Washington State Department of Social & Health Services
CA Children's Administration

CHILDREN'S ADMINISTRATION DIVISION OF LICENSED RESOURCES (DLR)

Compliance Agreement

Date of inspection:	Page _____ of _____
LICENSOR'S NAME	TELEPHONE NUMBER (INCLUDE AREA CODE)
LICENSOR'S MAILING ADDRESS	

NAME OF FACILITY OR LICENSEE	ADMINISTRATOR/DIRECTOR (IF OTHER THAN A FAMILY HOME)

ADDRESS	CITY	ZIP CODE	TELEPHONE NUMBER (INCLUDE AREA CODE)

WASHINGTON ADMINISTRATIVE CODE (WAC)	NONCOMPLIANCE DESCRIPTION/SUMMARY	PLAN OF CORRECTION	COMPLETE BY	DATE COMPLETED

I agree to correct the issues of noncompliance cited above as outlined in the plan of correction by the dates indicated. I further agree to send written notification to the Department of Social and Health Services (DSHS) licensor, by no later than _____ declaring the extent to which each deficiency has been corrected.

FACILITY ADMINISTRATOR'S OR OTHER AUTHORIZED PERSON'S SIGNATURE	DATE
LICENSOR'S S IGNATURE	DATE