# Plan of Correction

| **Agency Name** | **Citation Date** |
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|  |  |
| **Submitted by** | **Date of POC Submission** |
|  |  |
| □ **Complaint Citation** □ **Certification Citation**  |

| **Citation: (list WAC)** |
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| What *initial or immediate actions* were taken to address concerns affecting clients? |  **Describe the *initial or immediate actions* taken** to achieve compliance in the area subject to the complaint/certification citation. This should include initial actions taken to ensure the health and safety of the clients who were the subject of the citation.  |
| How will you apply the correction to all clients you support? | **System or Operational Changes:** How will you review/apply needed changes to all clients or households.  |
| Who will be responsible to implement change and monitor the corrections to ensure the problems do not reoccur? | List the name(s) and/or title(s) of the person who will be responsible to implement the change and who will be responsible to ensure ongoing compliance with this change? Where possible, a second person should be responsible for ongoing oversight? |
| Date by which lasting correction will be achieved  | Enter the date when you expect the lasting correction (including system to prevent future problems) to be complete. This must be within 45 days of the citation. Click here to enter a date. |
| Additional Information | Enter any additional information you believe is pertinent such as intent to submit an IDR  |

Submit to RCS within 10 calendar days of receipt, please clearly indicate the name of the person who should receive your document.

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| **Region 1:**rcsregion1email@dshs.wa.gov**Union Gap** 1200 Alder St.Union Gap, WA 98903**Fax:** (509) 454 4160**IDR**LaceyPO Box 45600Olympia, WA 98504-5600RCSIDR@dshs.wa.gov  | **Spokane** 8517 E Trent Ave, Suite 102 Spokane Valley, WA 99212- 2329**Fax:** (509) 921 2426 |  |

Send copy to DDA Resource Manager and Residential Program Specialist for your region.