

Comments on condition

Facility: Immigration Certificate; Child Care/Day DATE: 5/2/2015
 Comments: immigration card is signed.

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must pay the cost of correction and attach receipt in Column 3. This form must be returned to the Department of Human Resources on or before _____ as verification that deficiencies have been corrected.

NOTICE: Any misleading or very false statements or reports made to the Department under failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Facility Representative
[Signature]
 Signature of Facility Representative

5-2-2015
 Date

Date Recd

 Signature of DHS Licensing Representative

5/2/15
 Date

CORRECT TO: _____