



Child Care Center Director or Program

Supervisor Notice of Change

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

Facility name:	Provider ID #:	Date:
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Facility address:	City:	State:	Zip code:
		WA	

Facility 10 digit telephone number:

Check the applicable box below

<input type="checkbox"/> Additions to license		
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New director's name:	Date started as director:	Date of birth:
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New program supervisor's name:	Date started as program Supervisor:	Date of birth:
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<input type="checkbox"/> Deletions to license		
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Director name:	End date as director:
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Program supervisor name:	End date as program supervisor:
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Comments:

Date DEL orientation References, resume and transcript attached.