

**Office of Provider Management
Corrective Action Plan**

Corrective Action Plan Form

**Corrective Action Plan
A Plan to Support Foster Families/Caretakers in Caring for Children in Placements**

Agency: _____
Foster Home: _____
Staff Member: _____

The following plan has been established between the agency _____ and the above named foster home or indicated staff member in order to correct and support the prevention of future RBWO Minimum Standards policy/foster care policy violations.

I. Name(s) of child(ren) involved in policy violation(s), (if applicable)

II. Date of corrective action staffing/consultation and names and titles of persons in attendance

Date of staffing/consultation: _____

Names and titles of persons involved in staffing/consultation:

_____/_____
_____/_____
_____/_____

III. Briefly state the nature of the policy violation(s) (i.e., discipline policy violation, lack of supervision, etc).

Indicate whether this is the first or second Corrective Action Plan for this foster home or specified staff member/agency. ____

IV. Approximate date(s) of present violation(s). _____

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Place of occurrence: _____

V. Behavior(s) and/or circumstance(s) resulting in the policy violation (explanation of events).

VI. Specify the agency's plan to eliminate obstacles/issues that factored into the policy violation.

VII. How will the plan be implemented (who does what, when)? Increased monitoring by the agency is required in ensuring the implementation and progress of the Corrective Action Plan.

A. Date Corrective Action Plan will be implemented: _____
Target end date for Corrective Action Plan: _____

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VIII. Foster Parent/Staff Member or agency comments and feedback:

Signatures

Foster Parent/Approved Provider/Caretaker

Date

Foster Parent/Approved Provider/Caretaker

Date

Staff Member

Date

Supervisor

Date

Executive Director or Designee

Date