessary delays in calling emergency services;
      - Such as calling program supervisor, nursing staff, family etc. before 911
    - Failure to acknowledge/recognize symptoms of illness/injury
      - Individual reports illness, pain, discomfort etc. and there is a failure to seek prompt treatment
      - Individual displays signs or symptoms of illness/injury and they are not recognized which causes a failure to seek prompt treatment

Prompt Medical Attention
• Did the staff person(s), caregiver(s) or other responsible person(s) provide CPR, First Aid or other treatment appropriately and promptly?
  o Was CPR initiated if appropriate?
  o Was First Aid applied correctly?
  o Were all person-centered health care protocols followed?

*Please see Helpful Tips at the end of this section for more information on assessing prompt actions, adequate actions and documentation.*

**Where to Look:**

Section II, III and IV of the CIR should have documentation of evidence related to medical care that was collected, reviewed and reconciled as part of the investigation process. It is important to note the connection between these sections of the CIR. First the CI must document what and how evidence was collected (section II), then they must describe the relevance of the evidence (section III) and then they must discuss how the evidence fits into the final analysis of the incident (section IV). If a piece of evidence does not appear in section II of the report it cannot be discussed in section III or IV of the report.
Evidence about what medical attention was given within the first 24 hours of the discovery of an incident can also be found within the EIM incident report. The *Incident Description* and *Actions Taken to Protect Health, Safety and Rights* pages of the initial EIM incident report can contain information related to the medical care given at the time of an incident. It is important to note that the CIR may have additional or different information than the EIM incident report. The Administrative Review committee must reconcile these differences to ensure that both the CIR and the final EIM incident report are correct.
Information related to the medical care provided at the time of the incident may be found in multiple sections on the *Actions Taken to Protect Health, Safety and Rights* page of the EIM incident report.
The Administrative Review committee must review the Initial Regional and County Management Reviews in EIM to determine if there are items that need to be addressed related to the medical care an individual received (or did not receive) as documented in the initial incident report.
Corrective Actions for Failures Related to Medical Care

Failures related to medical care must be addressed with corrective action in the Corrective Action Plan Table for item #12. If the initial management review indicates any issues related to medical care, corrective action(s) related to improvement for future incidents must be provided in the Corrective Action Plan Table for item #12.

If the Administrative Review committee determines medical attention is still required for the individual, a plan should be immediately implemented to address the concern(s). For example if someone did not get necessary treatment for their injury, the Administrative Review committee must immediately take action to have the person examined by a physician or other appropriate medical personnel. An additional corrective action(s) for assuring all steps to address medical conditions for future incidents should be provided in the Corrective Action Plan Table for item #12.

Helpful Tips for Assessing Prompt Actions, Adequate Actions and Documentation

What are prompt actions?

In general, actions to protect health, safety and rights are completed immediately upon discovery/recognition of the incident.

The supports and services that are needed should be determined by the individual, guardian and team. Individuals do have the right to refuse supports, but documentation should be present of efforts to encourage acceptance of supports. If the individual is unwilling or unable to advocate on his/her own behalf, then the report should indicate this and show that the actions that are taken in response to the incident are in the best interest of the individual. If needed the Provider, SCO or AE should obtain an outside advocate to help the individual with the decision.

What are adequate actions?

Adequate actions vary depending on the nature of the incident. Common initial section actions
include:
- Medical interventions for injuries or evidence
- Counseling (formal and informal)
- Separation from target
- Protection of property
- Contact with protective service agencies
- Contact with law enforcement if it’s suspected a crime has occurred
- Victim’s assistance
- Alternate housing arrangements

**How to address refusal of supports?**

If the individual is unwilling or unable to indicate a desire for additional supports or alternate housing, there should be evidence in the incident report that the team did not allow the target of the incident to decide this on behalf of the individual. When there is a refusal of supports indicated in the incident report, the Administrative Review committee should determine if the refusal is based on a choice expressed by the individual. If this choice may put the individual at imminent risk of harm, there should be evidence in the report that this was recognized and that additional actions were explored to mitigate the situation.

**What is documentation?**

Documentation means that the information is present within the incident report and not being supplemented by outside sources. The Administrative Review committee needs to determine if all actions taken to protect health and safety were documented in the incident report. If not, as part of the corrective action plan, the committee must ensure that the actions are documented in the final section of the incident report and implement a plan to ensure that future documentation meets quality standards. An incident report needs to be complete enough so that anyone with a reasonable knowledge of the intellectual disability service system is able to read the report and get an accurate account of the situation. In other words, any reviewing entity should be able to read through the incident report and have a clear understanding of the situation.

**If all types of medical attention were not promptly provided, a neglect incident may have to be filed.**
Item #4b

Is follow up medical treatment recommended?

The documentation for this section should indicate whether any form of follow up medical treatment is recommended. This can include follow up with the initial medical care provider and/or other services recommended in treating the injury/illness (i.e. physical therapy, wound care, etc.) If yes, indicate date and time of scheduled follow up appointment(s).

Corrective Actions for Follow Up Medical Treatment

If there are no scheduled follow up appointments and the Administrative Review committee feels there should be, corrective actions must be provided in the Corrective Action Plan Table for item #12 to assure that indicated follow up treatment occurs for future incidents.

If the Administrative Review committee determines that follow up medical treatment is still required for the individual, a plan should be immediately implemented to address the need for treatment. For example, if someone did not get necessary follow up medical treatment for their injury, the Administrative Review committee must immediately take action to have the person examined by a physician or other appropriate medical personnel. An additional corrective
action(s) for assuring all steps to address follow up medical treatment for future incidents should be provided in the Corrective Action Plan Table for item #12.

Upon the completion of the Administrative Review, information related to follow-up appointments must be documented in the EIM incident report on the Additional Information and Optional Categorization or Additional Corrective Actions pages of the EIM incident report.
Did the investigation start in a timely manner?

Certified Investigation Report

V. Administrative Review, Findings, Recommendations, and Implementation

5. Did the investigation start in a timely manner?  Yes  No  NA  (Circle One)

If no, please explain. (AND enter your corrective action plan in implementation section below.)

There are two concrete timeframes to measure the speed of an investigation.

1. The investigation must be assigned to the Certified Investigator within 24 hours after being reported.
2. The investigation must start within 24 hours of the Certified Investigator being assigned.

Timeframes should be viewed only as the outer limits to conducting the investigation. This means that 24 hours is the most time we should take for each of these action steps. Investigations should be done as timely as possible and sooner than the 24 hours whenever possible.

The Administrative Review committee should not only assure the requirement was met but should also examine how the timing of the investigation affected the quality of the investigation. The Administrative Review committee must understand the importance of the rule of speed in investigations. Please see Helpful Tips for assessing the speed of investigations at the end of this section.
Where to Look:

The Administrative Review committee must determine if the CI was assigned the case in a timely manner. Using section 1. Introduction, determine if there were any delays in CI assignment after discovery/recognition.

Compare the date and time that the incident was reported to facility personnel to the date and time the investigator was assigned the case. No more than 24 hours may lapse between the time the incident is reported and the time the investigator is assigned the case. As mentioned earlier, the 24-hour timeframe is the outer limit for this standard and organizations should strive to assign and begin investigations as soon as possible upon discovery/recognition of the incident.

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<th>Certified Investigation Report</th>
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<tr>
<td><strong>I. Introduction</strong></td>
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<tr>
<td>1. Indicate the date and time the incident allegedly occurred, if known.</td>
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<tr>
<td>2. Indicate time the incident was reported to facility personnel.</td>
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<tr>
<td>3. List name(s) of the person(s) reporting the incident.</td>
</tr>
<tr>
<td>4. Indicate date and time the investigator was assigned the case.</td>
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</table>
The Administrative Review committee must also determine if the CI began the investigation in a timely manner. The CI must take their first witness statement within 24 hours of assignment to the case. This is found using sections I. Introduction and II. Investigative Methodology of the CIR. If the date/time the CI was assigned the case is greater than 24 hours from the time of the first witness statement, corrective actions are required to ensure this standard is met for future incidents.
Corrective Actions for Speed of an Investigation

If the assignment of the investigator and/or the first witness statement did not occur within the required 24 hour time periods, corrective action(s) to assure that future investigations begin in the required timeframe must be provide in Corrective Action Plan Table for item #12.

Additionally, if the Administrative Review committee determines that there was a delay of any aspect of the investigation, which may have affected the physical, documentary, testimonial or demonstrative evidence available for the incident, a corrective action(s) to assure that future investigations begin in a more timely manner must be provided in Corrective Action Plan Table for item #12.

It is important to note that the CI may exceed this timeframe in certain circumstances and corrective actions would not be required as part of the Administrative Review. If the time between investigation assignment and the first witness statement exceeds 24 hours and the CI made a notation in the CIR the reason for this delay, corrective actions may not be needed. The reason for the delay must be a circumstance beyond the control of the CI and must be documented in the CIR.
Helpful Tips for Assessing the Speed of Investigations

Quality investigations are judged by their speed. The rules of evidence related to speed exist because of what is considered the “half-life” of evidence. All evidence changes character over time. The form a piece of evidence takes today will evolve and become different tomorrow.

For example, delaying the collection of physical evidence, such as a liquid on the floor, may result in it not only changing “shape,” e.g. someone comes along and starts to clean it up, but ultimately the liquid disappears through evaporation.

Sometimes physical evidence is altered unintentionally due to a person’s actions, often because of prior training that conflict with rules for preserving evidence in an investigation. Cleaning the site prior to the investigator arriving at the scene to identify and collect evidence not only alters, but also possibly destroys potential evidence that may be crucial to the investigation.

Another example pertaining to physical evidence and speed of an investigation is the potential that individuals may deliberately alter or destroy evidence in order to redirect blame or to protect another person(s). When an investigation is delayed, more opportunity arises for this type of behavior to occur.

Witness testimony may also be altered or lost when investigations are delayed. Witness memories change or fade over time. As humans we have the ability to replay memories in our minds. As a result, those memories can inadvertently be altered over time, causing the original observations to be changed. “Rehashing” the incident with others can also inadvertently cause memories to change, as well as intentionally “colluding” with another person to “get the stories straight.” Collusion is the secret agreement between two or more people for a fraudulent, illegal or deceitful purpose.

Some incident investigations identify problems related to clinical or direct support staff failure to communicate and document information such as progress notes, shift logs, behavioral data, etc. The failure of staff or a consultant to perform their jobs correctly directly contributes to (or may actually cause) the incident under investigation to occur. Delays in an investigation give people the opportunity to “cover their tracks” and get the necessary paperwork in place that otherwise would not have been there if the investigation began sooner. Delaying an investigation also provides opportunity for documents to
disappear or be altered.

In an investigation, one cannot predict with certainty that any of the above will occur, yet the consequences are great when delays happen and the opportunity for evidence to be altered or tampered with is presented. Even allowing the question to be raised, that evidence may have been altered or changed because of delays in the investigation, creates greater uncertainty than an investigation initiated and completed within reasonable time frames.

As noted previously, timeframes should be viewed only as the outer limits to conducting the investigation. The Administrative Review committee must not only determine whether the requirement was met but also whether the start of the investigation may have compromised the reliability of the evidence. If evidence was compromised or was at risk for being compromised because of when the investigation was started, the investigation was not started in a timely manner.

For more information about the importance of a timely investigation, please refer to the most current version of the ODP Certified Investigators manual available on www.MyODP.org.
Item #6

Was the family notified of the incident within 24 hours?

Certified Investigation Report

V. Administrative Review, Findings, Recommendations, and Implementation

6. Was the family notified of the incident within 24 hours?  Yes  No  NA  (Circle One)

If no, please explain. (AND enter your corrective action plan in implementation section below if family should have been notified.)

The Administrative Review committee should document whether the family, guardian or other designee was contacted within 24 hours of the discovery/recognition of an incident.

Maslow’s Hierarchy of Needs ranks safety as a base for every person’s ability to reach self-actualization. All of us can agree that safety is important to success and our ability to meet ODP’s mission of supporting people to achieve greater independence, choice and opportunity in their lives. Every element of the Administrative Review Process including making sure family, guardian or other designees were contacted about the incident is critical to assuring the present and future safety of individuals.
Where to Look:

Information related to family notification within the first 24 hours can be found on the *Incident Classification* page of the EIM incident report. If the family etc. was not contacted, the Administrative Review committee must validate that the reason given in the EIM incident report is accurate. Information related to notification preferences may be found in the Individual Support Plan, organization’s emergency contact person information sheet or other relevant documentation.
Corrective Actions for Notification of Family, Guardian or Other Designee

If issues are found related to the notification of family, guardian or other designee, corrective action(s) must be provided in the Corrective Action Plan Table for item #12 to assure that family is notified within 24 hours for future incidents.

If the Administrative Review committee determines that family notification is still required for the individual, a plan should be immediately implemented to address the need for treatment. For example, if the legal guardian was not notified of the incident, the Administrative Review committee must immediately take action notify that individual. An additional corrective action(s) for assuring all steps to address that notification occurs for future incidents should be provided in the Corrective Action Plan Table for item #12.

Corrective Actions are not just for confirmed cases. Corrective Actions are just as important in cases that are not confirmed. Making sure our organizations do each of these elements such as notify family, start a timely investigation, remove a target apply to all incidents, are important regardless of the final determination of the incident.
ODP – Administrative Review Process

Item #6a

When appropriate were notification requirements relating to the Adult Protective Services Act, Older Adult Protective Services Act and Child Protective Services Law met?

Certified Investigation Report

V. Administrative Review, Findings, Recommendations, and Implementation

6a. When appropriate were notification requirements relating to the Adult Protective Services Act, Older Adult Protective Services Act and Child Protective Services Law met?

Yes  No  NA  (Circle One)

If no, please explain. (AND enter your corrective action plan in implementation section below.)

Not only is notification required by law, but collaboration from the beginning of an investigation with other investigators is also important. For example, when victims have experienced trauma, coordinating interviews can lessen the risk of repeat traumatization by having the person recount their story multiple times.
Where to Look:

If a protective service entity was contacted at the time of incident discovery/recognition, evidence of this should be on the Incident Classification page of the initial section of the EIM incident report.

Corrective Actions for Notification of Protective Services

If notification of a protective service entity should have occurred and it did not (or it was not documented), corrective action(s) must be provided in the Corrective Action Plan Table for item #12 to assure that notifications are made for future incidents at time of discovery. If the need for notification of a protective service entity was not known until investigation of the incident began, the Administrative Review committee must determine if notification was done immediately upon discovery of information indicating the need for a protective service notification. If required notification of a protective service entity did not happen by the time the Administrative Review is completed, notification must be done immediately and corrective action(s) must be provided in the Corrective Action Plan Table for item #12 to assure that notifications are made for future incidents.
If there was reason to suspect that a crime had been committed, was law enforcement notified?

Yes  No  NA  (Circle One)

If no, please explain. (AND enter your corrective action plan in implementation section below.)

If there is any reason to suspect that a crime had been committed, law enforcement should be notified by the agency or facility. In addition, individuals have the right to contact law enforcement whenever they desire. This includes the right to have support to contact law enforcement when desired.

*Please see Helpful Tips at the end of this section for more information on assessing prompt actions, adequate actions and documentation.*
Where to Look:

Section II, III and IV of the CIR should have documentation of evidence related to law enforcement that was collected, reviewed and reconciled as part of the investigation process. It is important to note the connection between these sections of the CIR. First the CI must document what and how evidence was collected (section II), then they must describe the relevance of the evidence (section III) and then they must discuss how the evidence fits into the final analysis of the incident (section IV). If a piece of evidence does not appear in section II of the report it cannot be discussed in section III or IV of the report.
Information about if law enforcement was contacted may also be found on the Actions Taken To Protect Health, Safety and Rights page of the EIM incident report. It is important to note that any discrepancies between the information in the EIM incident report and the CIR, must be reconciled as part of the Administrative Review.
The Administrative Review committee must review the Initial Regional and County Management Reviews in EIM to determine if there are items that need to be addressed related to law enforcement contact.
Corrective Actions for Contacting Law Enforcement

Failure to contact law enforcement, as appropriate for the incident, must be addressed with corrective action in the Corrective Action Plan Table for item #12. If the initial management review indicates issues related to law enforcement contact, corrective action(s) related to improvement for future incidents must be provided in the Corrective Action Plan Table for item #12.

Helpful Tips for Assessing Prompt Actions, Adequate Actions and Documentation

*What are prompt actions?*

In general, actions to protect health, safety and rights are completed immediately upon discovery/recognition of the incident.

The supports and services that are needed should be determined by the individual, guardian and team. Individuals do have the right to refuse supports, but documentation should be present of efforts to encourage acceptance of supports. If the individual is unwilling or unable to advocate on his/her own behalf, then the report should indicate this and show that the actions that are taken in response to the incident are in the best interest of the individual. If needed the Provider, SCO or AE should obtain an outside advocate to help the individual with the decision.
What are adequate actions?

Adequate actions vary depending on the nature of the incident. Common initial section actions include:

- Medical interventions for injuries or evidence
- Counseling (formal and informal)
- Separation from target
- Protection of property
- Contact with protective service agencies
- Contact with law enforcement if it’s suspected a crime has occurred
- Victim’s assistance
- Alternate housing arrangements

How to address refusal of supports?

If the individual is unwilling or unable to indicate a desire for additional supports or alternate housing, there should be evidence in the incident report that the team did not allow the target of the incident to decide this on behalf of the individual. When there is a refusal of supports indicated in the incident report, the Administrative Review committee should determine if the refusal is based on a choice expressed by the individual. If this choice may put the individual at imminent risk of harm, there should be evidence in the report that this was recognized and that additional actions were explored to mitigate the situation.

What is documentation?

Documentation means that the information is present within the incident report and not being supplemented by outside sources. The Administrative Review committee needs to determine if all actions taken to protect health and safety were documented in the incident report. If not, as part of the corrective action plan, the committee must ensure that the actions are documented in the final section of the incident report and implement a plan to ensure that future documentation meets quality standards. An incident report needs to be complete enough so that anyone with a reasonable knowledge of the intellectual disability service system is able to read the report and get an accurate account of the situation. In other words, any reviewing entity should be able to read through the incident report and have a clear understanding of the situation.
Did the evidence collected and presented in the report by the investigator support their analysis?

Certified Investigators are asked in Section IV of the CIR to provide an initial analysis of the evidence collected and reconciled in section II and III of the CIR.

The Administrative Review committee must determine that the rules of investigations, objectivity, speed, and thoroughness were followed. A four step process is encouraged for this section: Step 1 – Check Thoroughness of Investigation; Step 2 – Review Investigatory Question for Objectivity; Step 3 – Assure that All Evidence is Summarized; and Step 4 – Verify that the Analysis of Evidence Section is Written Correctly.

If the Administrative Review Committee finds that the evidence collected and presented does not support the Certified Investigator’s analysis, the CIR must be returned to the Certified Investigator for edit. This may require the Certified Investigator to collect more evidence, conduct witness interviews and/or complete a new analysis of the evidence.
Step 1 – Check Thoroughness of Investigation

Of critical importance to this section is the thoroughness of the evidence collection within the investigation. Thoroughness of an investigation relates to the level of detail generated by the investigator throughout the entire process of identifying, collecting, preserving, and analyzing evidence. If the Administrative Review Committee finds that the evidence collected and presented does not support the Certified Investigator’s analysis, the CIR must be returned to the Certified Investigator for further investigation and/or edit. Please see Helpful Tips for assessing the thoroughness of an investigation at the end of this section.

Where to Look:

Section II, III and IV of the CIR should have documentation of evidence related to the incident that was collected, reviewed and reconciled as part of the investigation process. It is important to note the connection between these sections of the CIR. First the CI must document what and how evidence was collected (section II), then they must describe the relevance of the evidence (section III) and then they must discuss how the evidence fits into the final analysis of the incident (section IV). If a piece of evidence does not appear in section II of the report it cannot be discussed in section III or IV of the report.
Step 2 – Review Investigatory Question for Objectivity

The Administrative Review committee needs to examine the investigatory question to ensure that the investigatory rule of *Objectivity* was not compromised. Investigatory questions that are written incorrectly may lead to tunnel vision.

The Administrative Review committee must also determine if the CI maintained objectivity during the course of the investigation and if investigation findings were compromised by the wording of the investigatory question. If yes, the organization must determine if the CIR can be returned to the CI for further investigation or if a new CI needs to be assigned.

The investigatory question should be generic as to the actions being investigated. If possible, it is:

- Anchored to time
- Linked to the alleged victim
- Linked to the general location of the incident

Investigatory questions should NOT include the name of the target(s), the specifics of the allegation, reported motive, or the specifics of place.

**Incorrect question:** Did Chris poke Mary’s arm with a fork at the table in the kitchen because he was frustrated that she would not leave the table on March 1, 2015?

**Correct question:** What happened to Mary at XYZ home on March 1, 2015?

Tunnel vision is a natural human tendency that leads CIs to focus on specific theories and then select and filter evidence only through those preconceived theories. This includes ignoring or suppressing evidence that doesn’t fit with the preconceived ideas. For example in the incorrect question above, the CI may only select and filter evidence on what did or did not occur in the kitchen and ignore or suppress evidence that may indicate that the event happened in a bedroom instead.
Where to Look:

Section III of the CIR should have documentation of the investigatory question.

Certified Investigation Report

III. Evidence Summary

1. List the investigatory question(s) needing to be answered by the investigation (if multiple questions must be answered, list each separately).

For more information about the variety of threats to objectivity during the investigation process, please refer to the most current version of the ODP Certified Investigators manual available on www.MyODP.org.
Step 3 – Assure that All Evidence is Summarized

The Administrative Review committee should find that the Certified Investigator has taken all evidence collected in section II. Investigative Methodology and described/reconciled it in section III. Evidence Summary. If a piece of evidence is listed in section II. Investigative Methodology, the Administrative Review committee should find a corresponding entry in section III. Evidence Summary, that directly links to the relevance of the same piece of evidence. In simple terms, the Certified Investigator needs to explain how the piece of evidence was used in the investigation.

If the Certified Investigator does not discuss, in III. Evidence Summary, each piece of evidence collected in section II. Investigative Methodology, the Administrative Review committee should send the CIR back to the CI for further investigation and/or edit.

For example: If the Certified Investigator lists an Individual Support Plan (ISP) in section II. Investigative Methodology, then in section III. Evidence Summary the CI would explain what information from the ISP was used in the investigation.

A sample format for the note in the Evidence Summary could be:

**John Doe ISP-2/22/18-The ISP indicates the following:**

- John is on a renal diet and needs someone to limit his fluid intake for him and limit his eating of bananas and drinking milk.
- John tends to answer only in Yes or No but is capable of answering in greater detail when encouraged and prompted by staff. He will also speak up if it is very important to him.
- John’s feet need to be checked daily for any injury. Sores must be immediately reported to the Dr. as sores are prone to infection.
- John is supposed to have blood pressure checks daily.

A similar methodology could be used when describing information from witness statements.

**Jane Doe witness statement-8/2/17**

- Blood pressure taken daily at 11am
- Blood pressure cuff purchased and available in the home.
- Jane stated “Not sure if staff was trained on it.”
- Blood pressure taken on left arm. If it didn’t register it was taken on right arm. If it was higher than 100 or under 60 supposed to call the doctor.
The Certified Investigator is not required to document all information from a source evidence but must summarize all relevant evidence.

If the source of evidence did not provide any relevant evidence for the incident being investigated, this should be noted. For example, “ISP was reviewed and did not contain relevant evidence.” Or “Jane Smith interviewed and did not report any knowledge of the incident.”

Where to Look:

Section II and III of the CIR should be compared for evidence reported in Section II Investigative Methodology and evidence summarized in Section III Evidence Summary.
Step 4 – Verify that the Analysis of Evidence Section is Written Correctly

In Section IV of the CIR, Certified Investigator’s Initial Analysis of Evidence, the Administrative Review committee should find the Certified Investigator’s conclusion of the investigation. The conclusion tells the narrative about what the Certified Investigator has determined are possible and likely to have happened. This is NOT the investigation determination. It is meant to be the reconciliation of the evidence collected (or lack of evidence) collected and described in sections II and III of the CIR. The reconciliation allows the Certified Investigator to give a summary based on the evidence about what was discovered during the course of the investigation.

A common technique to complete this section of the CIR is to describe the event(s) in paragraph format and then give a bulleted list of issues discovered during the course of the investigation. It is important to keep in mind that the most detailed section of the CIR is Section III. Evidence Summary. This means that the Certified Investigator has already given very detailed information related to each piece of evidence collected and reconciled. This is so that in Section IV. Certified Investigator’s Initial Analysis of Evidence, a simple concise summary can be provided for the reviewer and can then be transferred into EIM after completion of the Administrative Review.

Please review the Helpful Tip example of a Section IV. following the Where to Look section.

Where to Look:

The Investigator’s initial analysis is in Section IV. of the CIR.

Certified Investigation Report

IV. Certified Investigator’s Initial Analysis of Evidence

For each investigatory question identified in the Evidence Summary above, prepare a narrative analysis of the initial reconciliation of evidence and the reasons for the conclusions being drawn.

Analysis of the evidence and reasons for the conclusions of evidence: presented:
The Certified Investigator is also required to include (with appropriate redactions of prohibited information or edited due to EIM size limitation), the entire section IV in EIM under the Investigation Information page for the incident report.
IV. Certified Investigator’s Initial Analysis of Evidence

For each investigatory question identified in the Evidence Summary above, prepare a narrative analysis of the initial reconciliation of evidence and the reasons for the conclusions being drawn.

Analysis of the evidence and reasons for the conclusions of evidence: presented:

The evidence available related to the death of John Smith supports that the cause of death as outlined on the certificate of death. The certificate indicates that John Smith had an immediate cause of death of myocardial infarction (heart attack). Evidence indicates that John has a long history of heart disease and that he has several support recommendations related to his diagnosis.

Witness statements indicate that more likely than not John Smith died between approximately 5am and 8am on May 19, 2017. Witness statements indicate that there were no concerns with John’s health at 5am when the overnight staff last check him. At approximately 8am staff entered John’s bedroom to administer his medication and found him unresponsive in his bed. After staff attempted to awaken John but was unsuccessful, they called 911 for support and initiated CPR. The police an ambulance arrived shortly after they were called and took over CPR. According to witness statements, the coroner contacted John’s primary care physician and concluded that the cause of death was natural and that he did not need to visit the site of the incident. The police released the scene and allowed the body to be transported to a funeral home.

Evidence related to the services John received in the months prior to his death was reviewed as part of this investigation. While it is not possible to say if these items directly influenced this incident, they are significant enough to discuss as they are related to the care John received prior to his death. The following items are related to this investigation for review:

1. Staff Training: Witness statements and documentation indicated the first time that staff received formal training about John’s heart health care occurred in January 12, 2017. Several staff indicated that they had shadowed people and read information from his ISP in the past but they first learned about proper care related to John’s heart health care in January 12, 2017. According to employment records, all staff interviewed had been employed for at least eleven months prior to John’s death. There was not any evidence prior to January 12, 2017 that staff was trained in the proper protocols related to John’s needs.

2. Medical Care Needs: Blood Pressure: John had an order form his PCP for daily blood pressure checks. There is not any evidence that staff were taking blood pressure daily, had formal training about how to monitor blood pressure or what to do if blood pressure was low/high. Several staff discussed taking John’s blood pressure but were unable to articulate what exactly the readings meant and what actions needed to be taken if certain results occurred. One staff person discussed they needed to call the doctor if blood pressure was higher than 100 or under 60 but that was the only mention of any specifics related to blood pressure.
Notice in the example on the previous page how the Certified Investigator did not give information related to each individual witness statement. If the Certified Investigator has completed a comprehensive Section III. Evidence Summary then extensive detail is not needed in Section IV. Of the CIR. Instead of listing what each individual witness stated, the Certified Investigator was able to summarize what was learned overall by using the term “witness statements”. Using summary phrases to simplify groups of evidence is not possible in all cases, but it can be a helpful tool when attempting to discuss multiple pieces of reconciled evidence that all contain the same information.

The example also demonstrates a method (via a list) for the Certified Investigator to give information to the Administrative Review Team to consider that may or may not be directly related to the investigation. It is important that the Certified Investigator communicate all information discovered during the investigation that may need to be addressed by the organization.

The Administrative Review Committee will need to formally address any information in the CIR that the Certified Investigator brings forth as an area that may need improvement. It is not acceptable for an organization to fail to address issues because they are perceived “outside the scope” of an investigation. Any time an organization is given information that relates to the quality of services, action(s) is required to mitigate the situation.

Helpful Tips for Assessing the Thoroughness of an Investigation

Producing an investigation considered “thorough” can be measured in many different ways. Some examples of how thoroughness is judged in an investigation include:

*Preserving Evidence*

- Was the scene secured after the incident was reported so the investigator had the opportunity to properly identify and collect potentially relevant physical evidence that might be present? If the scene was not secured, why?
- Were photos of injuries (or potential injuries, e.g. bruising that might appear hours later) taken properly, including photos taken over a period of several days showing the condition of the site allegedly injured over time? Or, was there only one photo taken showing only the bicep of someone’s arm with a small bruise on it?
- Were witnesses separated after the incident was reported in order to minimize their ability to talk about the event with one another? Or instead, were staff given a “Witness Statement” form to complete and sat together in the staff lounge completing their reports?

**Collecting Evidence**

- Regardless of whether the scene was secured, did the investigator assess the location where the incident occurred for physical evidence? Were photos taken and diagrams prepared of the environment to create demonstrative evidence?
- Were all witnesses with potentially relevant evidence identified and interviewed?
- Did the investigator personally review documents (such as the individual’s record, personnel file of the alleged target, etc.) for relevant pieces of documentary evidence? Or instead, did the investigator call the Program Manager of the location where the incident occurred and ask them to fax a pre-determined set of documents?

**CIR**

- Was a summary of evidence prepared correlating the evidence available to answer the question(s) of the investigation, or was there simply a line-by-line reiteration of witness testimony used for the summary?
- When providing information regarding the investigation protocols used to identify, collect, and preserve evidence, were statements included referencing issues such as the scene not being secured properly so people reviewing the investigation in the future clearly understand potential problems with evidence?
- Was the analysis developed in a clear, concise, logical manner with appropriate detail?

After reviewing the CIR and the evidence from the incident, the Administrative Review committee also may find that there is evidence that appears conflicting which makes it difficult to weigh for a finding. The Certified Investigator in their final analysis should be
providing the Administrative Review committee guidance on how they have gone about reconciling certain pieces of evidence. But it is also important for the committee to be familiar with the guidelines for reconciling conflicting evidence.

By using these guidelines, many incidents that appear to fall under the Inconclusive category can be determined as Confirmed or Not Confirmed. If there is not sufficient detail from the investigation to assist the committee in applying these guidelines, the Certified Investigator should be asked to continue their investigation to provide the necessary facts.

1. Is the witness' story consistent over time? Generally, a witness whose story is consistent over time will be viewed as more credible than a witness whose story changes. This is not to be confused with a witness who remembers more (details) but focuses on the witness that alters or changes significant facts of his/her story.

2. Independent corroboration of a principal's version of the event to be established enhances that principal's credibility.

3. Is the physical evidence available in the certified investigation consistent or inconsistent with testimony given by the witness? Where physical evidence is consistent with witness testimony, more value or weight is given to that version of the event.

4. Based upon the witness' location with respect to the incident itself (physical proximity and the environment), how will his/her capacity to make observations (see, hear, taste, touch, smell) be affected?

5. What are the witness' capacities to see and hear? Are the impairments to either the sense of seeing or hearing?

6. What was the witness' level of focus and attention during the course of the incident?

7. What is the witness' relationship to other people involved in the incident (issue of witness objectivity, or bias)?

For more information about the rules in which Certified Investigators are to collect and reconcile evidence, please refer to the most current version of the ODP Certified Investigators manual available on www.MyODP.org.
Item #8

Did the evidence support a determination that abuse or neglect occurred?

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8. Did the evidence support a determination that abuse or neglect occurred?

Yes  No  NA  (Circle One)

If yes, explain. (AND enter your corrective action plan in Implementation section below.

There are many times when an incident occurs as the result of abuse or neglect. This may or may not be apparent at the beginning stages of the lifecycle of an incident. As an investigation unfolds, the CI may discover details about an incident that can be attributed to an abusive or neglectful situation. If that occurs, the Administrative Review committee must ensure:

1. The incident is classified or reclassified correctly in EIM (based on the findings from the Administrative Review)
2. Preventative and Additional Corrective Actions are created, implemented and monitored that address the abuse or neglect

Please review the Helpful Tips on classifying and reclassifying categories in EIM and Helpful Tips on recognizing abuse at the end of this section.
Where to Look:

Section II and III of the CIR should be compared for evidence reported in Section II Investigative Methodology and evidence summarized in Section III Evidence Summary.

Incident Classification and Reclassification

Please note if Abuse or Neglect is determined to have occurred per the Administrative Review, the Primary and Secondary incident report categories must be changed to reflect those findings on the Verification of Incident Classification page in EIM.
Corrective Actions for Addressing Abuse and Neglect

If abuse or neglect occurred, Preventative and Additional corrective actions must be created, implemented and monitored that address the abuse or neglect.

Helpful Tips for Classification and Reclassification of an Incident

Is this a report of a *singular* event that can be captured accurately within one incident report?

- **Singular events** are reportable incidents experienced by one person which then results in other actions, which on their own might be reportable incidents, but are all related back to the singular event and would be included in the investigation (if applicable) of the incident.

  - For example: An individual alleges that they were sexually assaulted by a community member. There is then a visit to the ER, treatment of an injury beyond first aid and law enforcement is contacted. In this case, there are four potential primary incident categories. The most appropriate category to report this incident would be Abuse-Sexual. In this situation the point person (and later the Administrative Review committee) must consider how all the potential incident categories are linked when classifying this incident. The ER visit, treatment beyond first aid and the law enforcement activity are considered *actions taken to protect health and safety* rather than primary incident categories in this situation.

- **Multiple reportable events** - separate incidents involving the same person, not linked to each other and would not be adequately addressed or resolved through the same investigation. This circumstance would require multiple reports.
For example: An individual reports the following to their Supports Coordinator during the annual discussion about the *Right to be Free From Abuse* handout:

1. That they do not have access to food in their home whenever they desire;
2. That a staff person locked them in the laundry room and;
3. That a staff person has been buying clothing for her boyfriend using money from the lockbox that the individual uses to keep their money safe.

This example represents three separate events that are alleged to have happened to the individual. They should not be grouped together as they do not represent a *singular* event. The allegations are not directly linked, do not represent elements of the same incident and cannot be resolved with a single investigation.

