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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-00602C (01/2023) | | | **STATE OF WISCONSIN** | | |
| **TRAUMA CARE FACILITY CLASSIFICATION REVIEW COMMITTEE**  **FOCUSED VISIT ACTION PLAN REPORT** | | | | | |
| **Facility Name** | | **Requested Level** | | **Date of Submission** | **Date of Original Review** |
|  | |  | |  |  |
| **Criterion Deficiency with Corrective Action**  Criteria Deficiency:  Corrective Action: | | | | | |
| **Criterion Deficiency with Corrective Action**  Criteria Deficiency:  Corrective Action: | | | | | |
| **Criterion Deficiency with Corrective Action**  Criteria Deficiency:  Corrective Action: | | | | | |
| **Additional Comments** | | | | | |
|  | | | | | |
| **Trauma Program Manager or Trauma Coordinator Signature** |  | | | | |
| **Trauma Medical Director Signature** |  | | | | |
| **Administrator Signature** |  | | | | |