State of Maryland, Department of Health and Mental Hygiene **Developmental Disabilities Administration** Agency Investigation Report - Addendum Standing Committee Review THIS FORM IS TO BE ATTACHED TO THE AGENCY INVESTIGATION REPORT UPON COMPLETION BY THE STANDING Standing Committee Review: Date Scheduled Date Completed 1) Did the response to and investigation of this incident comply with agency policies and procedures? Yes No If No, Explain: 2) Did the agency's response to this incident comply with Comar Regulations? If No, Explain: 3) Does the incident data rule out the possibility of a pattern of this kind of incident at your agency? 🔲 Yes 🔲 No 4) Are there quality assurance measures already in place to address this kind of incident? Type No 5) After a review of this incident the Standing Committee requests that the following action(s) be taken: **ACTUAL DATE RETURN TO DUE DATE FOR** RESPONSIBLE OF COMPLETION REQUESTED ACTIONS STANDING COMPLETION **PARTY** COMMITTEE Name of Standing Committee Chairperson/Representative: Date(s) of Standing Committee Reviews of requested actions: Date of Final Review by Standing Committee and Signature of Standing Committee Chairperson/Representative: Rev: 3/2009