



Request for Action Form

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: _____



Request for Action Form

Response to Presenting Concern(s) and Recommended Action(s):

Prepared by: (Name/Title)

Date

Approved by: (Name/Title)

Date

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: _____