FCL 001
09/26

KANSAS DEPARTMENT FOR CHILDREN AND FAMILIES
Foster Care Licensing
500 SW Van Buren Street 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
Email:	
Facility Address:	

Section 2. Survey Detail:

Why is plan required:	☐ Initial Survey	☐ Annual Survey	☐ Complaint Survey
Survey Number:			
Complaint Number:			

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Section 3. Plan Detail:

Plan to obtain and maintain compliance for all regulations found to be non-compliant. Enter the Corrections and Monitoring for each violation.
A. Violation(s): include all regulations and the narrative documenting the non-compliance.

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B. <u>Corrections to address violations:</u>

1. Who will complete the action(s):

2. What action(s) will be completed:

3. When will the action(s) be completed:

C. **Monitoring of the plan to ensure completion and ongoing adherenence for regulatory compliance**:

1. Who will monitor the plan:

2. What action(s) will be taken to monitor the plan for regulatory compliance and support ongoing efforts:

3. When will the actions be monitored:

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Section 4. Signatures

I certify that the above plan of action(s) 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. I agree the plan will bring my facility into and maintain compliance with regulations.

The plan will be completed by:

Licensee Signature: **Date:**

Licensee Signature: **Date:**

Sponsoring CPA/Authorized Agency Representative Signature: **Date**

Section 5. Agency Response

Compliance Action Plan Accepted Date:

DCF Foster Care Licensing Staff Signature: