



## POST-VISITATION FOLLOW UP REPORT

V-10 2024

Today's Date: \_\_\_\_\_

Community Name: \_\_\_\_\_ LCC#: \_\_\_\_\_

City, State/Canadian Province: \_\_\_\_\_

Director: \_\_\_\_\_

Region: \_\_\_\_\_

Regional Coordinator: \_\_\_\_\_

Regional Formation Coordinator: \_\_\_\_\_

Date and Time of Visitation: \_\_\_\_\_

Visitor: \_\_\_\_\_

**HOW DIRECTIVES WERE IMPLEMENTED AND ANY REMAINING PROBLEMS TO BE ADDRESSED:**

\_\_\_\_\_  
**DIRECTOR**

\_\_\_\_\_  
**REGIONAL COORDINATOR OR  
REGIONAL FORMATION COORDINATOR**

Please keep a copy for your records and send the original to your Provincial Visitation Coordinator