|  |  |
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| Shape  Description automatically generated with medium confidence | LICENSING DIVISION (LD)  **Compliance Agreement for Child Placing Agency (CPA)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AGENCY INFORMATION** | | | | |
| NAME OF CPA | | PROVIDER NUMBER | | |
| CPA DESIGNEE NAME | | | | |
| ADDRESS | CITY | | STATE  **WA** | ZIP CODE |

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

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

*Click outside of table to add rows as needed and the delete this text.*

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

*Copy and paste table as needed above this line and then delete this text.*

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| --- | --- |
| **LD LICENSOR SIGNATURE** | |
| I approve this plan of correction. | |
| LD LICENSOR NAME | |
| LD 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. | |
| CPA DESIGNEE NAME | |
| CPA DESIGNEE SIGNATURE | DATE |

|  |  |
| --- | --- |
| **LD LICENSOR SIGNATURE** | |
| I received verification that the issue(s) of noncompliance cited above have been corrected. | |
| LD LICENSOR NAME | |
| LD LICENSOR SIGNATURE | DATE |