|  |  |
| --- | --- |
| Shape  Description automatically generated with medium confidence | LICENSING DIVISION (LD)**Compliance Agreement for Group Care** |
| **AGENCY INFORMATION**  |
| AGENCY NAME  | PROVIDER NUMBER |
| ADMINISTRATOR/DIRECTOR NAME |
| ADDRESS  | CITY | STATE**WA** | ZIP CODE |

|  |
| --- |
| **RELATED INTAKE (IF APPLICABLE)** |

|  |  |
| --- | --- |
| INTAKE NUMBER | PROVIDER ACTION NUMBER |

*Copy and paste above this line as needed*.

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| --- | --- | --- | --- |
| **WASHINGTON ADMINISTRATIVE CODE (WAC)** | **NONCOMPLIANCE DESCRIPTION/SUMMARY** | **PLAN OF CORRECTION** | **DUE DATE** |
| **110-145-** |  |  |  |
| **110-145-** |  |  |  |
| **110-145-** |  |  |  |

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| **110-145-** |  |  |  |

*Copy and paste above this line as needed*.

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| **SIGNATURE**  |
| I approve this plan of correction. |
| GROUP CARE LICENSOR NAME |
| GROUP CARE LICENSOR SIGNATURE | DATE |
| **AGENCY SIGNATURE**  |
| 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.  |
| EXECUTIVE DIRECTOR/ADMINISTRATOR NAME |
| EXECUTIVE DIRECTOR/ADMINISTRATOR SIGNATURE | DATE |
| **SIGNATURE**  |
| I received verification that the issue(s) of noncompliance cited above have been corrected.  |
| GROUP CARE LICENSOR NAME |
| GROUP CARE LICENSOR SIGNATURE | DATE |