If the Administrative Review committee finds a situation where multiple incidents appear in one report, it is important to ensure that each incident is entered into EIM and an investigation occurs as appropriate. When in doubt about how to classify or re-classify an incident, reach out to the appropriate Administrative Entity or ODP Regional Office for assistance.

**Signs of Abuse and Neglect**

It may be difficult to determine if Abuse or Neglect is an element of an incident. While there is not a resource that can possibly list all potential signs of Abuse or Neglect, Appendix A of this manual contains information related to indicators of abuse and neglect. The Administrative Review committee should use this document to help begin to assess the evidence and analysis presented in the CIR.

It is important to recognize that often signs of abuse or neglect may be interpreted as behavioral problems and therefore the abuse or neglect goes unnoticed over long periods of time. In order the limit the chances of this occurring, the Administrative Review committee should ensure that the CIR contains evidence related to behaviors, day to day observations of caregivers etc.
When assessing the person's behavior, it is important to take the following steps:

- Examine the history of the behavior
- Obtain a behavioral baseline
- Determine whether there has been a clear behavior change that has taken place during the time frame in question. This may require a review of records that are “outside” the perceived scope of the investigation timeline
- Consider any changes in the intensity and duration of behaviors

A common situation that an Administrative Review committee will encounter is determining if an injury or wound is the result of an accident, self-inflicted or if abuse/neglect played a role in the situation. The analysis presented by the CI in section IV Certified Investigator’s Initial Analysis of Evidence will help guide the Administrative Review committee in their decision if Abuse or Neglect may have occurred. Below are some additional considerations when reviewing an injury.

**Location of the injury or wound:**

- Certain locations on the body are more likely to sustain accidental injury or wounds. These include the knees, elbows, shins, and forehead.
- Protected body parts and soft tissue areas, such as the back, thighs, genital area, buttocks, back of legs, or face, are less likely to accidentally come into contact with objects that could cause injury.

**Number and frequency of injuries or wounds:**

- The greater the number of injuries or wounds, the greater the cause for concern. Unless the person is involved in a serious automobile accident, he/she is not likely to sustain a number of different injuries accidentally.
- Multiple injuries or wounds in different stages of healing are also a strong indicator of chronic abuse.
- Injuries or wounds that are frequently present after spending time with certain people (family, friends, significant other, caregivers, staff, etc.)
Size and shape of the injury or wound:

- A patterned bruise, no matter its size, that is in the shape of an identifiable object such as a belt buckle, shoe, hanger, etc. Accidental marks resulting from bumps and falls usually have no defined shape.
- Bilateral: means bruises on same places on both sides of the body. Bruises would appear on both upper arms, for example, may indicate where the abuser applied pressure while forcefully shaking the person. Bruises on both sides of the body rarely result from accidental causes.
- Spiral fractures, dislocated joints
- Bruising to an area of the body which does not typically or easily bruise (e.g. midline – stomach, breasts, genitals, inner thighs or middle of the back)

Description of how the injury or wound occurred:

- If an injury is accidental, there should be a reasonable explanation of how it happened that is consistent with the appearance of the injury. When the description of how the injury or wound occurred and the appearance of the injury or wound are inconsistent, there is cause for concern. For example, it is not likely that a person's fall from a wheelchair onto a rug would produce bruises all over the body.
- Injuries or wounds that are not consistent with what is reported to have happened, and injuries or wounds explained as caused by self-injury to parts of the body the individual has not previously injured or cannot access

The Administrative Review committee must also closely examine evidence related to the behaviors and actions of caregivers. Caregivers could be unable or unwilling to provide quality support to meet the needs of an individual.

Caregivers who unable to provide quality supports may include people who are not properly trained, physically unable to provide needed care, or suffering from a lack resources to perform their caregiving duties. They may have a developmental disability or mental illness themselves. Caregivers who are unable to provide quality care may be suffering from extreme stress, exhaustion or burn-out. They may also be working under the influence of drugs or alcohol which limits their abilities.
Caregivers who are unwilling to provide quality care are more likely to know what they are doing is wrong yet continue to act in that way. Research shows that these individuals will abuse, neglect, or exploit individuals with developmental disabilities repeatedly as long as they are given the opportunity to do so. Some of these caregivers may not view their victims as actual people (with feelings and emotions). In other cases, caregivers who are unwilling to provide appropriate care see people with developmental disabilities as the perfect victims who may not be able to defend themselves or tell anyone what has happened (http://apd.myflorida.com/zero-tolerance/common-signs/).

Neglect does not require intent. When conducting an Administrative Review, it is not necessary to determine whether the neglectful acts were intentional. Rather the committee must determine whether the actions of a target(s) were due to a failure to obtain or provide necessary services and supports.

For the purposes of the Administrative Review, it does not matter if a caregiver was unintentional, unable or unwilling to provide quality care and supports. Confirming if Abuse or Neglect occurred is not dependent on factors such as the intent, willingness or inability to provide care. However, there is a difference in what corrective actions will be developed and how they will be implemented based on the factors leading to the Abuse or Neglect.

For more information about common signs of abuse by caregivers, please see www.APD.MyFlorida.com/Zero-Tolerance/Common-Signs/
Item #9

Were there violations of agency or facility policy involved in this incident?

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9. Were there violations of agency or facility policy involved in this incident?

Yes   No   NA   (Circle One)

If yes, explain. (AND enter your corrective action plan in implementation section below.)

If there are any violations of agency or facility policy, they should be explained under this item.
Where to Look:

Section II, III and IV of the CIR should have documentation of evidence related to the incident that was collected, reviewed and reconciled as part of the investigation process. It is important to note the connection between these sections of the CIR. First the CI must document what and how evidence was collected (section II), then they must describe the relevance of the evidence (section III) and then they must discuss how the evidence fits into the final analysis of the incident (section IV). If a piece of evidence does not appear in section II of the report it cannot be discussed in section III or IV of the report.
The Administrative Review committee should examine sections II, III and IV of the CIR to determine if ANY agency/facility policies were not followed appropriately. It is important to note that the CI may discover violations of policy that may or may not be directly related to the incident. The Administrative Review committee must ensure that corrective actions are created, implemented and monitored for any issues discovered during the course of the investigation.

The Administrative Review committee should view every investigation as an opportunity to examine the overall quality of the policies and procedures that are related to the incident. Analysis of the need to revise a policy based on investigation findings, should also be considered as part of this activity. Corrective action(s) to prevent future violations of agency of facility policy must be provided in the Corrective Action Plan Table for item #12.

The Administrative Review committee should remember throughout this process that Corrective Actions are not necessarily negative actions. Corrective Actions may require steps that are serious in nature, but they should always be developed for the purpose of producing positive quality improvement that will help support individuals with developmental disabilities to be safe and achieve greater independence, choice and opportunity in their lives.
At this point the Administrative Review committee must decide if the CIR is complete and there is not any additional information needed or unanswered questions related to the incident that would prevent the committee from making an investigation determination.

If the CIR is being sent back to the CI for a revision, the Administrative Review committee is to record a status of “To Be Continued” and give the CI a due date to resubmit the CIR to the committee. The committee should also note the reason(s) the CIR is being sent back to the CI for revision. When the review status is “To Be Continued” the Administrative Review committee must consider if the CI would benefit from additional training, feedback or guidance related to the reason(s) that the status cannot be “Closed” for the investigation.

If the Administrative Review committee decides that the CIR is complete and correct, then the committee is to select a status of “Closed”.

If to be continued, due date:
Administrative Findings

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11. Administrative Findings: Confirmed Not Confirmed Inconclusive (Circle One)

Explain final analysis of evidence supporting Administrative Finding.

The Administrative Review committee makes the investigation determination of Confirmed, Not Confirmed or Inconclusive. The Certified Investigator should not have made a finding in the case (Confirmed, Not Confirmed or Inconclusive) prior to the case reaching the Administrative Review committee. This is the sole responsibility of the Administrative Review committee.

Administrative Review committee must also determine if the CI maintained objectivity during the course of the investigation and if investigation findings were compromised by the inclusion of the investigation determination prior to the Administrative Review.

If the Certified Investigator indicates in section IV (or in sections I-III) that they have made a determination of Confirmed, Not Confirmed or Inconclusive for the investigation, the Administrative Review committee must return the CIR to the CI for edit.
An investigation determination is directly linked to the primary/secondary incident categories in EIM. The Administrative Review committee is charged with reviewing the most current incident classification in EIM and the information in the CIR and making the following three determinations:

1. Determining, if after reviewing the information in the CIR, the incident classification should be Confirmed, Not Confirmed or Inconclusive. In essence, you are “Confirming” that the incident category (i.e. allegation) is more likely than not to have occurred.

2. Determining, if after reviewing the information in the CIR, the category is the most appropriate for the incident.

   - For example: The initial information provided at the time of the incident indicated that an individual had an unexplained injury. Therefore, the EIM classification was related to that information as it was the most accurate at the time of the incident. As the Administrative Review committee reviews the information in the CIR, the evidence indicates that it is more likely that the injury was the result of an abusive act, the Administrative Review committee must ensure that the incident is re-classified appropriately.

   - Conversely, in this example, in order to keep the incident classification related to an unexplained injury, the Administrative Review committee would have had to have seen evidence in the CIR that was unable to explain the injury and point to another incident category.

   - It is important to note that if there is an allegation of abuse, neglect or exploitation and the Administrative Review committee is choosing the determination of Not Confirmed or Inconclusive, the primary and secondary categories need to remain unchanged as much as possible to preserve the initial allegation. Data analysis, risk mitigation activities and systemic improvement efforts are based not only on Confirmed incidents but also on the allegations received. Keeping initial allegation of these types of incidents is important to preserve data integrity.

     - For example: If there is an initial allegation of Abuse related to an injury and through the course of the investigation it is determined that more likely than not the injury was due to an accident (such as a fall), the original classification must stay the same.
3. Determining if Abuse or Neglect are present within the evidence in the CIR. See information in this manual related to item #8 to assist with assessing if Abuse or Neglect are present in the evidence in the CIR. If yes, then the Administrative Review committee must ensure that the primary and secondary categories in EIM match the findings from the investigation. There are situations where the Administrative Review committee may find abuse and neglect in a CIR that are not directly related to the current incident being reviewed. If this occurs, the Administrative Review committee is responsible to ensure that an additional incident(s) is entered and investigated per ODP policy.

*There are numerous Helpful Tips at the end of this section, they include:*

- Helpful Tips for Incident Classification and Reclassification in EIM
- Helpful Tips for Legal Standards of Burden of Proof
- Helpful Tips for Using the Preponderance Standard for a Determination
- Helpful Tips for Maintaining Objectivity
Where to Look:

Section II, III and IV of the CIR should have documentation of evidence related to the incident that was collected, reviewed and reconciled as part of the investigation process. It is important to note the connection between these sections of the CIR. First the CI must document what and how evidence was collected (section II), then they must describe the relevance of the evidence (section III) and then they must discuss how the evidence fits into the final analysis of the incident (section IV). If a piece of evidence does not appear in section II of the report it cannot be discussed in section III or IV of the report.
Corrective Actions for Reporting of Additional Incidents

It should be noted that a Certified Investigator is required to report additional incidents discovered during the course of an investigation. If the Administrative Review committee discovers Abuse or Neglect that the Certified Investigator failed to recognize, corrective action(s) related to this must be present in the Corrective Action Plan Table for item #12.

Helpful Tips for Incident Classification and Reclassification in EIM

Please note if Abuse or Neglect is determined to have occurred per the Administrative Review the Primary and Secondary incident report categories must be changed to reflect those findings on the Verification of Incident Classification page in EIM.
Is this a report of a *singular* event that can be captured accurately within one incident report?

