



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
*CHILDREN'S ADMINISTRATION*

**Compliance Agreement Desk Review Final Report**

**Date**

**Name and Mailing Address**

RE:

Contract Type:

Dear \_\_\_\_\_,

A monitoring review was performed in accordance with the terms of your contract and DSHS Administrative Policy No. 13.11. This is the Final Report for the desk review conducted on \_\_\_\_\_ resulting in a compliance agreement.

During the monitoring review key findings were made and are specifically defined on the attached Compliance Agreement which identified the following areas:

- Contract Citation
- Non Compliance Summary identifying the areas on non-compliant
- Plan of Correction
- Complete By \_\_\_\_\_

Thank you for your cooperation in resolving these areas of non-compliance in the timeframe established.

If you have questions about this report or regarding your contract in general, please do not hesitate to contact me at \_\_\_\_\_.

Thank you very much for your efforts.

Sincerely,