

Unlicensed Care Status Report

Date: _____

Name: _____

Address _____

Phone number: _____

Email address: _____

After reading the exemptions listed in RCW 43.215.010 (2), I declare that (check one):

- I am exempt from the Department of Early Learning (DEL) licensing because:

- I understand now that I am subject to DEL licensing and will review the information about becoming a licensed child care provider at <http://www.del.wa.gov/providers-educators>.
- I am no longer providing child care.
- Other (please explain)

Signature

Date