



I. LICENSEE INFORMATION

Licensee	Provider ID	Email Address	Telephone Number
Business Name	Primary Caregiver Name:		Facility Type and Rule applied
Facility Location Address	City	State	Zip Code
Facility Mailing Address	City	State	Zip Code

II. WORKER ASSIGNMENT

Licensing Representative	Email Address	Telephone Number	
Purpose of Visit	Other	Visit Date	Visit Time Start: End:

Discussion

Caregiver Comments

Licensee Name	Provider ID	Facility Type	Purpose of Visit	Visit Date	Visit Time
---------------	-------------	---------------	------------------	------------	------------

PLAN OF CORRECTION				
Requirement and Description	Noncompliance (NC) Observed	Plan To Correct	Date to Correct	NRS

The Corrective Plan is effective immediately. You are expected to correct, and maintain as corrected, each violation listed above. Unannounced monitoring visits will occur until each violation is corrected.

Failure to correct, and maintain as corrected, each violation by the expected completion date may result in amendment of the facility license to reduce the hours of operation, change terms and conditions of operation, reduce the capacity of the facility and/or change the age range of children served by the facility, OR a recommendation to begin enforcement action against the license.

You may **request a Supervisory Review** with the licensing supervisor if (a) you believe that any of the above-cited violations should not have been substantiated, (b) you believe that the licensing representative incorrectly applied the cited section of the Licensing Standards or the Child Care Act, or (c) you want to request that changes be made in the Corrective Plan.

Your request for a Supervisory Review must be **in writing**, and must be mailed or faxed **within 10 days** from the postmark on this notice to:

Signature – Licensee / Person in Charge

Signature – Licensing Representative