



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES
 LICENSING DIVISION (LD)
COMPLIANCE AGREEMENT CONTINUATION

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

NAME OF FACILITY OR LICENSEE	ADMINISTRATOR/DIRECTOR (IF OTHER THAN A FAMILY HOME)		
ADDRESS	CITY	ZIP CODE	TELEPHONE (INCLUDE AREA CODE)

WASHINGTON ADMINISTRATIVE CODE (WAC)	NONCOMPLIANCE DESCRIPTION/SUMMARY	PLAN OF CORRECTION	COMPLETE BY	DATE COMPLETED

Facility Administrator's OR Other Authorized Person's initials:	Date:
Licensors Initials:	Date: