



DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES (DCYF)
 LICENSING DIVISION (LD)
 BEHAVIORAL REHABILITATION SERVICES (BRS)
 CONTRACTS AND PROCUREMENT OFFICE

**Comprehensive Review:
 Compliance Agreement**

CONTRACTED PERIOD DATE	DATE OF VISIT	CONTRACT MANAGER'S NAME
EMAIL		TELEPHONE NUMBER (AREA CODE)

CONTRACT NUMBER	PROVIDER NUMBER	CONTRACTED SERVICES
-----------------	-----------------	---------------------

REGIONAL LICENSOR'S NAME	EMAIL	TELEPHONE NUMBER (AREA CODE)
--------------------------	-------	------------------------------

NAME OF CONTRACTED AGENCY	ADMINISTRATOR / DIRECTOR / OWNER
---------------------------	----------------------------------

ADDRESS	CITY	STATE	ZIP CODE	EMAIL	TELEPHONE NUMBER (AREA CODE)
		WA			

CONTRACT, BRS, AND/OR WAC CITATION	NONCOMPLIANCE DESCRIPTION / SUMMARY: WHEN IDENTIFYING AREAS OF 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; LD and BRS Contracts (Agency Policies / Procedures)

Site Inspection

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 DCYF identifies deficiencies in the Contractor's performance under this Contract, DCYF may, at its option, establish a Corrective Action Plan (a.k.a., 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.

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 licensor and/or contracts manager no later than _____ declaring the extent to which each deficiency has been corrected.

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

CONTRACT MANAGER'S SIGNATURE	DATE	LICENSOR'S SIGNATURE	DATE
------------------------------	------	----------------------	------

BEHAVIORAL REHABILITATION SERVICES PROGRAM MANAGER 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 DCYF Contract Manager).

