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| Transforming Lives | | DEVELOPMENTAL DISABILITIES ADMINISTRATION  **Corrective Action Plan** | | | | | | |
| INCIDENT REPORT NUMBER | | | DATE | | ALLEGED VICTIM | | | |
| OTHER INCIDENT REPORT NUMBER, IF APPLICABLE | | | DATE | | OTHER PERSONS | | | |
| **Corrective Action Plan Completed by Facility Designee** | | | | | | | | |
| FOLLOW-UP AND ACTION STEPS  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. |  | | |  | |  |  |  |
| * Administrative Review – Develop Corrective Action Plan or check N/A box if no Corrective Action Plan is needed. * Facility 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 | | | | | | | | |

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| AREA SUPERVISOR / MANAGER’S SIGNATURE | DATE |
| APPOINTING AUTHORITY OR DESIGNEE SIGNATURE | DATE |