

IDHS Child Care Assistance Program
Summary Report / Corrective Action Plan:
License Exempt Child Care Center

Child Care Program Information

Center Name _____

Center Address _____

Center phone # _____ CCMS # _____

Center Contact _____

Ages Served: _____ Center Capacity: _____ # of Staff: _____ # of classrooms _____

Monitor's Name _____

Date of Visit _____

The standards noted on the following page were indicated as "not met" during the monitoring visit. These standards must be corrected in the time frame and as instructed. A follow up visit will be scheduled based on the completion date to ensure that the health and safety standard has been corrected.

Timeframe: Immediate = on-site while monitor is present; Short = up to 15 days; Long up to 60 days

Check all that apply:

- The LE Monitor reviewed the report with the provider. At this time the program is meeting the IDHS CCAP Health & Safety Standards. No corrective action plan is needed.
- This report has been discussed with the provider. The provider understands and agrees to correct the not met the IDHS CCAP Health & Safety Standards and in the timeframe noted.
- A follow up visit is scheduled for: _____.
- If applicable, the following referrals will be made: _____.
- This report has been discussed with the provider. The provider disagrees with the findings as listed below:

Director's Signature / Date

LE Monitor's Signature / Date

IDHS CCAP Health & Safety Summary Report / Corrective Action Plan: **LE Child Care Center**

Program's Name: _____ CCMS # _____

Standard	Not Met Issue	Provider's Corrective Action Plan	Corrective Timeframe
			<input type="checkbox"/> Immediate <input type="checkbox"/> Short <input type="checkbox"/> Long
<i>Follow up visit: Was the above standard corrected within the designated timeframe? If no, indicate why and if the timeframe was extended.</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
Standard	Not Met Issue	Provider's Corrective Action Plan	Corrective Timeframe
			<input type="checkbox"/> Immediate <input type="checkbox"/> Short <input type="checkbox"/> Long
<i>Follow up visit: Was the above standard corrected within the designated timeframe? If no, indicate why and if the timeframe was extended.</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
Standard	Not Met Issue	Provider's Corrective Action Plan	Corrective Timeframe
			<input type="checkbox"/> Immediate <input type="checkbox"/> Short <input type="checkbox"/> Long
<i>Follow up visit: Was the above standard corrected within the designated timeframe? If no, indicate why and if the timeframe was extended.</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
Standard	Not Met Issue	Provider's Corrective Action Plan	Corrective Timeframe
			<input type="checkbox"/> Immediate <input type="checkbox"/> Short <input type="checkbox"/> Long
<i>Follow up visit: Was the above standard corrected within the designated timeframe? If no, indicate why and if the timeframe was extended.</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO
Standard	Not Met Issue	Provider's Corrective Action Plan	Corrective Timeframe
			<input type="checkbox"/> Immediate <input type="checkbox"/> Short <input type="checkbox"/> Long
<i>Follow up visit: Was the above standard corrected within the designated timeframe? If no, indicate why and if the timeframe was extended.</i>			<input type="checkbox"/> YES <input type="checkbox"/> NO