

DEVELOPMENTAL DISABILITIES ADMINISTRATION  
**Corrective Action Plan (5-Day Investigation)**

INCIDENT REPORT NUMBER	DATE	ALLEGED VICTIM			
OTHER INCIDENT REPORT NUMBER, IF APPLICABLE	DATE	OTHER PERSONS			
<b>Corrective Action Plan Completed by RHC Designee</b>					
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.					
<ul style="list-style-type: none"> <li>• Administrative Review – Develop Corrective Action Plan or check N/A box if no Corrective Action Plan is needed.</li> <li>• 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.</li> </ul>					
FACILITY INPUT					
AREA SUPERVISOR / MANAGER'S SIGNATURE				DATE	
SUPERINTENDENT OR DESIGNEE SIGNATURE				DATE	
<b>Acknowledgement of Receipt by Statewide Investigation Unit</b>					
INVESTIGATOR SIGNATURE				DATE	