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| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | LICENSING DIVISION (LD)  **Supervision Plan for Site Specific Conditions** | |
| PROVIDER NAME | | PROVIDER NUMBER |
| ADDRESS CITY STATE ZIP CODE  **, WA** | | |
| Licensed provider?  Yes  No | | |
| RELEVANT WAC(S), SELECT ALL THAT APPLY  HAZARDOUS CONDITIONS (i.e. trampolines, farm equipment) - WAC 110-148-1440 (9)  BODIES OF WATER (i.e. pools, hot tubs, ponds) - WAC 110-148-1455 (2)  FIRE SAFETY (i.e. fireplaces, wood stoves, fire pits) - WAC 110-148-1465 (9)  ANIMALS (i.e. reptiles, amphibians, birds, ferrets) - WAC 110-148-1480 (9)  OTHER - please enter WAC(s) | | |
| **CONDITION** | | |
| Describe specific concerns regarding conditions of the site, including the location. | | |

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| **SAFEGUARDS** |
| Describe what specific action(s) and/or structure(s) (e.g. fences, covers, locks) remedy each concern and who is responsible for that action. |

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| **Applicant Signature** | |
| APPLICANT A NAME | DATE OF BIRTH |
| APPLICANT A SIGNATURE | DATE |
| APPLICANT B NAME | DATE OF BIRTH |
| APPLICANT B SIGNATURE | DATE |
| **LD/CPA Staff Signature** | |
| LD/CPA STAFF SIGNATURE | DATE |
| LD/CPA STAFF NAME | |