



Statement of Non-Applicability Regarding Corrective Action

(Updated: August 2024)

By your signature below, you confirm the following:

- 1) Your organization does not have a current Corrective Action Plan from DCF, or any other New Jersey state departments, and
- 2) your organization has not had a Corrective Action Plan within the last two years of signing this form.

Name: _____	Date: _____
Organization: _____	
Signature: _____	