

FCL 001
09/25

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing
500 SW Van Buren Street 2nd Floor Topeka, Kansas 66603
Website: <http://www.dcf.ks.gov>



Compliance Action Plan

Licensed Child Care Facility

Child Care Facility:

The minimum standards requirement establishes a baseline for the safety and protection of children in your care. Failure to comply may affect the health or safety of those children.

The tool below is designed to assist in bringing your operation into compliance with minimum standards required by law and implementing regulations. Licensing staff will communicate with you or your sponsoring child placing agency to review and discuss your plan of action.

Failure to comply may result in progressive licensing enforcement action against your operation, up to and including fines, license denial or revocation.

Section 1. Child Care Facility Information:

Facility Name	Facility License Number
Facility Address: Street, City, State	Facility Email

Section 2. Plan Details:

Why is plan required:	Initial Survey	Annual Survey	Complaint Survey
Survey Number:			
Complaint Number:			
Date for Completion of the Plan:			
What is the anticipated outcome if the Compliance Action Plan is not fully completed by the targeted completion date of the plan:			

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Violation(s) cited on Notice of Survey Finding:

Name(s) of the individual(s) responsible for the correction of the violation:

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Describe the actions to be taken that will bring the licensee back into compliance and identify how compliance will be monitored and evaluated. (*who, what, when, where, how*) (apply critical thinking to determine what actions are required to obtain and maintain compliance):

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Identify how compliance will be maintained:

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Date for completion of compliance action(s) listed above:

Violation cited on Notice of Survey Finding:

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Describe the actions to be taken that will bring the licensee back into compliance and identify how compliance will be monitored and evaluated. <i>(who, what, when, where, how) (apply critical thinking to determine what actions are required to obtain and maintain compliance):</i>

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Target Date for completion of compliance action(s) listed above:

Section 3. Signatures

I certify that the above plan of action is accurate, true and complete. I understand that I may be required to provide additional information or modify the plan upon review by Licensing. I also understand that Licensing will provide a copy of the plan of action to the licensee and/or Sponsoring Child Placing Agency.

Licensee Signature Above

Licensee Signature Above

Sponsoring CPA or Authorized Agency Representative Signature Above

Section 4. Department Response:

Foster Care Licensing Staff use only:	
Date Plan Reviewed:	
Compliance Plan Accepted:	Yes No-Returned for Corrections Corrections Accepted
Date Plan Accepted:	
Date Accepted Plan Returned:	

DCF Foster Care Licensing Staff Signature Above