Request for Action Forms must be submitted to Circuit or CBC management staff or designated liaisons as soon as the concern is noted. Circuit or CBC management staff must respond in writing to the QA team lead or manager no later than 48 hours upon receiving the concern.

Please Check One:

- [ ] Child Safety Concern  
  Response Due: ______________
- [ ] Administrative Concern  
  Response Due: ______________

Quality Assurance Reviewer’s Name: __________________________________________

Review Date: ______________________

Case Name: __________________________________________

Report Number (when applicable): ________________

Program:  
- [ ] Adoption  
- [ ] PS In-Home  
- [ ] PS Out-of-Home  
- [ ] Licensed FC  
- [ ] Independent Living  
- [ ] Child Protective Investigation  
- [ ] Post Placement Supervision

CBC Agency: ________________________________________________________

Circuit: ______

Unit/County: ______________ / ______________

Presenting Concern(s):

Recommended Action(s):

A written response is due by ______________. Please document response on this form and submit to the Quality Assurance Manager identified below.

Submitted by: ______________________
  Quality Assurance Reviewer  Date

Agency: ____________________________

Reviewed by: ______________________
  Quality Assurance Reviewer  Date

Agency: _____ ____________________________
Response to Presenting Concern(s) and Recommended Action(s):

☐ All presenting Issue(s) and recommendation(s) are resolved.

☐ Follow Up Action Required:

☐ Safety Staffing Required.  Date/Time Scheduled: _________ / ____________

☐ Additional Information/Action Needed to Resolve:

Date/Time Submitted: _________ / ____________

Quality Assurance Reviewer: _______________________________