



**STATE OF WASHINGTON  
DEPARTMENT OF EARLY LEARNING**

**[Address of Field Office]  
[City, State Zip Code]  
Must be Certified Mail or Hand Delivered**

[Date]

enter name  
enter address  
enter city, state, zip

Provider ID#:

Dear \_\_\_\_\_ :

The Department of Early Learning received your request on enter date received; DEL reviewed your select one review request of:

- Compliance agreement dated \_\_\_\_\_ regarding \_\_\_\_\_ .
- Valid complaint finding(s) from complaint # \_\_\_\_\_ received on \_\_\_\_\_ .
- No referral status due to mistaken identity received on \_\_\_\_\_ .

During the review process the following materials were provided and taken under consideration:

- Written statement from you explaining specific reasons/conditions for the review.
- Relevant materials from your licensing file.
- Other:

This review has been concluded and a decision has been made:

- The licensor's decision has been upheld because:
- The licensor's decision has been overturned because:
- Other:
- If you are not satisfied with this review, you may request the next level of review by contacting:

enter name  
enter address  
enter city, state zip  
enter phone number

- This is DEL's final review.

Your request must be received no later than 10 days after the receipt of this letter.  
If you have any questions, please feel free to call me at:

Sincerely,

(Name)

(Title)

Department of Early Learning

cc: [Name], Child Care Licensor  
[Name], DEL Licensing Analyst  
[Name], DEL Regional Administrator