



CHILDREN'S ADMINISTRATION
**Immediate Action Plan
 Compliance Agreement (Contracts)**

DATE OF CONTRACT PERIOD	DATE OF VISIT
CONTRACT MANAGER	CONTACT INFORMATION (EMAIL, PHONE)

CONTRACT NUMBER	CONTRACTED SERVICES
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NAME OF CONTRACTED AGENCY	ADMINISTRATOR / DIRECTOR / OWNER
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ADDRESS	CITY	ZIP CODE	CONTACT INFORMATION (EMAIL, PHONE)
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Contract Citation	Noncompliance Description / Summary When identifying the areas on non-compliant, be specific to the actual number of files (i.e., three files did not have?)	Plan of Correction	Complete by	Date Completed
	Program Review (Site Operation Policies)			

Client File Review Number	Reviewed			

Personnel File Review Number	Reviewed			

Information from Other Sources Number				

Per the contract's Special Terms and Conditions: In the event that DSHS identifies deficiencies in the Contractor's performance under this Contract, DSHS may, at its option, establish a Corrective Action Plan (aka Compliance Agreement). When presented with a Compliance Agreement, the Contractor agrees to undertake the actions specified in the plan within the timeframes given to correct the deficiencies. Contractor's failure to do so shall be grounds for termination of this Contract.

CONTRACT MANAGER'S SIGNATURE

DATE

I agree to correct the issues of noncompliance cited above as outlined in the plan of correction by the dates indicated.

CONTRACTED AGENCY'S ADMINISTRATOR OR OTHER AUTHORIZED PERSON'S SIGNATURE

DATE

Comments, any other feedback, supporting documentation or other information to share about the agency's practice (either from the contracted agency or the DSHS / CA Contract Manager: