



**STATE OF WASHINGTON
DEPARTMENT OF EARLY LEARNING**

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

Name
Address
City, ST, Zip

Dear Name,

Provider #:

The Department of Early Learning (DEL) is in the process of reviewing your select one review request of:

- Compliance agreement dated _____ regarding _____ .
 Valid complaint finding(s) from complaint # _____ received on _____ .

Additional time is needed to complete this review. I expect the review to be completed in _____ business days from the date of this letter.

If you have any questions, please feel free to call me at:

Sincerely,