



Compliance Agreement

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

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| NAME OF FACILITY OR LICENSEE | ADMINISTRATOR/DIRECTOR (IF OTHER THAN A FAMILY HOME) |
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|---------|------|----------|--------------------------------------|
| ADDRESS | CITY | ZIP CODE | TELEPHONE NUMBER (INCLUDE AREA CODE) |
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| WASHINGTON ADMINISTRATIVE CODE (WAC) | NONCOMPLIANCE DESCRIPTION/SUMMARY | PLAN OF CORRECTION | COMPLETE BY | DATE COMPLETED |
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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 Children, Youth, and Families (DCYF) licensor, by no later than _____ declaring the extent to which each deficiency has been corrected.

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| FACILITY ADMINISTRATOR'S OR OTHER AUTHORIZED PERSON'S SIGNATURE | DATE |
|---|------|

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|----------------------|------|
| LICENSOR'S SIGNATURE | DATE |
|----------------------|------|