











**Plan  
(Plan of Correction)**

**You Must:**

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency

Send your plan to: Jennifer Witman, Field Manager  
Residential Care Services  
Region 2, Unit B  
3906-172nd St NE, Suite #100  
Arlington, WA 98223

**Informal Dispute Resolution [RCW 70.128]**

**You May:**

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after you receive this letter.

You **must** use an **IDR Request Form** for each citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home Pilot page at:

<https://www.dshs.wa.gov/altsa/informal-dispute-resolution-adult-family-home-pilot-project>

All documents supporting your dispute must be included with the corresponding form. **The IDR will not consider any documents submitted after the 10 working day deadline.**

Send your request to: Adult Family Home IDR Program  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600

You may also scan and/or e-mail materials within 10 working days to [rcsidr@dshs.wa.gov](mailto:rcsidr@dshs.wa.gov)