

DDSN Licensing Standards Plan of Correction

Provider Agency: _____ Name of Location: _____ Address: _____ City/ State/ ZIP: _____ Phone: _____ Contact Name: _____	Review Date(s): _____ Inspection Type: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> General Inspection
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The service provider must submit a Plan of Correction for any deficiencies cited in the Licensing Inspection Report. The Plan of Correction must include:

- 1) *the actions taken to correct each cited deficiency,*
- 2) *the actions taken to prevent similar recurrences,*
- 3) *the person or persons responsible for completing the action, and*
- 4) *the actual or expected completion dates of those actions (must not exceed 60 days).*

Indicator #/Description	Action Steps	Plan to prevent recurrences	Target Date	Responsible Parties
Indicator cited and reason for citation as noted in the Inspection Report.	Incremental steps established by the provider to address the recommendation Individual Remediation	Systems Improvement	Projected date of completion	Provider Staff identified to ensure that necessary actions are completed by target dates.

Date of POC Approval: _____

Approved by: _____