



Washington State Department of  
**Early Learning**

**Reconsideration  
Review Form**

Date reconsideration form received:

Name of applicant:

Telephone: (     )

Address, City, State, Zip code:

Role:      New licensee            Current licensee            Volunteer        
                 Potential employee            Current employee            Household member     

Name of licensed facility:

Region:

Licensors:

Licensors phone number:

Supervisor:

Supervisor phone number:

Reason for review:

- A disqualifying crime on the five year list and less than five years since conviction
- Crimes on the permanent disqualification list
- Crimes not on the permanent or five year list
- Negative actions
- Other

**Licensors Review**

Review and attach the Reconsideration Form submitted by the applicant. Summary of documents provided by applicant:

What supporting documents were provided by the applicant?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Court-ordered programs and restitutions            | <input type="checkbox"/> Counseling evaluation                  | <input type="checkbox"/> Collateral contacts |
| <input type="checkbox"/> Sexual deviancy evaluations                        | <input type="checkbox"/> Police reports                         | <input type="checkbox"/> References          |
| <input type="checkbox"/> Psychiatric evaluations                            | <input type="checkbox"/> Medical evaluations                    | <input type="checkbox"/> Other               |
| <input type="checkbox"/> Substance abuse evaluations and treatment progress | <input type="checkbox"/> Record of arrest and prosecution (RAP) |  |

Summary of supporting documents:

What can be done to ensure child health and safety if unsupervised access is allowed?

Recommendation:     Qualify     Disqualify

Rationale for recommendation:

Licensors Signature:

Date:

**Supervisor Review**

Recommendation:     Qualify     Disqualify

Rationale for recommendation:

Supervisor Signature:

Date:

**Regional Administrator**

Recommendation:     Qualify     Disqualify

Rationale for recommendation:

Regional Administrator Signature:

Date:

**Child Care Statewide Licensing Administrator Review**

Recommendation:  Qualify  Disqualify

Rationale for recommendation:

Child Care Statewide Licensing Administrator Signature:

Date: