

ESF Follow-Up

ENHANCED SERVICES FACILITY NAME			LICENSE NUMBER
FACILITY / LICENSEE'S NAME			DATE OF VISIT
LICENSOR'S NAME	DATE OF ORIGINAL INSPECTION	DATE OF PLAN OF CORRECTION	CD ID NUMBER
Follow-up Type: <input type="checkbox"/> Full inspection <input type="checkbox"/> Complaint Investigation <input type="checkbox"/> On-Site <input type="checkbox"/> Document Review			
Issue(s) from Prior Visit	WAC / RCW	Summary of Findings	

