

	<b>Department of State Health Services</b> P.O. Box 149347 Austin, Texas 78714-9347 PHONE (512) 834-6788      FAX (512) 834-6707 <a href="http://www.dshs.state.tx.us/">http://www.dshs.state.tx.us/</a>	<b>DSHS Use Only:</b> Reviewed By: Approved Date:
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## Deficiency Notice

FACILITY NAME:		
OWNER NAME:		PHONE:
PHYSICAL ADDRESS:		ZIP CODE:
CITY:	COUNTY:	COUNTY ID#:
<b>Facility Type:</b> <input type="checkbox"/> Child Care <input type="checkbox"/> Public Lodging <input type="checkbox"/> Public Playground <input type="checkbox"/> Public Pool <input type="checkbox"/> Public School <input type="checkbox"/> Youth Camp <input type="checkbox"/> Other		

Your operation has been found to be in non-compliance with applicable health and sanitation laws, rules and/or standards as documented in an inspection conducted by the Department of State Health Services (DSHS). The inspection report details the conditions found to be in non-compliance.

Please submit a **Corrective Action Plan (CAP)** to DSHS within 10 working days after the receipt of this notice or the date of the inspection, whichever is later, detailing your plan to come into compliance. The CAP is a specific written plan, including a timeline, which explains how you will correct each deficiency noted in the inspection report. Documentation supporting the CAP can include a narrative, photos, and/or receipts. Not all corrective actions need be completed at the time of the CAP submission; however, a timeline for completion for those deficiencies is required.

Please submit your CAP within 10 working days to:

Mail:            Texas Department of State Health Services  
                   Public Health Sanitation & Consumer Product Safety Group  
                   P O Box 149347, Mail Code 1987  
                   Austin TX 78714-9347

Fax:             512-834-6707  
 Email:          [PHSCPS@dshs.state.tx.us](mailto:PHSCPS@dshs.state.tx.us)

Please call the DSHS Public Health Sanitation & Consumer Product Safety Group at (512) 834-6788 if you have questions or need additional information. Failure to correct deficiencies may result in further action, including but not limited to nonrenewal of your license or escalated enforcement as allowed by law.

Facility Representative: (signature)	DSHS Inspector: (signature)
Printed Name:	Printed Name:
Title:	Title:

Date:

Date:

Environmental Health Group – PSQA

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