

MODEL PLAN OF CORRECTION FOR LEAD HAZARDS IN CHILD DAY CARE FACILITIES

The objective of this form is to assist you in developing a plan of correction that meets the criteria of the Local Health Department. Overall, this plan of correction must outline how the project(s) will be conducted in a lead-safe manner. The entire form (each section) must be completed. Please check off each section in the boxes provided as you complete the plan. Additionally, **PRIOR TO WORK BEING STARTED** this plan must be reviewed and approved by your Local Health Department.

This form is applicable to:

- ◆ Child Day Care Centers,
- ◆ Group Day Care Homes, and
- ◆ Family Day Care Homes that do not have children under the age of six living in residence and are located in a residence with three or more units

Note: Continue to use the "Model Lead Abatement Plan" for Family Day Care Homes where children under the age of six years reside.

A. Background Information

Date Plan Submitted: _____ to the Local Health Department.

Name of Day Care Facility: _____

Address of Property: _____ Apartment #: _____

City: _____ State: CT Zip: _____

Signature: _____

Plan Prepared by: Property Owner Day Care Operator
CT Certified Lead Planner Project Designer

If CT Certified Lead Planner Project Designer:

Name: _____ CT Certificate Number: _____

Name of Consultant Contractor the Planner Project Designer is employed by: _____

Contractor's CT License Number: _____

Telephone: () _____ Address: _____

City: _____ State: _____ Zip Code: _____

Identify Who Conducted the Inspection or Testing Used to Develop Plan of Correction (Attach copy of inspection report) **Copy Attached**

Date(s) of Inspection/Testing: _____

Child Day Care Licensing Unit of the Department of Public Health

Name of Licensing Specialist:

Telephone Number: () _____

Local Health Department

Name of Health Department: _____

Name of Inspector: _____ Telephone Number: () _____

Consultant Contractor (paid licensed lead inspector)

Name of Consultant Contractor: _____

License Number: _____ Telephone Number: () _____

Name of Inspector: _____ Certificate Number: _____

B. Property Owner and Owner's Agent Information

Name of Property Owner(s):

Address:

City: _____ State: _____ Zip Code: _____

Home Telephone: () _____ Work Telephone: () _____

Owner's Designated Agent (if applicable):

Name: _____ Title: _____

Address:

City: _____ State: _____ Zip Code: _____

Telephone Number: () _____

C. Occupant Information - For Child Day Care Centers, Group Day Care Homes, and Family Day Care Homes (with no children under the age of six in residence and located in a residence with three or more units)

Note: The work may not be performed at the Child Day Care Facility while the day care is in operation (i.e., with children present) unless the children are restricted from the work area by suitable physical barriers (i.e., locked door not tape or rope) and clean up is conducted at the end of each workday. It is recommended that work be performed on the weekends while the facility is not in operation. (Check the box to ensure that this section has been read.)

Name(s): _____

Telephone Number: () _____

If a family day care will occupants be relocated? YES NO

Provide a justification if occupants will not be relocated (use additional sheets if necessary)

If occupants will be relocated, provide the following

Telephone number where occupants can be reached if relocated: () _____

Address of relocation: _____

City: _____ State _____ Zip Code _____

D. Contractor Information

Who will conduct the work? Property Owner Day Care Operator Contractor

It is recommended that personnel working on this project be trained in lead-safe work practices through training such as the HUD approved "Lead-Safe Painting, Remodeling, and Maintenance" training course (<http://www.dph.state.ct.us/BRS/Lead/Lead-Safe/members.htm>) or review the "Lead Paint Safety Guide" (English version - <http://www.dph.state.ct.us/BRS/Lead/pktmp000.pdf>, Spanish version - <http://www.dph.state.ct.us/BRS/Lead/R&R/fieldguidespanish.pdf>).

If A Contractor Will Conduct The Work

Contractor Name: _____

CT Home Improvement Contractor Registration Number: _____

Contact Person: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Telephone Number: () _____

NOTE: If a contractor is used to perform the work, it is required that the contractor be a CT Department of Consumer Protection registered Home Improvement Contractor. It is recommended that the contractor use workers who are trained in lead-safe work practices through training such as the HUD approved "Lead-Safe Painting, Remodeling, and Maintenance" training course. Many such contractors are listed on the DPH web site: <http://www.dph.state.ct.us/BRS/Lead/Lead-Safe/members.htm>

E. Repairs Prior To Work

PLEASE NOTE: Items that will affect the success of the correction must be repaired. A partial list of examples is below.

- **Water Leaks (roofs, plumbing, gutters):** Water leaks can cause the underlying lead painted surface to deteriorate quickly, thus the correction method will fail. Moisture can also expose lead residue that may remain on or imbedded in the substrate after stripping by heat, caustic chemicals, solvents or scraping. Water leaks must be repaired prior to correction.

- **Improperly Hung Doors and Windows:** An improperly hung door or window will cause paint (lead or not) to deteriorate. Once the deteriorated paint is corrected the door or window must be hung properly or the paint will begin to deteriorate quickly and reintroduce the lead hazard.

- **Deteriorated Substrate:** Substrate is defined as the underlying material (i.e., sheetrock, wood, etc.) of a building component (i.e., window, door, wall, etc.). If the substrate is deteriorated the paint will not adhere properly to the underlying material. Such substrates must be repaired or replaced prior to correction.

What Components Or Mechanical Systems Need To Be Repaired?

(Check appropriate item[s])

Water leaks - roof plumbing other _____

Wall surfaces (deteriorated substrate)

Window - deteriorated substrate improperly hung

Doors - deteriorated substrate improperly hung

Other deteriorated substrates (list): _____

Any other conditions that require repair as part of the correction. (Please indicate)

List repairs: _____

No prior repairs or additional repairs required.

F. Correction Technique(s) To Be Used

Identify which correction technique(s) will be used on the attached forms (see pages 13 - 18 for the relevant forms). General strategies for correction are paint stabilization, placement of barriers, restriction of access, and removal and replacement of components. Please note, all techniques must be performed using lead-safe work practices.

- ◆ **Paint Stabilization (PS):** preparation of component and subsequent repainting or application of liquid encapsulants.
- ◆ **Barriers (BAR):** placing a rigid barrier over the deteriorated surfaces (e.g., installation of vinyl siding [with underlying thermal barriers] on the exterior of a building or installation of new sheet rock over existing sheet rock or plaster and repainting).
- ◆ **Restricted Access (RESACC):** keeping the children out of a room by means of a physical barrier, such as locking the door to the area to prevent access to the area. Please be aware that this option may reduce the size or suitability of your facility and must be discussed with your Day Care Licensing Specialist. All required facilities must remain accessible. Also, required egress must be maintained.
- ◆ **Removal and Replacement (REM/REP):** the removal of components such as windows, doors, and trim that have lead painted surfaces and the installation of new components that are free of lead containing paint.

G. Work Practices

With chipping peeling paint the potential for becoming lead poisoned is increased if improper work practices are used. While performing the work, lead-safe work practices must be used. The contractor and/or owner is responsible for using the best available engineering controls to contain lead dust and debris and to reduce the potential for lead emissions to outside the work area.

Engineering controls may include but are not limited to, proper containment and control of the work area(s), use of wet scraping/wet sanding methods, and use of HEPA vacuum attachments on power tools. Items that must be taken into consideration are: room/area preparation, worker protection, surface preparation, clean up, and waste disposal. Additional information can be found in the "Lead Safety Field Guide" that can be found at <http://www.dph.state.ct.us/BRS/Lead/pktmp000.pdf> (English version) <http://www.dph.state.ct.us/BRS/Lead/R&R/fieldguidespanish.pdf> (Spanish version)

Work Area Preparation:

All applicable factors listed below must be addressed during the work area preparation. Please indicate whether your project(s) will encompass interior preparation, exterior preparation, or both.

Interior Room/Area Preparation

- ❖ All windows and doors in the work area will be closed.
- ❖ All air conditioning and forced hot air heating systems will be turned off and the vents will be covered with 6-mil polyethylene sheeting.
- ❖ All furniture, toys, and personal items will be removed from the project area.
- ❖ 6-mil polyethylene sheeting will be placed and duct taped to the floor in the work area.
- ❖ If large pieces of furniture cannot be moved from the work area these items will be covered with 6-mil polyethylene sheeting as well.

Exterior Area Preparation

- ❖ All furniture, toys, and personal items will be removed from the project area.
- ❖ The ground, surfaces, and large items (i.e. playground equipment) will be covered with 6-mil polyethylene sheeting to prevent release of lead into the environment.
- If the exterior work is extensive, proper containment (i.e., erecting plastic sheeting around the work area) will be used.

Example of exterior porch
containment→



Surface Preparation

Please indicate what surface preparation method(s) your project(s) will entail.

