



STATE OF WASHINGTON
DEPARTMENT OF EARLY LEARNING

[Address of Field Office]
[City, State Zip Code]
[Date]

Request for Additional Information

Name
Address
City, St, zip

Dear _____,

This letter is to verify that the Department of Early Learning (DEL) is processing your background check form authorizing you to care for or have unsupervised access to children in a licensed child care facility. I choose one on _____ at _____ to inform you that DEL needs more information before making a decision.

Please supply the following information to DEL by _____ :

The information being requested is:

Please send this information to me at enter DEL Field Office Address

If you have questions, please do not hesitate to contact me, licenser's name at phone number.

Sincerely,

enter licenser's name
Licensor
Department of Early Learning

cc: _____ enter name, Licensing Supervisor