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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HealthF-00602B (01/2023) | **STATE OF WISCONSIN** |
| **TRAUMA CARE FACILITY****PAPERWORK SUBMISSION FOCUSED VISIT COVER SHEET** |
| **Facility Name** | **Requested Level** | **Date of Submission** | **Date of Original Review** |
|       |  |       |       |
| **Criterion Deficiency with Corrective Action** (with attached documentation)Criteria Deficiency:      Corrective Action:      Documentation attached? [ ]  Yes [ ]  No If yes, please supply the name of the document       |
| **Criterion Deficiency with Corrective Action** (with attached documentation)Criteria Deficiency:      Corrective Action:      Documentation attached? [ ]  Yes [ ]  No If yes, please supply the name of the document       |
| **Criterion Deficiency with Corrective Action** (with attached documentation)Criteria Deficiency:      Corrective Action:      Documentation attached? [ ]  Yes [ ]  No If yes, please supply the name of the document       |
| **Additional Facility Comments** |
|       |
| **Reviewer Comments** *(For DHS use only)*      |
| **Facility Signature** | TPM:      TMD:      Administrator:       |
|  |
| **Site Reviewer Signature** *(For DHS use only)* |       |
|       |