



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Department of State Health Services

P.O. Box 149347
Austin, Texas 78714-9347
PHONE (512) 834-6788 FAX (512) 834-6707
<http://www.dshs.texas.gov/>

DSHS Use Only:

Reviewed By:

Approved Date:

Deficiency Notice

FACILITY NAME:

OWNER NAME:

PHONE:

PHYSICAL ADDRESS:

ZIP CODE:

CITY:

COUNTY:

COUNTY ID#:

Facility Type:

Child Care
 Public Lodging
 Public Playground
 Public Pool
 Public School
 Youth Camp
 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.texas.gov

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: