NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CORRECTIVE ACTION PLAN FOR LEGALLY EXEMPT INFORMAL CHILD CARE PROVIDERS

DATE: / /	PROVIDER'S NAME:	ENROLLMENT ID (CCFS NO.):

This form is an attachment to the **OCFS-LDSS-7028***, Legally Exempt Informal Child Care Program Inspection Report.* Complete this plan if any regulatory violations are found. Attach additional copies of this page, as needed. Complete the plan with the program and leave a copy on-site with the provider.

REGULATION	**VIOLATION** (BRIEFLY DESCRIBE.)	**CORRECTIVE ACTION**	**CORRECTED ON-SITE (✓)**
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☐ A follow-up visit is scheduled for: _____.

COMPLETED BY INSPECTOR:	INSPECTOR'S PRINTED NAME:	DATE: / /
READ BY CHILD CARE PROVIDER:	PROVIDER'S PRINTED NAME:	DATE: / /

REVIEWED BY ENROLLMENT AGENCY SUPERVISOR:	ENROLLMENT AGENCY SUPERVISOR'S PRINTED NAME:	DATE: / /

Inspector: Retain one copy for file. You MUST leave a copy on-site for the provider at the time of inspection.