DEPARTMENT OF EARLY LEARNING

CHILD CARE CENTER DIRECTOR/PROGRAM SUPERVISOR NOTICE OF CHANGE

LICENSE CONTROL ID

Please complete the following information regarding changes in your facility and return to your licensor at The Department of Early Learning.

FACILITY NAME:			DATE:
FACILITY ADDRESS:	CITY:	STATE: WA	ZIP CODE:
FACILITY TELEPHONE NUMBER (INCLUDE AREA CODE):			

CHECK THE APPLICABLE BOX BELOW.

☐ **ADDITIONS TO LICENSE**

NEW DIRECTOR'S NAME:	DATE STARTED AS DIRECTOR:	DATE OF BIRTH:
NEW PROGRAM SUPERVISOR'S NAME:	DATE STARTED AS DIRECTOR:	DATE OF BIRTH:

☐ **DELETIONS TO LICENSE**

DIRECTOR NAME:	END DATE AS DIRECTOR:
PROGRAM SUPERVISOR NAME:	END DATE AS PROGRAM SUPERVISOR:

COMMENTS:

☐ DEL Orientation ☐ References, resume, and transcript attached. ☐ Date