

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 <input type="checkbox"/> N/A	RESPONSIBLE PERSON(S)	TARGET DATE	COMPLETED DATE	DOCUMENTATION ATTACHED	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
<ul style="list-style-type: none"> 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. 					
FACILITY INPUT					
AREA SUPERVISOR / MANAGER'S SIGNATURE				DATE	
SUPERINTENDENT OR DESIGNEE SIGNATURE				DATE	

30 Day Compliance Review Completed by Investigator			
	N/A	YES	NO
Are follow-up action steps completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, is the responsible person actively working towards completion by target date(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If no, is further administrative attention recommended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acknowledgement of Receipt by Statewide Investigation Unit			
INVESTIGATOR SIGNATURE	DATE		