



**Solicitud de estado de inactividad para cuidado de niños**  
Request for Inactive Child Care Status

If a licensee plans to temporarily close their early learning or school-age program for more than thirty calendar days, and this closure is a departure from the program’s regular schedule, the provider must submit a notification to go on inactive status to the department at least two business days prior to the planned closure. A licensee may not request inactive status during their first initial licensing period (six months) unless for an emergency.

Nombre del proveedor/programa de enseñanza temprana o edad escolar:	ID del proveedor	Número de teléfono
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Fecha en que el programa cerrará temporalmente:	Fecha prevista de reapertura del programa:
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Motivo(s) para el estado de inactividad del programa

- WAC 110-300-0016 and WAC 110-301-0016 requires:
- A provider must inform parents and guardians that the program will temporarily close.
  - A provider is responsible for notifying DCYF of changes to program status including voluntary closures, new household members or staff, or other program changes. Program status updates must also be completed in DCYF’s electronic system.
  - Background check rules in chapter 110-06 WAC, including allegations of child abuse or neglect, will remain in effect during inactive status.
  - A licensee is still responsible for maintaining annual compliance requirements during inactive status pursuant to RCW 43.216.305.
  - If inactive status exceeds six months within a twelve-month period, DCYF must close the license for failing to comply with RCW 43.216.305(2). The licensee would then need to reapply for licensing pursuant to RCW 43.216.305(3).
  - When a licensee is ready to reopen after a temporary closure, the licensee must notify DCYF in writing. After receiving notice of intent to reopen, DCYF will conduct a health and safety visit of the program within ten business days to determine that the provider is in compliance with WAC.

Declaro que esta información es verdadera y correcta en la medida de mi conocimiento. Entiendo que debo notificar por escrito al DCYF cuando esté preparado para reabrir mi programa, y que un licenciador realizará una visita domiciliaria a mi programa para determinar si cumple con los requisitos para otorgamiento de licencias.

Firma del licenciario: \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre en letra de imprenta: \_\_\_\_\_