



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES  
LICENSING DIVISION

## Safety and Supervision Plan for Site Specific Conditions

PROVIDER NAME		PROVIDER NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
Unlicensed provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			
IF LICENSING, LIST WAC(S)			
<b>CONDITION</b>			
Describe specific concerns regarding conditions of the site, including the location.			
<b>SAFEGUARDS</b>			
Describe what specific action(s) and/or structure(s) (e.g., fences, covers, locks) remedy each concern and who is responsible for that action.			
PROVIDER SIGNATURE		DATE	
PROVIDER SIGNATURE		DATE	
LICENSOR / HOME STUDY WORKER SIGNATURE		DATE	