



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES
CHILDREN'S ADMINISTRATION

Compliance Agreement On-Site 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 on-site review conducted on _____ resulting in a compliance agreement.

During the monitoring review key findings were made by the team and 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 by the review team.

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,