

CORRECTIVE ACTION PLAN

Facility Name (exactly as it appears on license):		1
License #:	2	Notice of Survey Findings Date:
		3
Regulation #:	Plan of Correction (including expected completion date):	
4	5	

September 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6

Today: 9/27/2018

Provider Signature: 6 Date: 7

September 2018

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
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23	24	25	26	27	28	29
30	1	2	3	4	5	6

Today: 9/27/2018

1. Enter the facility name as it appears on the license.
2. Enter the license number.
3. Click in the blue box and a drop-down arrow will become viewable to the right. Click the arrow to view the calendar. Enter the date at the bottom of the notice of survey finding by clicking the drop-down calendar.
4. Enter the regulation number identified on the left side of the Notice of Survey Findings.

Law/Regulation # Required	Non-Compliance Description
K.A.R. 28-4-117(a)(1) Health care requirements for children under 16 years of age. A completed medical record on the form supplied by the department shall be on file for each child under 11 years of age enrolled for care and for each child under 16 living in the child care facility.	2 out of 17 files reviewed need medical record completely filled out

5. How will noncompliance be corrected and when will correction be completed.
6. Add a digital signature or type your name. **Please NOTE:** the submission of this form does not imply corrections have been verified.
7. Click in the blue box and a drop-down arrow will become viewable to the right. Click the arrow to view the calendar and to select the date the corrective action plan is being submitted to KDHE.
8. Email to kdhe.cclcap@ks.gov or
9. Mail to KDHE, CSOB, Child Care Licensing, 1000 SW Jackson, Suite 200, Topeka, KS 66612