

DWS APPROVED - FOCUS INSPECTION

Provider/Facility/Program Name: Provider/Facility/Program Phone Number: Provider/Facility/Program Email:	Location Address:	Facility Number: Licensor(s):
Inspection Date:	Start Time: End Time:	Attempted Inspection

C - Compliance
NC - Noncompliance

Regulation Violation(s) Action Needed		First Follow-Up	Second Follow-Up	Third Follow-Up
	Due Date	C NC	C NC	C NC
	Due Date	C NC	C NC	C NC
	Due Date	C NC	C NC	C NC
	Due Date	C NC	C NC	C NC
	Due Date	C NC	C NC	C NC
	Due Date	C NC	C NC	C NC
	Due Date	C NC	C NC	C NC

Number of regulation violations:

If the only regulation violations were missing documentation, you must submit the documentation to your Licensor. Remember to have your name on all documents. If you don't show compliance by the due date, your approval will be deactivated.

Provider's/Director's/Director Designee's Signature and Date:

First Follow-Up Inspection

Date: Start Time: End Time: Attempted Inspection

Number of regulation violations:

If on-site, Provider's/Director's/Director Designee's Signature and Date:

Second Follow-Up Inspection

Date: Start Time: End Time: Attempted Inspection

Number of regulation violations:

If on-site, Provider's/Director's/Director Designee's Signature and Date:

Third Follow-Up Inspection

Date: Start Time: End Time: Attempted Inspection

Number of regulation violations:

If on-site, Provider's/Director's/Director Designee's Signature and Date:

Notes:

Notes (Include information from Sticky Notes):