Wet Scraping/Wet Sanding: Wet scraping or wet sanding manually removes loose and peeling lead paint. To minimize dust generation use a **Water Mister** to lightly mist the area(s) to be scraped or sanded. This method is most commonly used when preparing surfaces to be stabilized and repainted. Below are additional methods if a more thorough removal of paint is desired.



Paint Removal: The stripping of deteriorated lead paint from components may be used during the preparation of surfaces prior to repainting. The following are some of the paint removal processes that can be used: wet scraping/wet sanding, chemical stripping, mechanical stripping, and using a heat gun. Indicate which method(s) of paint removal will be used for this project(s).

Chemical stripping: There are a variety of paint removal products that are available from various manufacturers. Commonly the stripper is applied to the building component and later removed by manual scraping. Due to the high toxicity level of methylene chloride, it is recommended that strippers that contain this chemical not be used. Follow the manufacturer's directions on how to apply such products.

Mechanical stripping: This technique requires the use of power tools (e.g., belt and rotary sanders, and grinders). This mechanically powered equipment **requires** the use of HEPA-equipped vacuum attachments to remove dust that is generated during the use of the equipment.

Heat Gun: This removal technique involves the softening of the paint with a heat gun and then scraping the paint off. To prevent vaporization of the lead contained in the paint and for maximum efficiency, the temperature of the heat gun must not exceed 700 degrees Fahrenheit.

Describe additional/different engineering controls for the project(s):

Worker Protection

- ◆ Workers must use proper personal protective equipment per the OSHA Lead in Construction Standard (29CFR 1926.62) and state regulation. Full body covering (suits) with hood and shoe coverings should be used to prevent lead dust contamination. Disposable coveralls that are used one time provide effective protection. Indicate the level of protection that is to be provided:

Body Covering:	<input type="checkbox"/>	Disposable:	<input type="checkbox"/>
Head Covering:	<input type="checkbox"/>	Disposable:	<input type="checkbox"/>
Hand Covering:	<input type="checkbox"/>	Disposable:	<input type="checkbox"/>
Shoe Covering:	<input type="checkbox"/>	Disposable:	<input type="checkbox"/>
Respirator w/HEPA Filter:	<input type="checkbox"/>	Type of Respirator:	_____

Note: Smoking, eating, drinking, and the application of cosmetics or lip balm, is not permitted within the work area.

Indicate available washing facilities: **Hand washing:** **Showers:**

Clean Up

Proper clean up of the work area is a very important aspect of your project. Listed below are the procedures that must be used when cleaning up your work area.

Procedures That Will Be Used To Clean The Work Area After the Project Has Been Completed

1. Wet clean the containment area 1 hour from the time when the project has ceased.
2. Carefully remove the plastic polyethylene covering.
3. Wet wash to work area.
4. Use a HEPA vacuum in the work area (if available).
5. Wet wash the work area.

H. Waste Disposal (Hazardous)

Once the project has been completed, any waste that has been generated during the project must be disposed of properly. There are two categories of waste disposal: 1) disposal of waste with regular household waste or 2) disposal of waste as hazardous waste. Below you must choose one of the following methods of waste disposal that applies to your facility and project.

1. Waste and debris can be disposed of with regular household waste if one of the following applies: (check the applicable scenario below)

- Family Day Care Homes** where the property owner performs the work
- Group Day Care Homes (that are in a residential structure)** where the property owner performs the work
- Family Day Care Homes** where a contractor performs the work but the property owner accepts responsibility for disposal of the waste
- Group Day Care Homes (that are in a residential structure)** where a contractor performs the work but the property owner accepts responsibility for disposal of the waste

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Waste, totaling less than 10 cubic yards, that is generated by work done by the property owner is not subject to hazardous waste regulations (through the Household Hazardous Waste Exemption) and can be discarded with the regular household waste. However, the Department of Environmental Protection (DEP) recommends that when possible the waste be disposed of through a local hazardous waste center or event, in particular for chemical type wastes. A listing of household hazardous waste collection events is posted on the DEP web site at:
<http://www.dep.state.ct.us/wst/recycle/hhwsched.htm>.

The property owner can also accept responsibility for the disposal of waste generated by a contractor as long as the total amount of waste does not exceed 10 cubic yards. It is recommended that the property owner agree in writing to accept such responsibility. In these situations the waste is also not subject to hazardous waste regulation.

