

## Facility Licensing Compliance Agreement (FLCA)

Provider ID:	Provider Action ID:	Inspection Date:	Inspection Type:
Director or Licensee:	Phone:	Licensors:	Phone:
Name of Facility:		Address:	
Facility Address:		City, zip:	
I would like to request translation/ interpretation services. <input type="checkbox"/>			

WAC/RCW	Noncompliance Description/Summary	Plan of Correction/Action	Complete by:	Date Completed:

If you did not complete your plan of correction/action during the licensur visit, please return the top copy of the compliance agreement with your completed plan of correction/action to your licensur within five business days of your licensur visit.

I agree to correct the issues of noncompliance cited above by the dates indicated. I further agree to send the copy of the completed compliance agreement to the DEL licensur or health specialist, no later than \_\_\_\_\_.

I understand that I may call the licensur or health specialist for technical assistance to achieve compliance.

I understand that if I do not complete the plan of correction by the agreed-upon date, DEL may fine me a maximum civil penalty of \$150 (family homes) or \$250 (child care centers) per day per item of noncompliance. I understand that I may call the licensur or health specialist to request an extension, for good cause, if I am unable to complete the plan of correction by the agreed-upon date. I understand that DEL may also take other licensing action for failure to meet licensing requirements. RCW 43.215.

I request a supervisory review regarding one or more of the items above. FLCA Supervisory Review Request must be completed and attached. I understand that I may call the licensur or health specialist for technical assistance to achieve compliance.

Licensee Signature:	Date	<input type="checkbox"/> DEL Licensur/Health Specialist Signature:	Date
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