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| Transforming Lives |  DEVELOPMENTAL DISABILITIES ADMINISTRATION **Corrective Action Plan (5-Day Investigation)** |
| INCIDENT REPORT NUMBER | DATE | ALLEGED VICTIM  |
| OTHER INCIDENT REPORT NUMBER, IF APPLICABLE | DATE | OTHER PERSONS |
| **Corrective Action Plan Completed by RHC Designee** |
| FOLLOW-UP AND ACTION STEPS**[ ]**  N/A | RESPONSIBLE PERSON(S) | TARGETDATE | COMPLETEDDATE | DOCUMENTATIONATTACHED |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
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| 11. |  |  |  |  |  |
| 12. |  |  |  |  |  |
| 13. |  |  |  |  |  |
| 14. |  |  |  |  |  |
| 15. |  |  |  |  |  |
| * Administrative Review – Develop Corrective Action Plan or check N/A box if no Corrective Action Plan is needed.
* RHC Designee is responsible to follow up to ensure any corrective actions are completed by target dates and documentation is included in the incident file.
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| FACILITY INPUT |

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| AREA SUPERVISOR / MANAGER’S SIGNATURE | DATE |
| SUPERINTENDENT OR DESIGNEE SIGNATURE | DATE |
| **30 Day Compliance Review Completed by Investigator** |
|  N/A YES NOAre follow-up action steps completed? [ ]  [ ]  [ ] If no, is the responsible person actively working towards completion by target date(s)? [ ]  [ ]  [ ] If no, is further administrative attention recommended? [ ]  [ ]  [ ]  |
| **Acknowledgement of Receipt by Statewide Investigation Unit** |
| INVESTIGATOR SIGNATURE | DATE |