

### DEPENDENT ADULT ABUSE CHECKLIST FOR FACILITY, AGENCY OR PROGRAM

#### DATE:

**TO:** Facility, Program or Agency Director, Administrator, or Other Person in Charge

#### ATTENTION:

**FROM:** Department of Human Services

**SUBJECT:** Allegation of Dependent Adult Abuse in Facility, Program or Agency

There has been an allegation of abuse of a dependent adult in this facility, agency or program. It is necessary to arrange for the safety of any alleged victims and others that may be at risk of harm.

#### Plan of action:

- \_\_\_\_ Arrange for safety of alleged victim and others
- \_\_\_\_ Arrange interviews with alleged victims
- \_\_\_\_ Identify a contact person
- \_\_\_\_ Identify others who need to be interviewed
- \_\_\_\_ Other: \_\_\_\_\_

# Please arrange to make the following documents available to the DHS Protective Service Worker:

- \_\_\_\_ Table of organization
- \_\_\_\_ Staffing records for specified dates
- \_\_\_\_ Relevant policy and procedure of facility, program or agency
- \_\_\_\_ Relevant internal logs including medical logs
- \_\_\_\_ Relevant incident reports
- \_\_\_\_ Dependent adult's case record
- \_\_\_\_ Internal review
- \_\_\_\_ Other: \_\_\_\_\_

## Please arrange to make the following information from alleged perpetrator's personnel file available to the DHS protective service worker:

- \_\_\_\_\_ Job description including requirements and responsibilities
- \_\_\_\_ Clarifications, reprimands, and disciplinary actions
- \_\_\_\_ Dependent adult abuse registry check and criminal history check
- \_\_\_\_ Policy and procedure 'check list'
- \_\_\_\_ Relevant training history
- \_\_\_\_ Mandatory reporter training certificate
- \_\_\_\_ Other: \_\_\_\_\_