|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| http://intranet.dcyf.wa.gov:8090/drupal-8.4.0/sites/default/files/graphics/DCYF-Logo-BW.jpg | | LICENSING DIVISION (LD) Compliance Agreement | | | | | |
| **PROVIDER INFORMATION** | | | | | | | |
| PROVIDER NAME | | | | | PROVIDER NUMBER | | |
| ADMINISTRATOR/DIRECTOR NAME | | | | | | | |
| ADDRESS | | | CITY | | STATE  , WA | ZIP CODE | |
|  | | | | | | | |
| **WORKER INFORMATION** | | | | | | | |
| LD STAFF/CPA LICENSOR NAME | | | | | PHONE NUMBER | | |
| ADDRESS | | | CITY | | STATE  , WA | ZIP CODE | |
|  | | | | | | | |
| **COMPLIANCE AGREEMENT RELATED TO** | | | | | | | |
| INTAKE NUMBER | | | | PROVIDER ACTION NUMBER | | | |
|  | | |  | |  |  | |
| **WASHINGTON ADMINISTRATIVE CODE (WAC)** | **NONCOMPLIANCE DESCRIPTION/SUMMARY** | | | **PLAN OF CORRECTION** | | | **DUE DATE** |
| **110-148-** |  | | |  | | |  |
| **110-148-** |  | | |  | | |  |

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| **110-148-** |  |  |  |

*Click outside table to add rows as needed*

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| **LD/CPA STAFF SIGNATURE** – I approve this plan of correction. | |
| LD/CPA STAFF NAME | |
| LD/CPA STAFF SIGNATURE | DATE |
|  | |
| **PROVIDER SIGNATURES** - I agree to provide verification that I have corrected the issue(s) of noncompliance cited above as outlined in the plan of correction by the dates indicated. | |
| APPLICANT A / ADMINISTRATOR/DIRECTOR NAME | |
| APPLICANT A / ADMINISTRATOR/DIRECTOR SIGNATURE | DATE |
| APPLICANT B NAME | |
| APPLICANT B SIGNATURE | DATE |
|  | |
| **LD/CPA STAFF SIGNATURE** – I received verification that the issue(s) of noncompliance cited above have been corrected. | |
| LD/CPA STAFF NAME | |
| LD/CPA STAFF SIGNATURE | DATE |