Type of Inspection: ☐ Initial ☐ Unannounced Full/ Partial ☐ Follow Up ☐ Location Change ☐ Other Filing Town_____

# LICENSING CORRECTIVE ACTION PLAN

NAME OF CAMP: _____ LICENSE #: _____

LOCATION ADDRESS: _____ TOWN OF OPERATION: _____

INSPECTION REPORT DATE: _____/_____/_____ OEC Representative: _____

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 # From Inspection Report** | **Corrective Action Taken** (Describe How the violation(s) were corrected) | **Date Corrected** |
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I understand the Agency 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.**

CORRECTIVE ACTION PLAN SHALL BE RETURNED TO OEC BY: _____/_____/_____
*(Date)*

_____ _____
*(Print First and Last Name)* *(Position/Title)*

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

Owner/Director's Cell Phone # (_____) _____

RETURN TO: Office of Early Childhood – Youth Camp
450 Columbus Boulevard, Suite 302
Hartford, CT 06103

Fax: 860-326-0556

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

***OEC OFFICE USE ONLY**: Date Plan Completed _____/_____/_____ Reviewed, Approved and Data Entered by _____*