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| **DEPARTMENT OF HEALTH SERVICES**Division of Public HeathF-03103 (11/2022) | **STATE OF WISCONSIN**Page 1 of 3 |
| **CORRECTIVE ACTION PLAN FOR COMMUNICABLE DISEASE HARM REDUCTION SECTION HIV CARE UNIT** |
| **SECTION 1 – INFORMATION AND INSTRUCTIONS** |
| Subrecipient | Date Submitted |
|       |       |
| Date Plan Approved | Contract Number |
|       |       |
| DPH Contract Administrator | Subrecipient Contract Administrator |
|       |       |
| **1. Issue/Finding:** List the finding as included in the Site Visit Report.**2. Remedial Action:** Describe the actions taken, including changes in policy, procedure, or process, to correct the issue.**3. Name and title of person(s) accountable:** Enter the information for the person(s) accountable for implementing the change. State the specific name and title of the person(s) who will be responsible for supervising and implementing change for each corrective/remedial action issue/finding. This person should be separate from the follow-up person described in #6 below.**4. Target implementation date:** Enter a realistic target date for complete implementation of the change.**5. Follow-up process:** Describe how the effect/impact of the change will be tracked following the implementation phase, including the frequency that follow up will occur. Also, clearly state how this follow-up mechanism will be incorporated into your internal Continuous Quality Improvement (CQI) process. If applicable, state the number or percent of client records that will be reviewed per quarter to verify the issue is resolved. **6. Name and title of person(s) accountable for follow-up:** State the specific name and title of the person(s) who will be responsible for supervising follow-up. This person should be different from the implementation person described in #3 above.**7. Data Source for documentation of follow-up:** Name the specific document, form, or data source that your agency will use to record the frequency and results of the follow-up to implemented change as it impacts the original issue/finding. Referenced documents must be submitted with this Corrective Action Plan for review and approval. **8. Data Indicator for Correction:** Enter the data indicator or measure you will use to track progress towards the corrective action. *All Corrective/Remedial Action Plans must be signed off by the Program Director/Supervisor and CEO/Executive Director. If documents are referenced in the Corrective/Remedial Action Plan, please be sure to attach them to the Corrective/Remedial Action Plan* |

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| **SECTION 2 – FINDINGS TABLE** |
| 1. Issue/Finding
 | 1. Remedial Action
 | 1. Name and Title of Person(s) Accountable
 | 1. Target Implementation Date
 | 1. Follow-up Process
 | 1. Name and Title of Person(s) Accountable for Follow-up
 | 1. Data Source for documentation of follow-up
 | 1. Data Indicator for Correction
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| **SECTION 3 – REVIEWED AND APPROVED BY** |
| DHS Representative Name |
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| **SIGNATURE** — DHS Representative | Date Signed |
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| Subrecipient CEO or Executive Director Name |
|       |
| **SIGNATURE** — Subrecipient CEO or Executive Director Name | Date Signed |
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| **SECTION 4 – PROGRESS NOTES AND UPDATES FOR DPH USE** |
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