



Progressive Action Form

Name of Facility/Home: Hartford Date: 4/13/2021

Employee Name: John Burfield Position: DSP

Person Filling Out Form: Department Head/Director ROD 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.

Details of Incident: Briefly describe what happened below.

Date: 4/13/2021 Time: 8:00AM Place: Resident Bedroom

People Involved: John Burfield

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: _____

Discussion Only Verbal Written Suspension

Please Explain What Occurred:

I have recieved many complaints of you sleeping during your scheduled shift. I was informed that you were aleep in a residents bedroom in which 1:1 services were being provided. This is an act that simply can not be displayed in the workplace. You must remain awake at all times during you shift.

Action Taken by (if applicable): _____

Preparer's Signature: Crystal Jamnig

Date Given to Manager: 4/13/2021



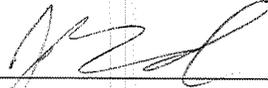
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FOR MANAGER USE ONLY:

Employee Statement:

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.



Employee Signature

4/13/21

Date



Manager Signature

4/13/2021

Date

_____ Employee's initials if employee refused to sign