

DEVELOPMENTAL DISABILITIES ADMINISTRATION
Plan of Correction (5-Day Investigation)

INCIDENT REPORT NUMBER	DATE	ALLEGED VICTIM
OTHER INCIDENT REPORT NUMBER, IF APPLICABLE	DATE	OTHER PERSONS

PLAN OF CORRECTION COMPLETED BY RHC DESIGNEE

FOLLOW-UP & 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.				

- Administrative Review – Develop Plan of Correction or check N/A box if no Plan of Correction 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

<input type="checkbox"/> N/A	Yes	No
Are follow up action steps completed?	<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"/>
If no, is further administrative attention recommended?	<input type="checkbox"/>	<input type="checkbox"/>

INVESTIGATOR SIGNATURE

DATE