



Progressive Action Form

Name of Facility/Home: Red Mill Date: 2/16/21

Employee Name: Amanda Houser Position: DSP

Person Filling Out Form: [ ] Department Head/Director [ ] ROD [x] Home Manager [ ] Level 6

Nature of Violation: Based on the seriousness of the offense indicated below, any of the following could result in immediate suspension.

Recipient Rights / Licensing Investigation #

- Violations list including Absenteeism, Tardiness, Insubordination, etc. with checkboxes.

Details of Incident: Briefly describe what happened below.

Date: 2/15/21 Time: 7:00AM Place: Red Mill

People Involved: Amanda Houser

If Medical Error(s): Type: Level: Occurrence: [ ] 1st [ ] 2nd [ ] 3rd

If Absenteeism: Occurrence: [ ] 1st [ ] 2nd [ ] 3rd in the last year

If Tardiness: Occurrence: [ ] 1st [ ] 2nd [ ] 3rd in the last year

Number of Other Progressive Actions in the last year: 0

Discussion Only x Verbal Written Suspension

Please Explain What Occurred:

Amanda was instructed by district director that the home must be kept clean better when she walked in. When home manager and district director came on shift the house wasn't clean and laundry was not completed.

Action Taken by (if applicable):

Signature of Preparer: Kim Howard

Date Given to Manager: 2/18/2021



Progressive Action Form

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**FOR MANAGER USE ONLY:**

Employee Statement:

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Action Taken by Manager:  Verbal  Written  Suspension  Termination

*I understand that this Disciplinary Record is part of my Employee File and may be divulged to the State of Michigan Human Services Licensing Division and/or Office of Recipient Rights at any time relative to their inquiries or investigation. I also have been notified of and supplied with information regarding the Bullard-Plawecki Right to Know Act.*

*Angela House*  
\_\_\_\_\_  
Employee Signature

*2/18/20*  
\_\_\_\_\_  
Date

*Tom Howard*  
\_\_\_\_\_  
Manager Signature

*2-18-2021*  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's initials if employee refused to sign