For disposal with regular household waste the following steps must be followed:

- ◆ Mist all dust and paint chips with water.
- ◆ Mist plastic tarps with water and carefully roll or fold inward (to keep the dust from spreading).
- ◆ Place all debris and plastic tarps in double plastic garbage bags and store in a covered durable trash container.
- ◆ Discard debris and plastic tarps with household waste, or take it to a permitted disposal facility, such as a transfer station or bulky waste landfill.

2. Waste must be tested to determine its toxicity and if found to be hazardous waste disposed of as hazardous waste: (check the applicable scenario below)

- Child Day Care Centers**
- Group Day Care Homes** (not located in a residential structure)
- Group Day Care Homes** (located in a residential structure where a contractor performs the work and is responsible for disposal of the waste)
- Family Day Care Homes** (where a contractor performs the work and is responsible for disposal of the waste)

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If a contractor performs the work and is responsible for the disposal of the waste or if the facility is located in a non-residential building the debris shall not be disposed of through regular waste pick-up. A **Toxicity Characteristic Leaching Procedure (TCLP)** test is required to determine whether or not the debris is considered a hazardous waste (a level of greater than or equal to 5.0 mg/L). You must hire a qualified environmental company to collect the sample and submit it to an EPA and DPH certified laboratory for analysis. If the debris is considered hazardous waste, a **Hazardous Waste Hauler** licensed by the DEP must dispose of the debris. If the contractor or property owner must dispose of greater than 100 kilograms (220lbs), the contractor or property owner must obtain a temporary EPA identification number in order to dispose of the waste. To obtain a temporary EPA identification number call the CT DEP at (860) 424-3023. The following information is required*:

Hauler's Name: _____
Site: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone Number: () _____
Type of waste: Liquid: Solid: Projected Amount of Waste: _____

*Please research and complete the information above. TCLP test results must be properly maintained.

Lead Contaminated Soil at Residential Structures: Lead contamination detected **in soils** located within the property boundaries of a household, the source of which was the result of routine residential maintenance (intentional paint removal) and/or the natural weathering or chalking of lead-based paint, is exempt from classification as a hazardous waste under the household waste exclusion found at 40 C.F.R. paragraph 261.4(a). These soils may be managed on-site or disposed of off-site without invoking State or Federal hazardous waste requirements. However, if the soil is going to be disposed at an in-state landfill it must be disposed under a Special Waste Disposal

Authorization from DEP. For information on how to obtain these authorizations go to <http://www.dep.state.ct.us/pao/weedfact/specasbs.htm>.

The DEP has additional guidance and information concerning the management of lead-based paint waste. To obtain this information or for questions on hazardous waste please contact:

**State of Connecticut - Department of Environmental Protection: Waste Management Bureau
79 Elm Street, Hartford, CT 06106-5127, Telephone: (203) 424-3023**

I. Clearance Inspection & Testing

Criteria for clearance testing will be decided by the local health department or the day care licensing specialist on a case-by-case basis depending on the amount and type of work that has been conducted.

Prior to reoccupancy, a visual inspection of project area(s) is/are required and dust samples may be collected and analyzed from floors, window sills and window wells in each area where work has occurred. A CT certified lead inspector, CT certified lead inspector risk assessor or an authorized code enforcement official (Local Health Department), must perform this inspection and sampling.

Visual inspection (and sampling if required) to be performed by a CT certified lead inspector or inspector risk assessor:

Name: _____ Connecticut Certificate # : _____
Contractor Name: _____ Connecticut License #: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Telephone Number: () _____

OR

Visual inspection (and sampling if required) to be performed by an authorized code enforcement official (Requires the agreement of the Local Health Department to provide these services).

J. Soil Correction

(Provide a diagram of exposed soil areas to be remediated)

Soil lead levels 400 ppm and above. Check correction technique(s) to be used.

- Plant grass or shrubbery to reduce exposure to bare soil.
- Permanent barrier; asphalt or cement.
- Cover three to six inches with gravel or bark mulch (if this method is used the area must be monitored closely and the gravel/bark mulch replaced as needed).
- Restrict access: (fencing; specify type & height _____).
- Restrict access:(specify barrier _____).