- **Singular events** are reportable incidents experienced by one person which then results in other actions, which on their own might be reportable incidents, but are all related back to the singular event and would be included in the investigation (if applicable) of the incident.

  - For example: An individual alleges that they were sexually assaulted by a community member. There is then a visit to the ER, treatment of an injury beyond first aid and law enforcement is contacted. In this case, there are four potential primary incident categories. The most appropriate category to report this incident would be Abuse-Sexual. In this situation the point person (and later the Administrative Review committee) must consider how all the potential incident categories are linked when classifying this incident. The ER visit, treatment beyond first aid and the law enforcement activity are considered *actions taken to protect health and safety* rather than primary incident categories in this situation.

- **Multiple reportable events** - separate incidents involving the same person, not linked to each other and would not be adequately addressed or resolved through the same investigation. This circumstance would require multiple reports.

  - For example: An individual reports the following to their Supports Coordinator during the annual discussion about the *Right to be Free From Abuse* handout:

    1. That they do not have access to food in their home whenever they desire;
    2. That a staff person locked them in the laundry room and;
    3. That a staff person has been buying clothing for her boyfriend using money from the lockbox that the individual uses to keep their money safe.

This example represents three separate events that are alleged to have happened to the individual. They should not be grouped together as they do not represent a *singular* event. The allegations are not directly linked, do not represent elements of the same incident and cannot be resolved with a single investigation.
Helpful Tips for Legal Standards of Burden of Proof

In order to complete this section, the Administrative Review committee must understand legal standards of burden of proof and how they are used to weigh evidence in order to make a finding.

Legal standards of burden of proof define the level of evidence necessary to prove an assertion, or in the case of a Certified Investigation, an allegation. Certified Investigations utilize the Preponderance of the Evidence standard when conducting investigations. This standard of evidence generally applies to civil or administrative proceedings requiring that conclusions of fact be based on the weight of the evidence. Other definitions characterize the preponderance test as the fact finder being convinced that the conclusion of fact chosen is “more likely than not,” or that 51% or more of the evidence supports one conclusion of fact over another.

A second legal standard of burden of proof to understand is the Beyond a Reasonable Doubt standard. This is the burden of proof needed to be satisfied in criminal proceedings in order to determine a defendant guilty. It is generally defined to mean no “reasonable doubt” can exist in the mind of a reasonable person that the defendant is guilty. Doubt can still exist, but only to the extent that it does not affect a reasonable person’s belief that the defendant is guilty.

The certified investigation process does NOT utilize the use of a Beyond a Reasonable Doubt standard. It is important, though, to understand this standard for cases that involve law enforcement. The Administrative Review committee should be careful about making any determinations based on law enforcement’s findings or determination to investigate. It is critical to remember that the criminal justice system utilizes a beyond a reasonable doubt standard of evidence which is far higher than the preponderance of evidence standard in Certified Investigations. It may occur that law enforcement determines that they have insufficient evidence to pursue a case further or even refuses to investigate a case that could be confirmed to a preponderance of the evidence standard through a Certified Investigation.

Additionally, the determination should not be based on the determination of other investigating agencies such as Older Adult Protective Services; Adult Protective Services;
and Child Protective Services. While it is always in the best interest of all involved to collaborate during an investigation, the Certified Investigation process has a distinct purpose different from other investigating agencies.

Using the Preponderance of Evidence Standard for a Determination

The Preponderance of Evidence standard is utilized in two ways during the Certified Investigation process. First the CI will utilize the Preponderance of the Evidence standard to evaluate which of two seemingly contradictory facts, gathered in the investigation, is most likely to be a reflection of what occurred during the incident. For the Administrative Review committee, they should use the same standard when evaluating the quality of work done by the investigator.

The second way is that the Preponderance of Evidence standard is used by those conducting the Administrative Review to determine the weightiness of the overall evidence in order to make a finding regarding the allegation. The allegation is defined by the primary and secondary categories of the incident. There are four potential outcomes:

1. If there is more evidence than not that the allegation is more like than not to have occurred, the investigation is **Confirmed**.
2. If there is not a majority of evidence (51% or more) supporting the claim occurring as specified by the allegation than the investigation is **Not Confirmed**.
3. If there is exactly equal evidence supporting the allegation as occurring and not occurring, the investigation is **Inconclusive**.

The designation of Inconclusive is a category that should be used less often than the other two categories. It is quite rare in an investigation when you have exactly 50% of evidence supporting one scenario of what happened and 50% of evidence supporting another. An example of an Inconclusive investigation could be where a staff member is alleged by an
individual to have called them a derogatory term. No other witnesses are present to have overheard the incident. The staff member states that they did not use that term and the individual states that they did. In this case where there is only the completely opposite testimonial evidence of two witnesses, an Inconclusive designation may be appropriate.

The determination of Inconclusive should not be used because the Administrative Review committee does not “know” what happened. We never “know” for sure what happened as that is not required with our standard of evidence. In fact, there is no standard of evidence used in a legal framework within the United States that demands that we “know” what occurred. The findings of Confirmed, Not Confirmed and Inconclusive are defined by the weight of the evidence collected and reconciled in the CIR. If there is just the slightest weight of evidence that the allegation is more likely to have occurred than not, then the Administrative Review committee must determine the investigation as Confirmed.

HELPFUL TIPS

Helpful Tips for Maintaining Objectivity

Several pieces of evidence commonly overly influence outcomes of investigations. The Administrative Review committee must maintain objectivity when coming to an outcome of an investigation.

- Lack of law enforcement involvement
  - When law enforcement determines they are not pursuing a case, fail to make an arrest in a case, determine that no crime has been committed, etc., this does not mean that the outcome of the investigation by the Administrative Review committee must be “not-confirmed”. It is important to remember that law enforcement uses different standards for investigations and they DO NOT align with the burden of proof for ODP investigations.

- Protective Services determination
  - It is important to note that protective service entities are not completing
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investigations using the same perspective as ODP. While it is important to consider information gained from protective service entities as part of the evidence related to an incident, this should not be weighed as any more or less important that other evidence in the case.

- Victim recants the allegation/statement
  - It is important to recognize that when a victim recants their allegation/statement that does NOT mean that an investigation determination of “confirmed” is impossible. The Administrative Review committee (via the information provided by the CI) needs to examine the reason(s) why a victim recants the allegation. There are several common scenario’s that relate to the reason(s) why a victim may recant their statement. These reasons all need examined by the CI and the Administrative Review committee as they may directly influence the outcome of the investigation.
    - Did the victim state they did not want anyone to get into trouble? Victims may be concerned that reporting will get someone in trouble or cause stress on others. They may even like and/or have a bond with the target that they want to maintain.
    - Did the victim state that someone told them what to say? Targets or witnesses may plant an alternative version of the story with the victim. They may also coach the victim to add or leave out certain details of the incident.
    - Did the victim state that someone threatened them with some type of physical, psychological, monetary or other form of punishment unless they recanted? Sometimes these threats may be overt statements or implied. For example, a target or witness may say “If Joe gets fired over this, there won’t be enough staff to do some of our activities.” This is an implied threat that may affect the victim’s allegation/statement.
    - Did the victim state that someone offered them a reward for changing their story or not providing information? Threats may be used by targets or other witnesses but rewards may be as well. Rewards don’t have to be large but simply need to hold meaning to the victim. Rewards like a trip to McDonalds, a game of checkers with staff, or agreement to slide on some rules can all represent an incentive to recant an allegation/statement.
  - If the Administrative Review committee based on the investigation conducted by the CI believes that the victim was influenced to recant the allegation/statement, this should be addressed. The Administrative Review committee must determine whether there are corrective actions that can address these influences for future
incidents. Corrective action(s) related to this must be present in the Corrective Action Plan Table for item #12.

- Victim delays reporting the allegation
  - It is important to note that it is completely normal for a victim to delay reporting for days, months and years. This is for a variety of factors but when and whom the victim reports the incident does not decrease the validity of their allegation.

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**IMPORTANT!**

It is important to remember that the incident management process (including the investigation process) is at its core a quality management tool. A finding of confirmed (while often perceived as a negative), is intended to assist organizations to find gaps in services/supports so that all people can be protected from harm. It is also important to note that a finding of Not Confirmed or Inconclusive does not necessarily mean that the incident did not occur as alleged. Such an outcome may mean there was not enough evidence available to meet the preponderance of evidence standard for Confirmed. Organizations should not use an investigation determination of Not Confirmed or Inconclusive as a basis to label an individual as “lying” or “telling untruths”.

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Item #12

Were there any issues or concerns identified in the investigation that would lead to changes in individual(s) care, modifications to the individual support plan, personnel, or other administrative and systematic practices?

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12. Were there any issues or concerns identified in the investigation that would lead to changes in individual(s) care, modifications to the individual support plan, personnel, or other administrative and systematic practices?

If no, explain.

If yes, use the template below to create an action plan. Include information on what activities are to be completed, who is responsible for completing them, a target date for completion, and the date the action is completed (if known at the time of completion of report).

<table>
<thead>
<tr>
<th>Action</th>
<th>Functional Area (e.g. Fiscal, Program Services, Personnel, etc.)</th>
<th>Person(s) and Position(s) Responsible</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
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</table>
At this point in the life cycle of the incident, the Administrative Review committee must begin to develop and document corrective actions. Corrective actions are an essential element of managing risk after an incident. Corrective actions not only help prevent future incidents, they also help people negotiate choice and mitigate risks.

The graphic illustrates the basic cycle of mitigating risk. It is important to understand that while it appears that the steps happen sequentially, the process can be very fluid, sometimes with things happening out of order or at the same time. The Administrative Review committee is charged with developing, documenting, ensuring implementation and monitoring of corrective actions as a result of an incident investigation. This includes ensuring that corrective actions are documented that have been implemented prior to the Administrative Review of the investigation. It is important to recognize some risks represent such a significant danger to health, safety and rights, that organizations cannot wait until the conclusion of an investigation to implement strategies to protect a person from harm. The committee needs to keep in mind that the individual must be involved as much as possible in the development and implementation of corrective actions.

At this point in the life cycle of the incident it is assumed that the risk(s) have been recognized, the Administrative Review committee has begun to assess them and will now develop corrective actions to be implemented and evaluated.

It may be difficult at times to recognize and assess risk. It would be impossible to list every single area of risk that may impact a person. In addition to all the information gathered as part of the investigation, it may be helpful to consult Appendix B of this manual, Common Areas of Risk Questions to Consider, in order to develop corrective action(s) as part of the Administrative Review.
ODP groups Corrective Actions into two categories in EIM; Preventative and Additional. A Preventative Corrective Action is focused on the prevention of future incidents similar in nature. Additional Corrective Actions are focused on the prevention of future incidents AND include actions that are more immediate in nature and may help mitigate the current situation.

Preventative and Additional Corrective Actions are documented on the chart under item #12. Each element in the chart must be completed including:

- **Action** - Describe in detail corrective actions and classify which corrective action is Preventative and which actions are Additional.
- **Functional Area** - Document which category the Action falls under when entering information into EIM.
- **Person(s) and Position(s) Responsible** - Document the person(s) that are most directly involved in the implementation of the Action.
- **Target Date** - List the actual date of completion or a future date (if applicable).
- **Status** - Document the status of the Action at the time of the Administrative Review

**Key elements of a corrective action plan for all incidents:**

- Actions that increase protection to the individual and other individuals from similar incidents in the future;
- Actions that raise the overall quality level of care and services provided by the organization;
- Actions that can improve timely, objective and thorough investigations; and/or
- Actions that assure regulatory requirements are consistently met by the organization.

