

Facility Name:		Facility ID:		Phone Number:		The Plan of Correction is a tool used by the Office of Licensing to help facilities with non compliance issues to possibly delay or prevent the issuance of a Conditional License. (Revised 01/2025)
Address:				Email Address:		
Director/Provider:		Approved Capacity:		Initial Date of Plan:		

Plan of Correction Information:

OL Statement of non compliant issues to be addressed:	
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Plan of Correction Information:	
Provider's Proposed Plan (Must include what will be done for compliance and maintenance, who will be responsible, and by when the provider will be in compliance)	
OL required adjustments to the proposed plan:	
Signature Information	
Provider signature of agreement:	
Manager signature of agreement:	

Inspections for Plan of Correction					
Date of Inspection	Notes	Plan is being followed	Plan not being followed	Provider Signature	Date
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		☐	☐		
		☐	☐		
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