MODEL PLAN OF CORRECTION FOR CHILD DAY CARE FACILITIES

INTERIOR/COMMON AREA CORRECTION

KEY: DESIGNATE A, B, C, D SIDES OF BUILDING (A – front/street side, B – left side, C- back of building, D – right side)

PS=Paint Stabilization; BAR=Barriers; RESACC=Restricted Access; REM/REP=Removal/Replacement

SURFACE/COMPONENT** REQUIRING CORRECTION

ROOM _____					NOTES
Wall(s)	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Floor	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Baseboard	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Door	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Door trim	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Door jamb	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Ceiling	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Chair Rail	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window (entire unit)	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window Sill	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window Sash	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	

**** Per Inspection Report - Specify Component (e.g. casing, jamb)**

Address: _____

MODEL PLAN OF CORRECTION FOR CHILD DAY CARE FACILITIES

Window Jamb	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
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INTERIOR/Common Area Correction

KEY: DESIGNATE A, B, C, D SIDES OF BUILDING (A – front/street side, B – left side, C- back of building, D – right side)

PS=Paint Stabilization; BAR=Barriers; RESACC=Restricted Access; REM/REM=Removal/Replacement

SURFACE/COMPONENT** REQUIRING CORRECTION

ROOM					NOTES
Window Mullion	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window Well	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window (component)	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window (component)	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window (component)	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Stair Tread	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Stair Riser	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Stair Stringer	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Railing	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Newel Post	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	

**** Per Inspection Report - Specify Component (e.g. casing, jamb)**

Address: _____

MODEL PLAN OF CORRECTION FOR CHILD DAY CARE FACILITIES

Balustrade	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Radiator	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	

INTERIOR/COMMON AREA CORRECTION

KEY: DESIGNATE A, B, C, D SIDES OF BUILDING (A – front/street side, B – left side, C- back of building, D – right side)

PS=Paint Stabilization; BAR=Barriers; RESACC=Restricted Access; REM/REP=Removal/Replacement

SURFACE/COMPONENT REQUIRING CORRECTION**

ROOM _____					NOTES
Shelf	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Shelf Support	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	

**** Per Inspection Report - Specify Component (e.g. casing, jamb)**

Address: _____

MODEL PLAN OF CORRECTION FOR CHILD DAY CARE FACILITIES

Other:	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other:	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	

EXTERIOR CORRECTION

KEY: DESIGNATE A, B, C, D SIDES OF BUILDING (A – front/street side, B – left side, C- back of building, D – right side)

PS=Paint Stabilization; BAR=Barriers; RESACC=Restricted Access; REM/REP=Removal/Replacement

SURFACE/COMPONENT** REQUIRING CORRECTION

Areas					NOTES
Siding	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window (entire unit)	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window Sill	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window Sash	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window Jamb	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window Mullion	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window Well	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window (component)	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Window (component)	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	

**** Per Inspection Report - Specify Component (e.g. casing, jamb)**

Address: _____

MODEL PLAN OF CORRECTION FOR CHILD DAY CARE FACILITIES

Window (component) <hr style="border: none; border-top: 1px solid black; margin-top: 5px;"/>	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Lattice	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	

**** Per Inspection Report - Specify Component (e.g. casing, jamb)**

Address: _____

MODEL PLAN OF CORRECTION FOR CHILD DAY CARE FACILITIES

EXTERIOR CORRECTION

KEY: DESIGNATE A, B, C, D SIDES OF BUILDING (A – front/street side, B – left side, C- back of building, D – right side)

PS=Paint Stabilization; BAR=Barriers; RESACC=Restricted Access; REM/REP=Removal/Replacement

SURFACE/COMPONENT** REQUIRING CORRECTION

Areas					NOTES
Garage siding	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Garage Door	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Garage Door Trim	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Garage (other)	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Garage (other)	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Porch Floor	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Porch Entrance Canopy	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Porch Ceiling	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Porch Railing	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Porch Newel Posts	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	

**** Per Inspection Report - Specify Component (e.g. casing, jamb)**

Address: _____

MODEL PLAN OF CORRECTION FOR CHILD DAY CARE FACILITIES

Porch Columns	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
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EXTERIOR CORRECTION

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SURFACE/COMPONENT REQUIRING CORRECTION**

Areas					NOTES
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	

**** Per Inspection Report - Specify Component (e.g. casing, jamb)**

Address: _____

MODEL PLAN OF CORRECTION FOR CHILD DAY CARE FACILITIES

Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	
Other: _____	<input type="checkbox"/> PS	<input type="checkbox"/> BAR	<input type="checkbox"/> RESACC	<input type="checkbox"/> REM/REP	

**** Per Inspection Report - Specify Component (e.g. casing, jamb)**

Address: _____