**Please review the following Helpful Tips below:**

- Helpful Tips for Determining Preventative Corrective Actions
- Helpful Tips for Determining Additional Corrective Actions
- Helpful Tips on the Differences in Corrective Actions Types
- Helpful Tips Example of a Corrective Action Plan
Helpful Tips for Determining Preventative Corrective Actions

A Preventative Corrective Action is focused on the prevention of future incidents similar in nature.

- Must be developed, implemented and evaluated for all continued incidents of abuse, neglect, right violations or misuse of funds.
- Must be person-centered
- Must be related to the underlying cause(s) of the incident
- Usually part of a long-term risk mitigation strategy to decrease the likelihood of a similar incident in the future
- Can be linked to the specific incident or related to an organizational change to prevent similar incidents to all individuals

Within EIM there is a list of pre-determined types of Preventative Corrective Actions.

<table>
<thead>
<tr>
<th>Preventative Corrective Action</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop new policy and/or procedure, train appropriate staff, and evaluate effectiveness</td>
<td>The team discussed with Jane the best way to help her manage her incontinence issues. Jane requested that staff remind her every two hours to visit the bathroom. In addition, Jane requested that during overnight hours staff offer her use of the bathroom every three hours. Staff have been trained on this procedure and began implementation on 2/12/18. Since implementation Jane stated that she has not had any instances of incontinence that have caused her clothing or bedding to be ruined.</td>
</tr>
<tr>
<td>Modify existing policy and/or procedure, train appropriate staff, and evaluate effectiveness</td>
<td>A meals/eating protocol has been revised to include the recommendation about thickening liquids as a result of the swallowing study conducted by the speech pathologist. All staff have been trained on the protocol. Monitoring of staff and adherence to the protocol has been performed by the program supervisor weekly and the program specialist monthly. No concerns noted with the protocol at this time.</td>
</tr>
<tr>
<td>Preventative Corrective Action</td>
<td>Examples</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Retrain appropriate staff on existing policy and/or procedure and evaluate effectiveness</td>
<td>Staff has been retrained on the administration of PRN and over the counter medication. This includes the proper use of medications (how to administer, when to administer, how to document and how to report problems). The program supervisor will continue to monitored weekly. At this time all medications have been given appropriately and no changes to policy are needed at this time.</td>
</tr>
<tr>
<td>Introduced/Added new paid service</td>
<td>As a result of a recent decline in health and the need to utilize a wheelchair when navigating long distance, additional community participation hours have been authorized on the individual’s ISP.</td>
</tr>
<tr>
<td>Introduced/Added new natural support</td>
<td>John will attend Planet Fitness with his friend Sarah a few days a week in an effort to increase the strength of his muscles and increase his endurance.</td>
</tr>
<tr>
<td>Increase Amount, Frequency, or Duration of existing supports and services.</td>
<td>Since the current amount of Companion Service is not adequate given the increased supervision needs of the individual while caretakers are at work, additional units of Companion Service have been authorized on the individual’s ISP.</td>
</tr>
<tr>
<td>Individual/Family education or training</td>
<td>John and his family have been attending financial planning sessions at their local church to help them better manage finances and save money for emergency situations. They have also been able to find local resources for inexpensive/low cost repairs via the same program at their church.</td>
</tr>
<tr>
<td>Changes made to living situation</td>
<td>John met with his team and decided to explore alternative living arrangements. He visited a variety of living arrangements and subsequently chose to move into a group home. John stated that he felt safer living with others and liked the fact that the new home was close to his brothers house.</td>
</tr>
<tr>
<td>Added new or changed adaptive equipment</td>
<td>As a result of this incident and the increased risk related to future pressure sores and skin breakdown, a new wheelchair seat cushion (roho cushion) has been obtained, a new mattress pad (with raised air filled pockets) has been put in place and a protocol related to their use and the prevention of skin breakdown has been implemented.</td>
</tr>
</tbody>
</table>
Helpful Tips for Determining Additional Corrective Actions

**Additional Corrective Actions** are focused on the prevention of future incidents AND include actions that are more immediate in nature and may help mitigate the current situation.

Additional Corrective Actions:
- Must be person centered and must consider the unique strengths and needs of the individual.
- Must reduce the risk, impact, severity and probability of reoccurrence
- Should not focus not only on the current situation but also the future
  - This means the actions should include a mixture of
    - What the individual can do to mitigate the risk?
    - What the support team can do to mitigate the risk?
- Should avoid corrective actions that solely relate back to what the provider, staff etc. are going to do.
  - For example: if the only corrective action created by the Administrative Review committee states that the point person will set a reminder in their calendar so they do not miss finalization deadlines, the committee should review the incident again to ensure they are not missing opportunities for quality improvement.
- Can be linked to the specific incident or related to an organizational change to prevent similar incidents to all individuals

Within EIM there is a predetermined list of choices for **Additional Corrective Actions**.

<table>
<thead>
<tr>
<th>Additional Corrective Action</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy referral</td>
<td>John requested assistance with making decisions related to his living situation and future employment options. His Supports Coordinator assisted him to obtain an advocate from his local ARC.</td>
</tr>
<tr>
<td>Additional Corrective Action</td>
<td>Examples</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Changes made to roommate/bedroom assignment/home, etc.</td>
<td>Jane requested that her bedroom be moved to the rear of the home so that she is not disturbed by the awake overnight staff while they are working.</td>
</tr>
<tr>
<td>Changed service provider</td>
<td>John expressed a desire to change his supports coordination organization. He would prefer to have an organization that has an office closer to his home. The team has met and has begun to explore options in John’s immediate area.</td>
</tr>
<tr>
<td>Diet/food consistency modified</td>
<td>It has been recommended that John restrict his daily fat grams to no more than 75 a day. John has been working with his brother to make shopping lists and menu’s that include items that will help him achieve this goal.</td>
</tr>
<tr>
<td>Enhanced supervision/supports</td>
<td>During recovery from surgery, Jane will receive additional supervision when using the bathroom and performing personal care to ensure proper hygiene and healing of the incision. This supervision includes 1:1 support for bathing, dressing and using the toilet. There are not any other changes to Jane’s support needs for activities of daily living.</td>
</tr>
<tr>
<td>Funds reimbursed/property restored</td>
<td>Jane was reimbursed for the full amount of missing funds discovered during the course of the investigation. A total of $235 was deposited into her account.</td>
</tr>
<tr>
<td>HCQU referral</td>
<td>John will receive a review of his healthcare needs by the local HCQU. All recommendations from the referral will be discussed with the team and implemented as appropriate.</td>
</tr>
<tr>
<td>Individual counseled/trained</td>
<td>John has attended several sessions with a nutritionist and diabetes educator to learn about his new diagnosis of diabetes. He has been educated about the signs and symptoms of low/high blood sugar, what to do in an emergency, how to maintain a healthy blood sugar level, the benefits of exercise and meal planning. John plans on continuing his education with monthly visits to these resources until he feels comfortable managing this diagnosis without that support.</td>
</tr>
<tr>
<td>Additional Corrective Action</td>
<td>Examples</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Individual plan developed/modified (ISP, Behavior Support, Restrictive Procedure, Safety, Prevention - Risk Management)</td>
<td>John’s ISP has been updated to reflect his new diagnosis of diabetes. Information related to dietary, medication and lifestyle choices has been added to the appropriate area’s of his ISP.</td>
</tr>
<tr>
<td>Organization policy, procedure, protocol developed/revised</td>
<td>Based on the circumstances of this incident, the agency has created a new policy that outlines water safety rules. This includes a tool to assess the level of support a person would require when engaging in activities in and around a variety of bodies of water (pools, lakes, oceans etc.).</td>
</tr>
<tr>
<td>Physical or behavioral health intervention</td>
<td>Jane will attend physical therapy three days a week. This is to help ensure that her broken hip heals properly and that her ambulation returns to normal.</td>
</tr>
<tr>
<td>Referred to law enforcement</td>
<td>Law enforcement was contacted due to the nature of this incident. At this time Officer Smith has indicated that there is not enough evidence to pursue criminal charges. If at any time there are additional incidents of this type or if more evidence becomes available, additional actions from law enforcement may occur.</td>
</tr>
<tr>
<td>Safety precautions taken</td>
<td>All individual’s supported have been newly assessed with the “Water Safety” tool that was created as a result of this incident. Supervision and support needs have been updated in all ISP’s as they relate to water safety.</td>
</tr>
<tr>
<td>Staff trained/retrained</td>
<td>All staff have been trained on the new policy related to water safety. This includes individualized training related to the specific needs of the people they directly support.</td>
</tr>
<tr>
<td>Use of assistive technology/adaptive equipment implemented</td>
<td>Grab bars have been installed in Jane’s bathroom. They are present in and around the tub/shower and also beside the toilet. With the addition of the grab bars, Jane is able to independently complete her personal care in the bathroom.</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>All other actions that do not fit into the above categories.</td>
</tr>
</tbody>
</table>
Helpful Tips on the Differences between Corrective Actions Types

When planning corrective actions to mitigate risk, it is important to keep in mind the major differences between the two types. While both help mitigate the risk(s) identified during the lifecycle of the incident, they each have specific characteristics that must be considered when completing the Administrative Review.

<table>
<thead>
<tr>
<th>Preventative Corrective Actions</th>
<th>Additional Corrective Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Must be implemented before incident final section submission</td>
<td>Can have an expected completion date beyond the incident closure date</td>
</tr>
<tr>
<td>Limited to one action</td>
<td>Multiple actions permitted</td>
</tr>
<tr>
<td>Not able to select “other”, user can only use defined list of corrective actions; user has the ability to further explain action via text box</td>
<td>Ability to select “other”, user can document any type of corrective action via text box</td>
</tr>
<tr>
<td>Usually focused on long-term risk mitigation actions</td>
<td>May include both short and long-term risk mitigation actions</td>
</tr>
</tbody>
</table>
## Helpful Tips Corrective Action Plan Table Example

<table>
<thead>
<tr>
<th>Action</th>
<th>Functional Area (e.g. Fiscal, Program Services, Personnel, etc.)</th>
<th>Person(s) and Position(s) Responsible</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preventative</strong></td>
<td>Changes made to living situation</td>
<td>Sally Smith - Residential Supervisor</td>
<td>2/18/18</td>
<td>Complete</td>
</tr>
<tr>
<td>John met with his team and decided to explore alternative living arrangements. He visited a variety of living arrangements and subsequently chose to move into a 6400 licensed home. John stated that he felt safer living with others and liked the fact that the new home was close to his brothers house.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional</strong></td>
<td>Advocacy referral</td>
<td>Mike Smith - Supports Coordinator</td>
<td>2/10/18</td>
<td>Complete</td>
</tr>
<tr>
<td>John requested assistance with making decisions related to his living situation and future employment options. His Supports Coordinator assisted him to obtain an advocate from his local ARC.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Additional</strong></td>
<td>HCQU referral</td>
<td>Mike Smith - Supports Coordinator</td>
<td>3/30/18</td>
<td>Pending</td>
</tr>
<tr>
<td>John will receive a review of his healthcare needs by the local HCQU. All recommendations from the referral will be discussed with the team and implemented as appropriate.</td>
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</tbody>
</table>
It is important to note that once corrective actions are implemented, there is always the chance that there will be a new risk as a consequence of the mitigation of another.

For example, Leona needs to limit her intake of all fluids due to a medical condition that, if left untreated, would make her at high risk for seizures and death. The team meets to come up with a plan of mitigation that involves increased supervision around fluids, training Leona on her medical condition so that she understands what could happen if she drinks too many fluids, and a restrictive procedure that allows the refusal of access to fluids in certain situations. The team begins to implement this plan and has found that despite their diligent supervision, education, and restrictions, Leona has begun to have seizures as a result of her fluid intake.

The team meets again to try and figure out why their mitigation plan for this risk is not working. One of the team members has noticed that Leona has been spending more time in the bathroom lately than she had in the past. Some of the team members assume that Leona is getting access to water via the sink in the bathroom. During this team meeting, Leona states that she has not been drinking water from the sink in the bathroom, because when she turns on the water at the bathroom sink, it is noisy. She reports that staff often hear this noise and come to check what is going on. So instead of getting water from the sink, she has been drinking out of the toilet.

In this example, the team has been proactive by planning ahead for the issues related to the consumption of liquids but now they are faced with the need to create a reactive mitigation plan in response to the new risk that has been identified. This example shows the importance of continuous monitoring of corrective actions to ensure their effectiveness.
After all Corrective Actions have been documented, the Administrative Review committee members need to sign the form.

At this point, the Administrative Review of the investigation is complete. The organization now needs to ensure:

1. All pending Corrective Actions are implemented and monitored (as appropriate). This includes following the proposed timeline(s) presented for completion in the Administrative Review form. Absolute adherence to proposed timelines is not required, however, the individual’s team needs to be aware of any delays in implementation in order to plan accordingly.

2. The CI for the incident is given approval to enter their summary into EIM.

3. The Point Person for the incident needs to be given a copy of the Administrative Review to assist with the completion of the final incident report in EIM. All relevant information from the Administrative Review form needs to be entered into EIM, including, all Preventative and Additional Corrective Actions that are documented on the Administrative Review Form under question #12.
Thank you for your work in assuring the health and safety of all individuals through the Administrative Review process. This is process is a cornerstone of the work we do and a vital part of a complete Investigation. By reading this manual, you now have the knowledge and tools to effectively implement an Administrative Review committee and complete Section V of the CIR. If you need further assistance or have questions about the process, please contact your ODP Regional Office or Temple University Harrisburg Certified Investigator Training Program.
ODP – Administrative Review Process

Appendices

Appendix A – Full List of CIR Items Sections I through V

Appendix B – Indicators of Abuse

Appendix C – Common Areas of Risk Questions to Consider
I. Introduction

1. Indicate the date and time the incident allegedly occurred, if known.

[Type here]

2. Indicate time the incident was reported to facility personnel.

[Type here]

3. List name(s) of the person(s) reporting the incident.

[Type here]

4. Indicate date and time the investigator was assigned the case.

[Type here]

5. State the nature of the allegation (or reason for the investigation), and information provided to the investigator at the time of assignment.

[Type here]

II. Investigative Methodology

A. General Information

1. List the date(s) and time(s) the investigator visited the site of the incident.

[Type here]

2. List the person(s) with whom the CI spoke with at that site to assess initial responses to preserving evidence as well as issues and needs of the investigation.

[Type here]
B. Collecting Physical, Demonstrative, and Digital Evidence

1. Describe how the incident scene was secured (if it wasn’t secured explain why).

[Type here]

2. List each piece of physical evidence identified and logged.

[Type here]

3. List each piece of physical evidence collected.

[Type here]

4. Chronologically list (by date, time, description and name of person taking photo) any photographs or videos taken.

[Type here]

5. List (by date and time) all other diagrams, maps, floor plans, x-rays, etc. available to the investigation.

[Type here]

6. Identify and list (by date and time) all digital evidence available to the investigation.

[Type here]

7. Describe how the physical, demonstrative, and digital evidence was kept after collection in order to maintain the chain of custody.

[Type here]

C. Collecting Testimonial Evidence

1. Briefly describe how potential witnesses were identified.

[Type here]

2. Chronologically list all witnesses interviewed. Include title, date and time of each interview.

[Type here]
3. Name the person(s), if any, as the target(s) of the investigation.

[Type here]

4. If the right to representation exists by law, regulation or labor contract, describe how the alleged target(s) or other witnesses were afforded this right.

[Type here]

D. Collecting Documentary Evidence

1. List written statements taken from individuals interviewed during the investigation. If identical to II.C.2. above, simply reference that here. If not create a chronological list noting name, date, and time statement was prepared for all documents considered “witness statements.”

[Type here]

2. List all other documents collected in the case (business records of the organization, etc.).

[Type here]

3. Describe how business records collected as evidence were secured prior to, and after, collection.

[Type here]

III. Evidence Summary

1. List the investigatory question(s) needing to be answered by the investigation (if multiple questions must be answered, list each one separately).

[Type here]

2. Describe/discuss all relevant evidence (evidence available to answer each investigatory question).

[Type here]
IV. Certified Investigator’s Initial Analysis of Evidence

For each investigatory question identified in the Evidence Summary above, prepare a narrative analysis of the initial reconciliation of evidence and the reasons for the conclusions being drawn.

Analysis of the evidence and reasons for the conclusions of evidence presented:

[Type here]

V. Administrative Review, Findings, Recommendations, and Implementation

1. Was the incident reported in a timely manner? Yes No (Circle One)

   If No, please explain here. (AND enter your corrective action plan in Implementation section below.)

   [Type here]

2. What actions were taken immediately to protect the health and safety of the individual?

   List actions here. If none were taken, please explain here. (AND enter your corrective action plan in implementation section below.)

   [Type here]

2a. Was victim assistance offered when appropriate? Yes No NA (Circle One)

   If yes, what assistance was offered? If no, please explain here. (AND enter your corrective action plan in Implementation section below.)

   [Type here]
3. If the incident involved a target, was the alleged target(s) removed from potential contact with all individuals receiving services until the incident investigation is completed?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>NA</th>
<th>(Circle One)</th>
</tr>
</thead>
</table>

If yes, enter date and time personnel action occurred: [Type here]

If no, explain here. (AND enter your corrective action plan in Implementation section below.)

[Type here]

4. Were there injuries, wounds or illness to the individual that required medical attention?  Yes  No  (Circle One)

Enter date and time injury discovered: [Type here]

4a. If yes, was prompt medical attention provided?  Yes  No  NA  (Circle One)

*If no, a neglect incident may have to be filed and corrective action in response to the delay in treatment needs to be present in the report.

If no, please explain. (And enter your corrective action plan in Implementation section below.)

[Type here]

4b. Is follow up medical treatment recommended?  Yes  No  NA  (Circle One)

If yes, date and time of scheduled follow up appointment(s):

[Type here]

5. Did the investigation start in a timely manner?  Yes  No  (Circle One)

If no, please explain. (AND enter your corrective action plan in Implementation section below.)

[Type here]
6. Was the family notified of the incident within 24 hours?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Circle One)

If no, please explain. (AND enter your corrective action plan in Implementation section below.)

[Type here]

6a. When appropriate were notification requirements relating to the Adult Protective Services Act, Older Adult Protective Services Act and Child Protective Services Law met?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Circle One)

If no, please explain. (AND enter your corrective action plan in Implementation section below.)

[Type here]

6b. If there was reason to suspect that a crime had been committed, was law enforcement notified?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Circle One)

If no, please explain. (AND enter your corrective action plan in implementation section below.)

[Type here]

7. Did the evidence collected and presented in the report by the investigator support their analysis?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

(Circle One)

Please explain why you believe the evidence collected and presented did or did not support the investigator’s analysis.

[Type here]
8. Did the evidence support a determination that abuse or neglect occurred?
   Yes       No       (Circle One)

   If yes, explain. (AND enter your corrective action plan in Implementation section below.)
   [Type here]

9. Were there violations of agency or facility policy involved in this incident?
   Yes       No       (Circle One)

   If yes, explain. (AND enter your corrective action plan in Implementation section below.)
   [Type here]

10. Review Status:       To Be Continued       Closed       (Circle One)

    If to be continued, due date: [Type here]

11. Administrative Findings:       Confirmed       Not confirmed       Inconclusive
    (Circle One)

    Please explain the basis/reasons for your Administrative Finding (confirmed, not confirmed, inconclusive).
    [Type here]
Implementation

12. Were there any issues or concerns identified in the investigation that would lead to changes in individual(s) care, modifications to the individual support plan personnel, or other administrative and systemic practices?

If no, explain.

[Type here]

If yes, use the template below to create an action plan. Include information on what activities are to be completed, who is responsible for completing them, a target date for completion, and the date the action is completed (if known at time of completion of report).

<table>
<thead>
<tr>
<th>Action</th>
<th>Functional Area (e.g. Fiscal, Program Services, Personnel, etc.)</th>
<th>Person(s)and Position(s) Responsible</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
</table>

Reviewer Name and Title

<table>
<thead>
<tr>
<th>Reviewer Name and Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Indicators of Abuse

Abuse can happen anywhere

Abuse can happen wherever someone lives, such as a person’s own home or the home of family or friends. It can also occur in a professional care setting such as a nursing facility, a residential care facility, an assisted living facility, an adult foster home, a retirement home or a room-and-board home.

Financial Abuse

*Indicators that may be warning signs of financial abuse:*

- Power of attorney given, or recent changes in or creation of a will or trust, when the person is incapable of making such decisions
- Unpaid bills, overdue rent, utility shut-off notices
- Excessive spending by a caregiver on himself for new clothing, jewelry, automobiles
- Lack of spending on the care of the person, including personal grooming items
- Substantial increase in account activity, particularly when a joint bank account has recently been established or someone is now assisting the individual with his/her finances
- Person with a disability is accompanied by family, staff or others who appear to coax, or otherwise pressure, the individual into making transactions
- Person accompanying the individual speaks for her/him, and does not allow the individual to speak or make decisions
- Individual expresses concern that he/she does not have enough money for basic needs
- Individual is confused about missing funds in accounts
- Sudden increase in checking overdrafts
- Unusually large cash withdrawals or transfers to other accounts from a joint bank account, without the individual’s knowledge or consent
- Individual cannot obtain checking or savings passbooks from person assisting with finances; passbook/checkbook is frequently missing
- Individual signs blank checks with large amounts filled in by another party
- Someone else signs/forges individual's signature
- Individual complains that furniture, jewelry, credit cards, or other items are missing
- Individual expresses fear that he/she will be evicted from home, or placed in an institution, if money is not given to caregiver
A Guardianship or Conservatorship is obtained for an individual who appears competent, and has recently been handling her/his own finances

Caregiver seeks to cash the individual's disability check or paycheck
Caregiver charging personal expenses to the credit card of an individual
Caregiver spending the individual's money for caregiver's own use
Caregiver coercing an individual to pay for caregiver's expenses
Caregiver coercing an individual to give away property, possessions, assets
Caregiver coercing an individual to sign legally binding papers regarding financial assets
Withholding an individual's funds
Caregiver coercing an individual to name a specific beneficiary on insurance policies
Not allowing an individual to discuss financial or legal matters with others

**Emotional Abuse**

*Indicators that may be warning signs of emotional abuse:*

- Being emotionally upset or agitated
- Being extremely withdrawn and non-communicative or non-responsive
- Unusual behavior in adult usually attributed to dementia, e.g., sucking, biting, rocking
- A report by the person with disabilities of being verbally or emotionally mistreated.
- Child rocks, sucks, bites self
- Inappropriately aggressive
- Destructive to others
- Suffers from sleep, speech disorders
- Restricts play activities or experiences
- Demonstrates compulsions, obsessions, phobias, hysterical outbursts

**Verbal Abuse**

*Indicators that may be warning signs of verbal or emotional abuse:*

- Being emotionally upset or agitated
- Being extremely withdrawn and non-communicative or non-responsive
- Unusual behavior usually attributed to dementia, e.g., sucking, biting, rocking
- Report of being verbally or emotionally mistreated
Sexual Harassment

*Indicators that may be warning signs of sexual harassment:*
- General symptoms of stress

