LICENSING CORRECTIVE ACTION PLAN

NAME OF CAMP/PROGRAM: _____ LICENSE #: _____

LOCATION ADDRESS: (FACILITY) _____ (STREET)_____

TOWN: _____ INSPECTION REPORT DATE: _____ INSPECTOR: _____

Based on the Inspection Report, the licensee was cited for failure to comply with the regulations listed below. I hereby declare that the licensee has complied with the regulation(s) in the following manner and implemented systematic changes that will ensure that the violation(s) will not recur.

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

Item # / Violation # From Inspection Report	**Corrective Action Taken (Describe How the violation(s) were corrected)**	**Date Corrected**

I understand the Department reserves the right to re-inspect the above program to verify compliance with the regulations and to request a meeting with the licensee when necessary to review patterns of non-compliance. Understanding the penalties for false statements, I attest that the information I submit on this form is true.

Operators (Owners) are required by regulations and statutes to be in compliance at all times. When an immediate plan of correction is required, return completed and signed form via fax to (860) 509-8212 or call (860) 509-8045 for Youth Camp Licensing Email address.

CORRECTIVE ACTION PLAN SHALL BE RETURNED TO DPH BY: _____
(Date)

Signed: _____ _____ (_____)_____
(Owner/Director) *(Date)* *(Owner/Director Phone)*

RETURN TO: Department of Public Health, YC Licensing
410 Capitol Avenue - MS#12 CBR
P.O. Box 340308, Hartford, CT 06134-030

Please see the reverse side for the Core Elements of a Corrective Action Plan & Disputing Violations

***OFFICE USE ONLY**: Date Plan Completed _____/_____/_____ Reviewed and Approved by _____ Filing Town _____*