



DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES (DCYF)

Comprehensive Review: Immediate Action Plan 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	
		WA			

CONTRACT, BRS, OR WAC CITATION	NONCOMPLIANCE DESCRIPTION: WHEN IDENTIFYING THE 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

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., Immediate Action Plan Compliance Agreement). When presented with an Immediate Action Plan

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.			
CONTRACT MANAGER'S SIGNATURE		DATE	
LICENSOR'S SIGNATURE		DATE	
BRS PROGRAM MANAGER'S SIGNATURE		DATE	
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

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).