Examples of harassment:
- **Wedgies**—jerking up the waist of someone’s pants or underpants from the rear
- **Leering**—Looking at someone in a way that makes the person uncomfortable, this is different from staring
- **Pressing or rubbing against someone**
- **Snapping a towel at someone or snapping a female’s bra strap**
- **Lip-smacking**—makes noises with the lips when someone walks by
- **Making sexually explicit gestures**—“the finger,” “V” sign with the index and middle fingers and “licking” the space in between
- **Flipping shirts, skirts, or “pantsing”**—pulling down someone’s pants
- **Exposing one’s penis, buttocks, or breasts**

Neglect, including Abandonment and Involuntary Seclusion

*Indicators that may be warning signs of neglect:*
- The person being cared for/supported is not given the opportunity to speak for him/herself without the presence of the caregiver.
- The caregiver has an attitude of indifference or anger toward the person s/he is caring for/supporting.
- The caregiver blames the person being cared for/supported (frequently related to incontinence).
- The caregiver exhibits aggressive behavior, including threats, insults or harassment toward the person being cared for/supported.
- The caregiver has problems with drugs or alcohol.
- The caregiver exhibits inappropriate displays of affection towards the person being cared for.
- The caregiver isolates family members from the person being cared for/supported.
- The caregiver is unwilling to collaborate with other care providers on a care plan for the person being cared for/supported.
- Dirt, fecal/urine smell, or other health and safety hazards in adult’s living environment
- Leaving an adult in an unsafe or isolated place
- Rashes, sores, lice
- Malnourishment or dehydration and/or sudden weight loss.
- Untreated medical condition

**Indicators that may be warning signs of abandonment:**
- Desertion at a shopping center or other public location
- A person's own report of being abandoned

**Indicators that may be warning signs of involuntary seclusion:**
- An adult's report of not being allowed to see or talk with people he/she would usually have reason to see or talk to
- Kept away from where others can go
- Not allowed to use a telephone or cell phone
- Not allowed to receive or send mail or email

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**Physical Abuse**

**Indicators that may be warning signs of physical abuse:**
- Cuts, lacerations, punctures, wounds
- Bruises, welts, discolorations, grip marks
- Any unexplained injury that doesn't fit with the explanation given for the injury
- Any injury incompatible with explanation given by the injured person
- Any injury which has not been properly treated
- Finding injuries that have been hidden on areas of the body normally covered by clothing
- Poor skin condition or poor skin hygiene
- Dehydration and/or malnourishment without illness-related cause
- Unexplainable loss of weight
- Burns, possibly caused by cigarettes, caustics, acids, or friction from ropes or chains
- Soiled clothing or bed linens

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**Sexual Abuse including Physical and Behavioral Indicators**

**Physical indicators:**
- fatigue due to sleep disturbances
- sudden weight change
- self-mutilation, that is, cuts or sores made by the person with disabilities on his/her own body
- recurring physical complaints that are without physiological basis, e.g., abdominal pains, headache, nausea
difficulty in walking or sitting

unusual or excessive itching in the genital or anal area due to infection(s)

· torn, stained or bloody underwear

· sexually transmitted disease(s)

· pregnancy

· injuries such as bruising, swelling, sores, infection to the mouth and/or areas around the genitals and/or anus

**Behavioral indicators in a younger child:**

· sad, cries often, unduly anxious

· short attention span

· inserts objects into the vagina or rectum

· change or loss of appetite

· sleep disturbances, nightmares

· excessively dependent

· fear of home or a specific place

· excessive fear of men or women

· lacks trust in others

· age-inappropriate sexual play with toys, self, others, e.g., replication of explicit sexual acts

· age-inappropriate, sexually explicit drawings and/or descriptions

· bizarre, sophisticated, or unusual sexual knowledge

· reverts to bedwetting/soiling

· dramatic behavioral changes, such as sudden non-participation in activities

· poor peer relationships

· poor self-image

· overall poor self-care

**Behavioral indicators in an older child:**

· sudden lack of interest in friends or activities

· fearful or startled response to touching

· overwhelming interest in sexual activities

· hostility toward authority figures

· fire setting

· need for constant companionship

· regressive communication patterns, e.g., speaking childishly

· academic difficulties or performance in school suddenly deteriorates
- difficulties performing usual work responsibilities
- lack of interest in work and/or routine activities
- truancy and/or running away from home
- wears provocative clothing or wears layers of clothing to hide bruises, e.g., keeps jacket on in class or in warm weather
- recurrent physical complaints that are without physiological basis, e.g., abdominal pains, headache, nausea
- lacks trust in others
- unable to "have fun" with others
- suicide attempts
- drug/alcohol misuse
- poor personal hygiene
- sexual acting out in a variety of ways, including promiscuity

**Sources**

Oregon Department of Human Services

British Columbia Ministry of Children and Family Development
[www.safekidsbc.ca/sexual.htm](http://www.safekidsbc.ca/sexual.htm)

Anti-Violence Project

Commonwealth of Massachusetts
[www.mass.gov/?pageID=dupterminal&L=3&L0=Home&L1=Recognizing+Abuse+%26+Neglect&L2=What+is+Abuse+%26+Neglect%3F&sid=1dpcc&b=terminalcontent&f=recognizing_indicators_financial_abuse&csid=1dpcc](http://www.mass.gov/?pageID=dupterminal&L=3&L0=Home&L1=Recognizing+Abuse+%26+Neglect&L2=What+is+Abuse+%26+Neglect%3F&sid=1dpcc&b=terminalcontent&f=recognizing_indicators_financial_abuse&csid=1dpcc)

Coalition for Children

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Institute on Disabilities
Temple University
College of Education

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Common Areas of Risk Questions to Consider

It would be impossible to list every single area of risk that may exist for the people you support. Therefore, it is sometimes helpful to group risks into broad categories that can be further broken down based on the needs of the person. The categories below are based on a recommendation from the Centers for Medicare and Medicaid Services.

- Mental Health
- Health and Wellness
- Medication
- Nutrition
- Behavior Related
- Personal Safety
- Environment
- Resources

Below are some basic questions to consider regarding each of the common areas of risk as identified above. It is important to note that these questions alone will not directly give you the specific risk or level of risk for the people you support. They serve as a starting point for deeper consideration through specific screening tools and assessments as needed. It is important to understand that all human endeavors represent some level of risk and finding what is considered an acceptable level of risk requires discussion and analysis of a person’s entire life not necessarily just the area of focus.

**Mental Health**

Does the person...
- Have a mental health condition or illness diagnosed by a licensed medical professional?
- Take psychoactive medications prescribed by a licensed medical professional for the purpose of a diagnosed mental health condition or illness?
- Does the person engage in dangerous behaviors related to these conditions?
- Make suicidal threats or attempt suicide?
- Have a diagnosis of Dementia, Alzheimer’s disease, or other mental health condition or illness that could cause their decision making capacity to be compromised?

**Health and Wellness**

Does the person...
- Have a diagnosed seizure disorder? Receive medication(s) for seizure management?
- Have diabetes? Receive medication(s) or prescribed diet for diabetes?
- Refuse food or drinks on a regular basis?
- Eat or drink in a manner that results in coughing and/or choking?
- Have extreme food or drink seeking behaviors that may cause injury to themselves or others?
- Require assistance to eat or drink? Partial, Total?
- Have constipation on a regular basis and/or take medication related to their digestion?
- Have a diagnosed sleep disorder or has trouble sleeping on a regular basis?
- Regularly refuse routine medical appointments and annual screenings such as mammograms or prostate exams?
- Have possible skin integrity issues due to incontinence or extended periods of time in a wheelchair or bed without adequate pressure relief?
Common Areas of Risk – Questions to Consider

Medication
Does the person...
- Require assistance with medication administration?
- Have a diagnosis for all medications given?
- Have medication reviews by a licensed medical professional as recommended?
- Have support in case of adverse or unwanted effects of medications?
- Have access to medications in case of emergency (e.g., Epi-Pen™, over the counter medications)?
- Require assistance to obtain refills of medications?
- Refuse medications on a regular basis?
- Self-medicate?

Nutrition
Does the person...
- Have a diet that requires specific preparation methods such as mashed or pureed foods?
- Have a diet that requires drinks to be thickened?
- Have a diet that requires weight/nutrient regulation supplements such as Ensure® or Boost®?
- Have a diet that requires the purchase of specially-prepared foods for people with specific conditions such as Phenylketonuria (PKU) or Celiac disease?
- Have any diet limitations related to fat, salt, caffeine, sugar, food allergies, or other dietary factors?
- Have a diet that requires the individual or support provider special training or consultation with a nutritionist?
- Require individualized positioning for safe eating and drinking?
- Refuse to participate in dietary recommendations?
- Have diabetes?
- Utilize community resources to obtain food such as food pantries, churches, missions?
- Give away food?
- Have access to all recommended, nationally established food groups and guidelines?
- Have access to foods of their choice within budgetary limits?

Behavior Related
Does the person...
- Have recent changes in behavior?
  - Have these been reviewed/analyzed for causes?
- Engage in aggression towards self, others or animals?
- Engage in fire-starting behaviors or have a fascination with fire?
- Use weapons or objects to injure themselves or others?
- Engage in illegal activities?
- Engage in drug or alcohol use or abuse?
- Search for and eat inedible items (have pica behavior)?
- Attempt to leave supervised settings?
- Engage in unsafe or criminal behaviors?
Common Areas of Risk – Questions to Consider

Personal Safety

Does the person...

- Have mobility issues or is at risk for falls?
- Know how to safely prepare and store food?
- Have access to a telephone?
- Have a history of being abused, neglected or exploited?
- Have a support person who appears to be under stress?
- Have a lifestyle that isolates them from others?
- Have frequent contact with law enforcement?
- Have the level of supervision as outlined in the ISP?
- Have a restrictive procedure or restraint plan?
- Have a support person who avoids responsibilities related to support or service delivery?
  - Frequently cancels monitoring appointments?
  - Refuses a home monitoring visit?
  - Refuses to obtain necessary health related services?
  - Refuses to participate in meetings where their participation is essential?
  - Refuses additional supports or services for the individual?
  - Frequently causes the individual to miss support or services outlined in the ISP?

Environment

Does the person...

- Have access to personal belongings?
- Have privacy?
- Have a method to safely prepare and store food?
- Have the proper support to safely handle poisonous/toxic substances?
- Have a home that safely meets their needs?
  - Ramps for access to home
  - Handrails in the bathroom or other areas of the home as needed
  - Equipment for necessary temperature control or air purification
  - Other equipment to make their environment safe or healthy
- Live in a home that:
  - Is in good repair (i.e. major repairs that could affect health and safety such as major damage to roof, floors, or plumbing)?
  - Has adequate ventilation/air circulation?
  - Has major utilities (running hot and cold water, heat, electricity)?
- Live in sanitary conditions?
- Live in a home that is free from:
  - Strong unpleasant odors?
  - Mold, mildew or other harmful environmental substances?
  - Human waste in areas other than appropriate (i.e. toilets, brief disposal receptacles)?
  - Animal waste in areas other than appropriate (i.e. litter boxes, outdoor trash bins)?
  - Pest infestations (i.e. fleas, cockroaches, rats, mice)?
- Have a third party (i.e. landlord, provider agency) that is responsible for repairs and maintenance?
Common Areas of Risk – Questions to Consider

Resources

Does the person...

- Manage their own finances?
- Have a representative payee that provides evidence of appropriate spending?
- Give away money or possessions on a regular basis?
- Frequently refuse to spend money on items that could be considered essential to their health and safety (i.e. medications, food, and utilities)?
- Have a support person who frequently refuses to spend money on items that could be considered essential to their health and safety (i.e. medications, food, and utilities)?
- Have access to supports and services as outlined in their ISP?
- Rely on others to secure or schedule appropriate supports or services as outlined in their ISP?