



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 #

- Checkboxes for various violation types: Absenteeism, Tardiness, Insubordination, etc.

Details of Incident: Briefly describe what happened below.

Date: 2/15/21 Time: 11:30PM Place: Red Mill(Living Room)

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 Verbal Written Suspension

Please Explain What Occurred:

Amanda was caught by a resident sleeping on the couch. The resident alerted home manager when he arrived at the home.

Action Taken by (if applicable):

Signature of Amanda Houser

Preparer's Signature

Date Given to Manager: 2/18/21

Date Given to Manager

Signature of Howard

Date Given to Manager: 2/18/21



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**FOR MANAGER USE ONLY:**

Employee Statement:

I was not sleeping

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.*

Amenda Houser  
Employee Signature

2/18/21  
Date

Kym Howard  
Manager Signature

2/18/21  
Date

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