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| 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 |