|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |