CORRECTIVE ACTION PLAN

NAME OF PROGRAM			
LOCATION ADDRESS:		Town:	
INSPECTION REPORT DATE:	OEC Representative:	DCEX #:	YCEX #:

Based on the Inspection Report, the operator was cited for failure to meet the Health & Safety Requirements listed below. I hereby declare that the operator has complied in the following manner.

NOTE: A statement simply indicating that corrections are "done" or "will be fixed," is not an acceptable Plan of Correction.

<u>Item # From</u> <u>Inspection Report</u>	Corrective Action Taken (Describe how the violation(s) were corrected)	Date Corrected

Operators are required to meet the requirements at all times.

CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: _____

Signed: ____

(Date)

RETURN TO:

Connecticut Office of Early Childhood 450 Columbus Boulevard Suite 302, Hartford, CT 06103 Camp Fax #: 860-326-0556 Licensing Fax#: 860-326-0552

(Person in Charge)

(Date)