

Monitoring Appendix J

Sample Plan of Correction

Name of Facility

This facility has been found in violation of _____ (name of tribe) Child Care Health and Safety Standards. _____ (name of tribe) Tribal Child Care policy requires that you complete a plan of correction. This form must be submitted to the Tribal CCDF office by (date filled in by Tribal CCDF office).

The non-compliance(s) are documented on the monitoring form dated _____.

Monitoring Licensing Staff **Date**

Plan of Correction	Date

Attach additional pages if necessary.

Sample Plan of Correction

These and /or future violation of standards may result in the closure of your facility and/or cancellation of your contract/agreement to provide care for _____ (name of tribe).

Director or Primary Caregiver

Date

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